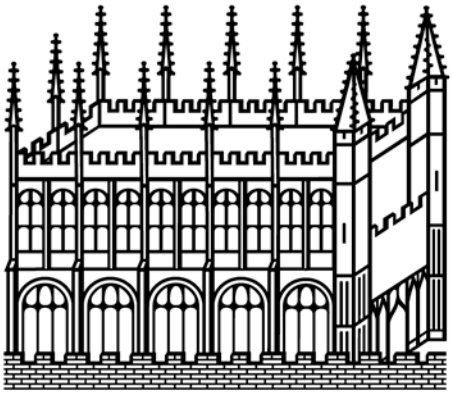

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Original Communications.

ON PRESSURE WITHIN THE EYE, AND THE PHENOMENA CONNECTED WITH IT.

Analysis of a Communication addressed to the "Gazetta del Cliniche," of Turin, by Dr. Louis Girola.

Translated by ARCHIBALD H. JACOB, M.D. Dub., F.R.C.S.,
Formerly Ophthalmic Surgeon to the City of Dublin Hospital, and to the Dublin Eye and Ear Infirmary.

Having noted the differences of resistance of the various integuments of the eye, M. Girola examines the different degrees of pressure of the humours. The strongest pressure is exercised by the vitreous humour, which has a density of 12·5 millim., while the aqueous humour has a density only of from 2 to 3 millim. Between these two liquids there is a division which prevents communication; it is formed by part of the crystalline lens. This lens is, in reality, a movable partition, extending beyond the "Zonule of Zinn;" the ciliary processes which are in relation with its anterior surface constitutes a species of circle, which surrounds it on all sides. It, with the iris, is in a condition of unstable equilibrium between the pressure exercised by the aqueous and that exercised by the vitreous humour. If the more powerful pressure be exercised by the vitreous humour, the crystalline lens and the iris are pressed forward, and the extent of the interior lessens. This occurs in glaucoma, in cases of paracentesis, of perfo ration of the cornea, and may it not also be produced by "procidence de l'iris?"

If, on the contrary, the humours accumulate in the anterior chamber the crystalline draws back, as in serous iritis, on account of the loss of equilibrium between the pressure of the two humours. This movement forward or backward of the crystalline has been laid down by Girola. If, by means of Pravaz's syringe, water or any other liquid be injected into the eye of a subject, the iris and the crystalline lens will be pressed forward, and in cases where the aqueous humour was present to a small extent only, as when evaporation has unfortunately taken place, the iris may be pressed forward to such an extent as almost to touch the cornea. If, on the contrary, water be injected into the aqueous humour, the iris will be pressed back to a distance of several millimetres. The result is that the iris takes the form of a funnel, of which the narrow end points forward or backward, according to the direction in which the action takes place. In cases of extreme tension Girola has even remarked rupture of "zonule de Zinn," accompanied by luxation of the crystalline lens. The aqueous humour would, in addition, exercise a mechanical action on the iris itself. Girola has, on this subject, appealed to the report of Dr. Reymond ("Revue sur l'Atrophine"). The iris being dilated by means of this substance, if ocular paracentesis be practised the pupil will suddenly contract, and will only dilate on the reproduction of the aqueous humour.

From these facts the author is led to believe—and in this he agrees with the celebrated specialist Mosso—that the movement of the iris would depend, in part, at least, on the vascular state of this membrane; that the contraction of its vessels would be constantly accompanied by mydriasis, and their dilatation accompanied by myosis; that, in ocular paracentesis, the myosis would arise from the diminution of intra-ocular pressure; the peri-vascular pressure decreasing, the tortuous vessels of the iris dilate and stretch out, while the opening of the pupil contracts.

Having thus examined the alterations in form which intra-ocular pressure produces on the different envelopes of the eye, the changes of position occasioned by it, and the part which it plays in general in diseases of the organ, Dr. Girola proceeds to examine the relations between this pressure and the intra-ocular circulation. In order that the circulation be regular it is necessary that certain relations should exist between the intra-ocular pressure and the intra-vascular pressure, and the latter will necessarily be superior to the former in proportion to the amount of blood introduced. Thus, then, the stronger the arterial pressure in comparison with the intra-ocular pressure, the greater will be the influx of blood into the eyeball. This is, in fact, what follows after many operations, such as paracentesis, iridectomy,

and cataract. Cases have even been observed where it has produced true hæmorrhage in the interior of the organ, especially when the vascular walls had been changed by disease.

Per contra, the greater the intra-ocular pressure in proportion to the arterial pressure, the more difficult it will be for the blood to pass into the vessels. This may occasion atrophy, as in many cases of choroiditis, and of posterior staphyloma.

These changes, or variations of internal pressure, have been observed, even in the normal condition. According to Girola, in "systole" the blood would flow into the eyeball, with augmentation of pressure; in inspiration it diminishes. Other phenomena, too, might be produced; thus, in a normal condition there would be no pulsation in the arteries, but it would be observed in the veins.

When there is increase of pressure, occasioned either by some disease of the organ, or by artificial pressure, it has been observed—firstly, that the venous and arterial circulations become laboured; secondly, that excess of pressure flattens the veins, interrupting the course of the blood by temporary congestion, or even leads to the suspension of circulation in the arteries, thus seriously interfering with the circulation of blood in the eyeball.

Girola gives it as his opinion, that on account of the richness of the vascular system of the eye, venous congestion of the eye must be rather frequent; the augmentation of pressure on the one hand, sufficing in itself to compress the veins, the congestion of the veins on the other hand, producing increase of pressure; for the veins swelling, occupy greater space. The author calls attention on this subject, to the fact that anything liable to interfere with the free circulation of the blood, interferes also with that of the eyeball. He condemns the use of tight neckties, and condemns also sedentary employment; he approves of the new system of treatment which has been adopted for diseases of the eye; he recommends especially gymnastics, exercise, and an active life; he condemns the use of setons, the abuse of dietary, and venesection. According to the opinion of the author, both disorders of the circulation, and variations of intra-ocular pressure, exercise the most powerful influence on the phenomena of nutrition; that is to say, on secretion and absorption; he admits, however, that there are still many obscure points in the study of these phenomena.

Before following the writer any further in his demonstrations and examinations of the relation existing between intra-ocular pressure and the mechanism of accommodation, it will be perhaps useful to explain what opthhalmists understand by the word accommodation.

They designate thus the active working of the faculty of vision: the eye in its normal condition can perceive objects at a minimum distance of 4, 6, or 8 inches (near point), and at an indefinite distance (far point). It follows, therefore, that when the object is at the farthest point of distinct vision, the eye is in a state of repose (static refraction), but when it is approaching, the eye is in a state of activity (dynamic refraction). This is due to a peculiar mechanism, to the action of one muscle in particular,—the ciliary muscle, which is formed of three species of fibres, longitudinal, plexiform, and circular. These fibres contracting, and their fixed points being near the canal of Schlemm, make tense the choroid. On account of this tension, the vitreous humour is compressed, and its pressure augmented, while on the other hand, on account of the contraction of the circular fibres of the ciliary muscle, the crystalline is compressed in like manner, the ciliary muscles acting as compressing pads. In this manner, the convexity of the anterior surface of the crystalline increases, and the radius of the curvature of this surface is reduced to 6 millim., while, when in a condition of static refraction, it has a radius of 10 millim.

As to the convexity of the posterior surface, it is but slightly augmented; the radius of its curvature 6 millim., is reduced at most to a radius of 5·5 millim.

To the preceding considerations we must further add that the iris recedes and contracts, compressing besides by means of its margin the periphery of the crystalline lens, in such a manner that the centre of this lens is pressed forward. The anterior surface of the crystalline also approaches the cornea, in fact, while, in static refraction, the internal area of the eye between the anterior surface of the cornea and the surface of the crystalline equals 3·6 millim., in dynamic refraction it equals 3·2 millim.

The range of accommodation $\frac{1}{A}$ may be represented by the formula $\frac{1}{A}=\frac{1}{P}-\frac{1}{R}$, P being equal to the nearest point, R to the farthest point.

This mechanism of accommodation, with the changes occasioned by it, augments the pressure of the vitreous humour, and even that of the aqueous, which is still further compressed by the crystalline approaching the cornea; from this it clearly results that in cases of visual accommodation the intra-ocular pressure will be considerably augmented. According to Girola, not only would the intra-ocular pressure be augmented, but it would also be exercised in its greatest intensity in the direction of the axis of vision. If we consider the fact, that, during the process of accommodation, the ciliary muscle forms a kind of girdle extending from the periphery of the cornea to the equator of the eye, and that at this point it opposes, by means of its contractability, a force contrary to the dilative force of the liquids, it will be observed that the action of these latter will be exercised more energetically in the direction of the antero-posterior diameter, and particularly at the posterior pole. A result analogous to this may be obtained by taking a bladder filled with water, and pressing it with a ribbon at its anterior equilatorial part; it will then become evident that the pressure attains its highest degree of force in the antero-posterior direction. From the increase of tension in the eyeball, above all in the antero-posterior direction, the author draws the conclusion that the augmentation of pressure occasioned by the efforts made for accommodation would play a principal part among the cases of myopia. This opinion appears to us to be admissible only within certain limits. In the meantime, according to Girola, in most cases of myopia the existence of staphyloma, of posterior hernia of the sclerotic, may be proved by means of ophthalmoscopic examination; the effect of these is to augment the antero-posterior axis in such a manner that the normal dimension of $\frac{22}{24}$ millim. is increased to a dimension of $\frac{25}{24}$ millim.

The reflection of objects is then no longer produced upon the retina, but in front of it, the retina being struck only by confused images, on account of the posterior circles due to the diffusion of light. In proportion as the membranes give way under the influence of the intra-ocular pressure, they become thin, and their atrophy causes still further distension, the distension increasing in proportion to the diminution of the power of resistance. This prominence occurs, according to Donders, at the posterior pole of the eye, which takes then an elliptical form in which the culminating point of the ellipse of the sclerotic is found to correspond with the summit of the cornea. The origin and development of posterior staphyloma must be attributed to three principal causes:—To the internal congestion of the eye; to excessive efforts of accommodation; and to the great convergence of the lines of vision, conditions which, in the system favoured by Girola, would all result in increase of intra-ocular pressure. The efforts necessitated by accommodation causing, according to him, augmentation of pressure in the antero-posterior direction, this circumstance would explain why staphyloma is most frequently produced at the posterior pole.

Proceeding then, relative to posterior staphyloma, to the relation of the intra-ocular pressure to the extrinsic muscles of the eye, the learned Italian remarks that the almost spherical form of the eye, and its position in a spherical cavity, render its movements both easy and rapid, without sensibly modifying the intra-ocul

pressure; but, he adds, all this undergoes a radical change, if the form of the eye becomes in any way altered, if it becomes elongated, which is precisely what occurs in cases of posterior staphyloma. Then the eye, revolving in a cavity, changed in form, will encounter a very strong resistance in its movements.

This will give rise to pressures which different circumstances will contribute still further to increase, such as the greater distance between the motor centre and the posterior surface of the eye; the elongation of the antero-posterior axis which increases the distance between the motor centre and the antero-posterior surface of the cornea in such a manner that the lever of the muscular power is augmented by it, and the distance between the motor centre and the points of insertion of the muscles, is increased by it; by this deviation the arc of rotation, which results from a certain shortening of the muscles, will be thenceforward in an inverse ratio. The movements of the lines of vision at the exterior, will be limited, and they must be supplemented by movements of the head.

More serious inconveniences are experienced when the patient wishes to read or to examine small objects. The eye revolves within its orbit, and its equatorial part rests upon the external rectus and is compressed by it. Its form then becomes more elongated in the antero-posterior direction, on account of the lateral flattening occasioned by the internal and external muscles.

These pressures, exercised by the muscles during the movements of convergence, augment the intra-ocular tension especially in the antero-posterior direction. The convergence is rendered still more difficult by the extreme smallness of the angle between the axis of vision, and the line of vision which passes very near the cornea. This direction of the line of vision increases the effort of the external recti when it is required that the eye should converge towards a certain point; in consequence of this, the tension of the external recti becomes greater, and the intra-ocular pressure is also augmented. It is through observation of these facts that the practice of myotomy of the external recti has been introduced in cases of myopia; this, however, is merely a palliative, as Girola rightly remarks, for, by the section of these muscles, their insertion is merely moved backwards, and the pressure exercised by them in movements of convergence is lessened only.

As to the internal recti, the excessive jerky efforts, which are required to induce convergence in cases of myopia, fatigue them to such a degree as to render them unequal to the due performance of their functions, while the intra-ocular pressure is augmented, and the tendency to staphyloma increased.

To diminish the convergence of the axes of vision in myopia, is merely to diminish the distension of the eye-ball, caused by the augmentation of intra-ocular pressure. This is a point of great importance. This convergence is diminished by removing the object perceived to a distance of 10, 12, or 14 inches.

On this account, Girola recommends the short-sighted when reading and writing, to place the book, paper, &c., at a certain distance from the eye, and to have recourse also to the use of concave prismatic glasses, and to refrain from inclining the head, as this position is conducive of congestion of the eye. The author examines in the last part of his work, the connection between intra-ocular pressure and the nervous system.

Following in this the opinion of Donders, he is inclined to admit that in addition to the special nerves of vision and of motion, a third category of ocular nerves may be described; namely, nerves presiding over the secretion of the humours.

As to the augmentation of ocular tension, it appears to him to be the cause of the separation which sometimes occurs between the sheaths of the optic nerve; and also to have the effect when the choroid and sclerotic are in a state of atrophy of diminishing the visual power of the retina by inducing further detachment between the tissue of rods and that of cones. When, on the contrary, the sclerotic preserves its firmness, the retina suffers still more from the effects of the increase of pressure, and luminous subjective phenomena are produced, such as photopsia, chomatopsia, and, if the pressure persist and be augmented, the retina finally loses in a great measure its sensibility.

From the foregoing statements we may conclude that the greater or less power of resistance of the membranes enveloping the eye is a point of the utmost importance, both during the normal action of the organ and in relation to morbid accidents.

During youth, the sclerotic being supple is capable after distension of regaining its original form; but as years pass by, the envelopes lose both their elasticity and their power of dilation. The sclerotic becomes more dense, the choroid, the annulus of Zinn, and the hyaloid membrane become less supple, the crystalline less transparent, and finally this latter contracts. It is to this circumstance that the prevalence in old age of glaucomatous affections may be attributed. If during youth the ocular tissues did not possess greater elasticity, the intra-ocular pressure would produce by means of its variations, and its augmentations, still more serious derangements, and glaucoma would be much more frequent.

Finally, the eye by reason of the changes in form and volume which it undergoes, becomes capable of containing a greater amount of liquid; this increase, however, can only take place within certain limits. Thus, as in the case of the cavity of the pleura, and of others, the accumulated liquids produce, as in the cavity of the eye, displacements and divers pressures; nevertheless, the eye, lying in a cavity with strongly resisting walls, is less capable than these of enduring augmentation of liquids, especially if this augmentation be rapid.

ON SYPHILIS AS IT AFFECTS THE BRAIN AND NERVOUS SYSTEM.

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(*Continued from page 523, last volume.*)

TREATMENT.

Of all diseases of the brain and nervous system, I may say that there are not any which yield more readily and rapidly to appropriate treatment, than do those which are due to and have syphilis for their origin.

But in order to make a correct assertion as to the curability or otherwise of our patient, we have first to ascertain not only the precise nature of the syphilitic lesion, and its location, but also the stage of its invasion of the brain and nervous structures. And because we are sure that a paralysis is due to syphilis to say that it will yield to specific measures, is stating that which is not borne out by practice in a very large proportion of cases, but this will, of course, depend upon the means adopted, according to the situation and degree of the disease.

A brain once organically diseased means a mind impaired for ever—its normal state is altered, and it never regains its original condition. This may be easily exemplified, and becomes manifest in an infinite variety of ways, which scarcely come under the cognisance of an ordinary observer. So that in making a correct diagnosis as well as prognosis, we see how extremely important it is carefully to consider all objective signs as well as subjective phenomena.

And here I may say that the physical and metaphysical, the volitional and automatic, are so intimately related, that it is absolutely necessary in making a true diagnosis for us to adopt such means as will prove in what way, and to what extent, this relationship is interfered with.

It must be apparent, even to the novice, that if skill, as far as treatment is concerned, is to materially benefit

our patients, it is in that stage of the disease where the least amount of arterial change has taken place in the structure of a part so complex as that of the brain. Proof is given of this observation on page 146 (Syphilitic Hyperplasia of the Pia mater); had that man continued without treatment for another month, there is no question but that he would have become a hopeless lunatic.

As far as prognosis in cerebral disease is concerned, unless you have great experience, be very careful how you form your opinion—for the most unlooked-for complications may suddenly, and do not uncommonly arise, and totally upset all previous calculations.

The most skilful, and the most successful, physician, is certainly he who fully appreciates when, where, and how, to apply the remedies at his command.

Having made himself sure, as far as possible, that his patient is suffering from syphilitic disease of the brain and nervous system, and having made himself acquainted with the nature of the lesion as to its diffuseness, its stage and localisation; also the age and constitutional condition of the patient, he will, if he is wise, before turning his attention to specific remedies, bring very carefully under notice every faculty and function of the patient's body. I need scarcely refer to the special faculties, for the clinicist who leaves these unnoted must be dreaming.

There is a state of syphilisation, and this refers no less to the brain than it does to the other organs, where mercury especially, and iodide of potassium are as hurtful to the individual as opium would be in the coma of uræmia. I refer now to the syphilitic lardaceous changes. These are not unfrequently found co-existent with gummatous cerebral changes, great depression of the sympathetic and vaso motor centres. The urine will be highly phosphatic, probably passed in large quantities of low specific gravity, containing an excess of urea, slightly alkaline and albuminous, yet the deposit gives no evidence of organic renal disease. There will be functional hepatic derangement, cardiac depression, probably swelling of the lower extremities, hypostatic congestion of the air passages of the lungs, and of the brain itself.

I preface the administration of the bichloride of mercury in these cases by giving, for three or four weeks, the tincture of the perchloride of iron three times a day, and half a drachm of the comp. powder of scammony in the morning, twice a week. Thoroughly nutritious diet in small quantities ought to be repeatedly given, every two or three hours. This is almost the only case where I would advise stimulants to be used, and then cautiously. Brandy will be tolerated in small doses to the extent of four ozs. in the twenty-four hours with the greatest possible advantage.

If the albuminoid changes are of a syphilitic character, we shall soon find a marked improvement. There will be tonicity of the vascular and lymphatic systems—congestions will be relieved—the secretion of urine will be diminished, the albumen will disappear, and a healthy tone will be established. Then iodide of potassium may be given with its usual success. But in these cases, my practice is to give the bichloride of mercury with bark for a few weeks, and subsequently the iodide of potassium.

This treatment of elimination and building up where we have associated blood changes, as in albumenoid syphilis, where the patients present the symptoms and signs just described, will prove of the utmost value.

In reference to the advantage to be gained by the administration of alcohol in syphilitic softening of either brain or cord, I would quote the case of one of my hospital patients, a young fellow of 30 years of age, who suffered from softening and degeneration of the spinal cord. There was a clear history of syphilis, and it was supposed from his own account that the disease commenced as a syphilitic meningo-myelitis. Albumenoid visceral and cutaneous changes were evident.

When I first saw him he was utterly helpless, somnolent, and confused in intellect. I prescribed for him strychnine and bark, and 8 ozs. of brandy in the 24 hours. In a few weeks he had improved most markedly. At the end of three months the intellect became clear, he had perfect use of the upper limbs, and increased power in the lower. I then ordered him iodide of potassium with ammonio, citrate of iron and strychnine, and reduced the brandy to 6 ozs. in the 24 hours. He continued to improve, but in a few weeks after this he passed from my care—the stimulants were suddenly discontinued, and he died in three days.

This case made a very strong impression on my mind, because it proved that in the low and advanced forms of degenerative changes of the spinal cord and brain, associated with the blood changes of syphilis, alcohol under certain circumstances must still remain the backbone of our treatment. When softening of nerve substance has set in, if nutrition and vascular tonicity is not supported in every possible way, death results from nerve and vascular depression, cardiac syncope, and collapse.

I maintain that it is utterly useless to endeavour to be empirical in the treatment of diseased states. Yet there are many of the syphilographic school, who would have us believe that in syphilis, no matter so long as it is syphilis, mercury or iodide of potassium is at once demanded. I must say that my own practice does not bear out this conclusion; but if there is one thing in therapeutics, of which I am more certain than any other—it is that mercury is the antidote to syphilis, but the term syphilis as bearing upon diseased states, has a much wider significance than it had some few years since. There are physicians who are rash enough to replace syphilisation by mercuralisation, and who check the tendency to ptyalism and salivation by astringent washes. I cannot agree with the mode of procedure; still, a slight soreness of the gums is no indication that the patient's system is intolerant of mercury, and that it ought not to be given. I do not withdraw mercury at once under these circumstances, although I may alter the preparation. It will be found that patients will take that inestimable, but now almost discarded pill of Plummer's, when other forms of mercury cannot be borne, or the combination of grey powder with quinine will answer well when the iodide of mercury is not tolerated.

I have never found any special advantages from injections, inunctions, or mercurial baths. (My remarks apply to syphilis as it affects the brain and nervous system).

In several cases where gummatous inflammation of the membranes of the brain has been known to exist, I have with my hospital patients adopted a mercurial course by inunction, when they have been surrounded by the most favourable hygienic conditions, and all means have been adopted, which are generally considered beneficial to this course yet I cannot say that I have noticed any special advantages to arise from it. To this, however, I must offer one exception—namely, in the hereditary syphilis of children, where I have found mercurial inunction and iodide of potassium baths to answer most admirably.

After considerable experience, and much attention given to this subject, I am inclined to give the preference to the old-fashioned blue-pill, either alone or in combination with quinine or opium; or a suppository of grey powder, and the butter of the cocoa-nut passed well into the rectum night and morning. These preparations rarely do harm, are nearly always tolerated, and seldom produce serious constitutional disturbance.

If there is a tendency to ptyalism, the mouth from the first must be kept clean, and washed out well five or six times a day with a solution of chlorate of potash and tannin, or what answers better in some cases, is tannin with biborate of soda. If the submaxillary glands become tender, or there is a feeling of stiffness about the jaws, or increased salivation—then mercury must be at once discontinued for a time. If absolutely necessary that it should be gone on with, quinine, generous diet, and fresh air, will often put the patient into a condition to tolerate

mercury, when under other circumstances rapid ptyalism ensues.

We appear at the present time to have arrived at a period in the history of the treatment of syphilis when it has been conveniently settled that mercury plays its part in the primary stage of this disease, and iodide of potassium in the later stages; but those who have had extended experience must be aware how fallacious this line of argument is. Of course, no one ever thinks of giving iodide of potassium to cure a syphilitic roseola, and, according to the foregoing school, no one would think of giving mercury to cure rupia, but this doctrine is utterly erroneous. I maintain that there are certain manifestations of disease in association with mal-assimilation, which we are pleased to call syphilitic, where iodide of potassium and a mercurial course, as before mentioned, are fraught with mischievous consequences, and I refer now more particularly to the iodide of potassium—the therapeutic magician which is to conquer syphilis in any of its stages.

Well, I must admit—and I regret having to do so—that this charmed drug has not possessed in my hands that illimitable potency which many have ascribed to it. I have used it in small and in excessive doses, over a wide area, and for varying periods of time, and have noted its effect in both functional and organic disease, with considerable care, and it has been only in the minority of cases where I have traced good results to its immediate specific action.

We know that some patients are more intolerant of this drug than others are of mercury, but the same constitutional state of rebellion is not usually associated. Those who cannot take iodide of potassium can take mercury with impunity, and *vice versâ*.

In order that iodide of potassium may be well tolerated, and productive of benefit, the tongue must be clean, the appetite good, and the nutritive and assimilative processes in fair working order. If this is not the case means must be taken to render them so by functional remedial agents. I have often used the iodide of potassium bath with benefit where I have known the drug was required, and could not be taken by the mouth. The bath was prepared by dissolving half-an-ounce of the bicarbonate of soda in three gallons of hot water, into which the patient was placed, the skin having been previously thoroughly cleansed with a hot bath of soap and water. After the patients had been in the bath of soda for two minutes, a two-drachm solution of the iodide of potassium was added, and in this they remained for about ten minutes; when they came out the body was gradually cooled down, and a cold douche administered. I have never seen iodism produced by this mode. In other cases I have adopted an analogous but different course. The patients have had their skins thoroughly cleansed with soap and water, and a pill of five grains of the extract of jaborandi is given. They are then wrapped in a blanket, which had been wrung out of a hot solution of soda and iodide of potassium (a blanket bath is thus administered) in which they are kept for periods varying from thirty minutes to one, two, three, four, or even six hours.

In painful neurotic affections of the peripheral nerves chloral may be added with great advantage to the solution of the iodide of potassium.

I cannot here particularise as to those cases requiring any special set form of specific treatment, but certain enough it is that by practice one gets to know that the mode of application of a remedy is often of relative importance with the remedy itself. I think we may, perhaps, the more readily look upon this as a biological law of great magnitude, but which is somewhat beyond our ken, and compare it with that well-known chemical law of Isomerism, where we find an identity of elements and of atomic proportion, with a difference in the amount combined in the compound molecule, and of its essential properties.

Beyond the mere specific treatment of syphilitic disease of the brain and nervous system, we must not lose sight of secondary conditions which are common, however, to diseases of the nervous system in general, and the hæmorrhages, thromboses, and softening which result, do in a more or less degree, require the same preventive measures and remedial agencies. We know that a syphilitic growth of the dura mater, and more particularly of the pia mater, and of the brain substance, is always associated with vascular hyperæmia. I am not now referring to the stage of thrombosis which is that next allied to incipient softening, and which does not require a depletive course, as we shall see, but I rather refer to a congestive stage, both of the brain and cord; and if we pay attention to the signs and symptoms previously laid down under the head of diagnosis, our task will not be so difficult as it may at first sight appear.

In the stage of congestion it is important that local bleeding, either by the application of leeches, or the cupping glass, should never be forgotten, provided of course that the symptoms of increased heat and cerebral blood pressure are considerably increased beyond the normal.

The stereotyped phrase, "shave the head and apply ice," should be remembered, but I prefer an evaporating, rather strong spirit lotion to ice for physiological reasons. Local blood-letting over the seat of lesion, the complete removal of the hair, and evaporating lotions constantly applied, is the best and immediate treatment for congestions. Should the lesion be at the base, then cupping at the back of the neck, or the application of leeches to the mastoid part of the temporal bone, should be resorted to. The head and shoulders should be raised, but avoid putting the body into a constrained posture. There must, as far as possible, be perfect rest of mind and body. Quiet, and the absence of strong light and sound, should be enjoined, no matter whether there is apparent intolerance or not. The lower extremities should be kept warm, and mustard pediluvia used once in the twenty-four hours. All stimulants must be avoided, but do not fail to feed your patient often. Solid meat diet, with bread and milk, may be given, for here, be it remembered, we have not the functional pneumogastric depression to contend with, which we have in hæmorrhages, thrombosis, and general cerebral hyperæmia, and stimulating the gastric vessels by an assimilable food, acts as a derivate to a local cerebral congestion rather than otherwise.

Pay particular attention to correcting an arrest of function, hepatic, renal or alvine, upon recognised principles and do not be led away by the fallacious doctrine that a clean tongue indicates a cerebral lesion, whilst a furred tongue is due to chylo-poietic derangements. Promote sleep by the use of chloral in one full dose, and equalise the action of the heart by the use of tinct. of digitalis, and of the vaso motor system of nerves by ergot, aconite, and bromide of potassium.

If epileptiform seizures arise, with a tendency to excitement or delirium, then a full dose of calomel should be given, or croton oil, to act upon the bowels. The bladder must be well looked after, and the iodide of potassium must be given every four or six hours in full doses. But in those cases where the disease has advanced a stage or two beyond this, where we have thromboses, small hæmorrhages, and softening, with fits of somnolency, and objective signs of paralysis, we find a different constitutional state, and a train of morbid phenomena varying very much from that which has just been under our consideration, and I cannot see in what way the local abstraction of blood would be advantageous. At all events, this is not my mode of procedure, and I should look upon the continuous application of the ice bag as pretty certain death to the patient. We shall have cerebral depression with all its signs and symptoms to combat. The action of the pneumogastric nerve will be arrested; there may be vomiting, irregular action of the heart and of the lungs, and more or less cyanosis from this cause. There may also be attendant convulsive seizures. The skin may be dry, and of normal temperature, or on the other hand, it may be cold, clammy, and

moist; the lower extremities will be cold. The course of treatment here is obvious enough, and to a certain extent will be the reverse of that applicable to the condition we have been considering. Where peripheral nervous and vascular excitation is indicated, mustard plaster may be applied to the nape of the neck, the epigastrium, or the calves of the leg. The stomach can digest nothing, so leave it alone. Stimulants must be given cautiously, and the limit of their administration must be regulated entirely by the patient's state. The organic system of nerves must be kept in action until the wave of cerebral depression has been tided over. When this occurs, and reaction has commenced, perhaps a little more activity on the part of the medical attendant may be necessary, but do not interfere too hastily; guide, and be guided by, Nature's processes if possible.

In several cases of this kind I have averted the tendency to death by the application of the continuous current to the calves of the legs when the patient could not swallow. Cerebral depression has been by this means relieved, the legs have been moved voluntarily, nourishment has been swallowed, and the patient's life saved. The following case is an example of the benefit to be derived from this treatment.

CASE XX.—*Syphilitic Softening of Right Anterior and Posterior Central Convolutions, the adjacent Convolutions being more or less involved.—Left Hemiplegia, Cerebral Excitation, and arrest of Death by the Galvanic Current.*

Mary A——, was admitted into hospital under my care on the 3rd of February, 1876. She contracted syphilis at the age of 27, and has suffered severely from its effects, but beyond this no clear history was obtainable. She stated that two years before I saw her she had severe pain in the head, and a series of epileptic injuries, and she gradually lost some use of the left side.

Shortly after her admission, on Feb. 16th, at 11 a.m., she was seized rather suddenly in the middle of the day with clonic convulsions of the left half of the body including the face; the eyes drawn to the *left*, with *right* opisthotonos, no marked loss of consciousness, complete loss of voluntary power and sensation of the *left* side. Both motion and sensation of the *right* side were impaired (sympathetic impairment). 3.30 p.m., was quite unconscious, the convulsions of the *left* side more marked and persistent. At 6 p.m., in the same state; she could not be roused, neither could reflex movements be induced; the eyelids were well raised and the pupils dilated. Resp. 14, shallow and sighing; pulse 166. No muscular rigidity or clonic contraction of limbs.

17th.—Quite unconscious, clonic spasms of left side, hiccough. There is neither sensibility or voluntary power of movement in any part of the body; there is hyper-reflex excitability of the right cerebral motor area. For instance, when the left side of the face is tickled, clonic convulsive movements are excited, not of the left half of the face alone, but of the entire half of the body; the pupils are now minutely contracted. Pulse 170, Resp. 30. An hour after this I found her in a dying state, coma was profound, and breathing stertorous. After putting the various points of clinical evidence together, I came to the conclusion that she was dying from cerebral depression (rather than compression) due to cortical hæmorrhages, and I resolved to stimulate the brain through the peripheral nerves by the galvanic current, as I had previously done with some success in other cases. The following shows the reaction. Stohrer's continuous current was used.

Facial muscles respond equally well on both sides to 10 cells:—

Upper extremities. { to 20 cells in 20 sec. / to 28 cells in 25 sec.

Lower extremities. { to 20 cells instantly. / to 30 cells instantly.

Immediately after the galvanisation she was aroused to seeming consciousness, performed *quasi* voluntary movements, and swallowed nourishment.

It is of great, one might well say of vital, interest to recall to our mind the fact that before the galvanisation her cerebro-spinal system was inanimate. Now we find the following to be the condition:—

Before the Galvanisation.	*After the Galvanisation.*
Pupils contracted.	Pupils widely dilated.
Profound coma.	Volitional consciousness.
Stertorous breathing.	Breathing not stertorous.
Pulse 170, small and fluttering.	Pulse 120, fairly good volume.
No reflex action.	Reflex action of *right* foot only.
Sensation completely in abeyance to pricking and pinching.	Sensation completely in abeyance to pricking and pinching.

Brandy and milk was administered. The urine was drawn off to 37 oz., and one drop of croton oil was given.

6.40 p.m.—Is conscious; knows everyone, and swallows freely, but has no voluntary power of the extremities, save of the right arm. The brain, however, is not sufficiently active to receive impressions, to generate ideas, and to produce co-ordinate movements—for instance, when asked to close her eyes or protrude the tongue, there is no response.

18th.—Has passed a quiet night, and taken nourishment—the special senses of sight and hearing are now in good working order. There is voluntary and co-ordinate movement with the *right* limbs, and partially so of the left. There is now, relatively, greater loss of motor power than of sensation on the *left* side.

19th.—Quite conscious and reasonable. 1st. Nerve normal. 2nd. Says her sight is better than before the attack—both discs hazy, veins look large. 3rd and 4th. Normal. 5th. Anæsthesia of *left* half of face. 7th. Palsy of *right* facial muscles. 8th. No taste on the left half of the tongue. Respiration and pulse normal.

Temperature not taken. After this she got about, as she had done previous to the attack—a left hemiplegia only remaining.

About five months after this, on July 29th, she was seized with clonic convulsions of the *left* half of the body. Coma and stertorous breathing supervened, and she died. Galvanisation was not, on this occasion, resorted to.

The *post-mortem* examination was made with care, and the following notes have been extracted:—There was hypostatic congestion at the base of the right lung only. The heart and valves were healthy. The aorta was not atheromatus. The liver was hardened and patches of cicatricial thickening were found over the surface of the right lobe. The secreting structure of the kidneys was healthy, but the calyces were enormously dilated, the bladder hypertrophied.

Upon removing the dura mater, which had not adhered to the skull, it was found to be connected with the arachnoid and pia mater, and the substance of the central convolutions of the parietal lobe of the right hemisphere. It was much thickened, of a yellowish colour, and in connection with it the brain substance was softened, and also of a yellow colour.

Upon slicing off the hemispheres, the substance of the central ovale was seen to be remarkably pale, and nothing more was noted until the central ganglia were exposed. Then it was found that the right optic thalamus and corpus striatum had undergone atrophy; the former much more so than the latter. Yet upon section, there was no appearance to the naked eye of old standing or recent hæmorrhages, but a slight softening existed. The right crus was similarly affected. The *left* side of the brain was healthy. The arteries were uniformly thickened, not atheromatous. They were not examined microscopically. The pathology of this case is interesting enough, but it is only from a therapeutic point of view that I have here brought it forward. In looking it over from the beginning to the end, one is convinced, so far as one can be, that had not galvanism been applied, this woman must

have died from cerebral depression and cardiac and pulmonary asthenia.

For my own part, judging from past experience, I am greatly inclined to advocate the employment of the galvanic current in any case where we have a comatose condition with impending death, provided we are not sure of the existence of extensive hæmorrhage; and I have little doubt there are many persons who die comatose simply from cerebral depression inhibiting the automatic, cardiac, and pulmonary plexuses, and so inducing a condition of asthenia incompatible with vitality.

We have now to consider a few other points in connection with treatment.

We have seen that iodide of potassium and mercury are almost, but not entirely, essential to break down and promote the resolution of syphilitic inflammatory products. There are, however, some further conditions which we must not lose sight of. Hygienic measures in reference to mind and body are of the utmost importance, and anything which weakens the general tone must be at once altered. The mind must be relieved from all anxiety at any cost—over study and close application to business is sure to be followed by serious consequences if persisted in. All tendency to fatigue must be shunned. The passion for sexual intercourse must not be indulged. Regular hours for eating, drinking, sleeping, &c., are as necessary, as a plain, wholesome, and generous diet. The various functions ought not to be neglected. The morning cold baths and the Turkish bath should be used, but with extreme caution.

The circulation should not be interfered with by any undue excitement or depression, and the least headache should be regarded with suspicion, and receive immediate attention. Smoking should be strictly prohibited, unless under very exceptional circumstances.

With regard to the administration of alcohol, it would be impossible to lay down any absolute rule, because we must be guided by our patient's constitutional condition. There are some states of progressive softening of the brain and spinal cord similar to the one which I have noted where alcohol is indispensable to maintain digestive functional power and body heat, but in the more common class of nervous disease which may be called functional, and which is due most probably to vaso motor disturbance, every form of alcohol ought to be given up.

There are, however, even here some few exceptions, and where such exist if stimulant must be resorted to I know of no more wholesome wine than that of St. Raphael; it is rich in tannin and astringent principles, and contains a fair and constant percentage of alcohol. From four to six ounces may be taken with food during the day without exercising anything more than a tonic influence upon the nervous system.

It is of great advantage to keep the feet warm, cork soles and thick boots should always be worn. The bowels should be kept open with a dose of Friedrichshall or Hunyadi János water in the morning. Gentle horse and carriage exercise will be serviceable to engender sufficient bouyancy of the animal spirits to promote normal functional activity. Change of air and scene may be necessary, but if it can be avoided let the patient be kept from Continental hotel life.

In the neuralgias of the fifth nerve apply hot solution of the hydrate of chloral (see paper by author "On the Outward Application of Chloral for the Relief of Pain," *Med. Examiner.*)

The hypodermic injection of morphia is especially valuable for the dull wearying aching pains and muscular cramps of the extremities associated with advancing sclerosis. Friction is of value in muscular atony, and the galvanic current may be used.

The value also of strychnine under such circumstances must not be forgotten, but the chief point of all others in treatment is to make oneself as sure as possible of the exact conditions which are present. If this is not done treatment will be worse than useless, it will be hurtful.

(To be continued.)

Clinical Records.

ST. MARY'S HOSPITAL.

Acute Tonsillitis treated with Belladonna.

Under the care of Dr. HANDFIELD JONES.

(For the notes of these cases we are indebted to Mr. Rayley Owen.)

L. G., æt. 29, a servant, was admitted August 24th, 1870, with great swelling and inflammation of right tonsil and palate, and a very weak pulse of 108. She had been ill five days, and had been treated with emetics and gargles. An incision was made in the tonsil, and tr. belladon. ℥. xv., + quin. disulph. gr. j., in a tablespoonful of water was ordered every three hours. She progressed most favourably till the 29th, when the belladonna was left off, a mixture of quinine and iron being substituted. Two days after, however, she was much worse, and the tonsil became very much inflamed, she was immediately ordered twenty drops of tr. belladonna every three hours. On Sept. 3rd, she was much better again, and able to swallow. Temp. 101·8, pulse 120. No toxic effects of belladonna. On Sept. 5th, the temperature was normal, the pulse 93, and all inflammation had disappeared from the throat. Quinine was again ordered in place of the belladonna, and on the 7th the temperature had risen again to 100·4, the pulse was 136. The throat, however, was not again affected, and she was discharged convalescent in a very few days.

The next case is that of C. E., æt. 17, admitted December 1st, 1871. She had been out of sorts for a month, and three days before admission her throat became sore. Her temperature was found to be 101, pulse 104. Both tonsils were seen to be much swollen, almost touching one another, causing great difficulty in swallowing. A mercurial purge and twenty drops of tr. belladonna in a tablespoonful of water to be taken every two hours were ordered. After four doses she became delirious, her face flushed, and she had much headache. The belladonna was immediately left off. On the next day (2nd) she was quite rational, and much better, her throat being not nearly so red or swollen. Temp. 99·4, pulse 81. She was ordered five drops of the tr. every four hours. On the 3rd her throat was much improved, but rather dry, tonsils not nearly so large. Temp. 99·6, pulse 84. On the 6th she was put on a tonic, and on 14th she was discharged cured.

In the next case the good effects of the belladonna are even more strongly marked. It is that of M. P., æt. 30, admitted July 16th, 1877. She had been ill three days with severe quinsy, her tonsils and uvula were much swollen and inflamed, so much so that she could not open her mouth sufficiently for a good examination. Temp. 101·6, pulse 104. She was put on tr. belladon. ℥ x., + mag. sulph. gr. x., + aquæ ℥ss. every hour. On the next day she was much better, temp. 99·4, pulse 90. The medicine was now ordered every two hours. On 19th, temp. was 98·4, pulse 70, mucous membrane slightly red. On 21st she was quite well, and was ordered a tonic, and was discharged cured in two or three days time.

The fourth and last case is that of E. S., æt. 14, in service, admitted August 23rd, 1877. Has always been subject to sore throat, with inability to swallow, and much headache. On admission tonsils were both inflamed and swollen, touching one another. Temp. 100·6, pulse 104, speech thick and indistinct. Tr. belladon. ℥ x., + mag. sulph. gr. x., + aquæ ℥ss. was ordered to be taken every hour. In the evening the temp. had risen to 102·6, pulse was 100, and she was very nervous and excited. On the next day, however, the temp. had fallen to 99·8, the pulse to 80, and she was much better, tonsils less, speech distinct. She showed no ill effects from the belladonna, but it was ordered to be given every two hours.

25th.—Temp. was 99·7, pulse 68. Swallows much better. Rep. mixt. 4tis horis.

26th.—Temp. normal, quite free from pain, no difficulty in swallowing. Pulse 70.

27th.—Quite convalescent, and a tonic was substituted.

Remarks.—In the above cases it will be seen that the belladonna decreased the quickness of the pulse, although "the first effect of belladonna is supposed to increase its quickness, fulness, and force to the extent even of fifty to sixty beats in the minute" (Ringer). Dr. Harley, however, is of the opposite opinion, and his theory seems borne out in these cases. Dr. Nunneley also says that in the frog belladonna does not increase the frequency of the heart's action. In the first case the action of belladonna was well marked, for immediately it was left off for the first time all the bad symptoms returned. When it was omitted finally the pulse immediately rose from 93 to 136. The temperature in all these cases seems to have been influenced by belladonna, although it is not generally supposed that the drug has any action on the heat of the body.

Special Articles.

THE PERILS OF MINING.

A PARLIAMENTARY discussion on the appalling frequency of disasters in mines, and grievous perils to life and limb of those who labour for our profit and comfort, revealed for the thousandth time, that by far the greater number of these so-called accidents in mines are preventible, if only those who are largely interested in them could be induced or compelled to take proper precautions. It is an idle waste of time to talk of appealing to science to help mine owners to devise tests by means of which the presence of dangerous gases shall be made visible to the eye of the miner as smoke or steam is visible. The honourable member who made the suggestion, knows well that the inventions and suggestions of scientific men are shamefully ignored. Mr. Macdonald was quite justified in his statement that mine owners should really be held responsible to the country for the greater part of the iniquitous loss of life annually occurring, since they have failed to adopt precautions, provided for in the Mines Act of 1852, and which undoubtedly would, if efficiently carried out, meet most of the necessities of the case. No one would suggest for a moment that mine owners are indifferent to the loss of human life; but coroner's inquests plainly show that of the 10 or 12 hundred lives yearly sacrificed in mines, the greater part are so lost through the lack of a proper system of inspection; the want of special rules for the management of mines, and the adoption of scientific means freely placed at the disposal of owners. With a proper amount of inspection, danger from the use of naked lights could scarcely take place. No doubt a gross amount of ignorance exists amongst miners, and this is a frequent cause of wanton recklessness; but probably this same ignorance makes them fearless of dangers which surround them, and which, if they were more fully alive to, would probably have the effect of keeping them altogether out of mines. The miner simply knows when he goes to his work in the morning, that if it is wet and cloudy, he will incur more danger than usual, and he enters the mine with a heavy heart, probably finds the accumulated gas too much for him, and when he lights his lamp, it is soon put out by a great accumulation of gas in the mine. For more information, he looks to the "viewer" or manager. The repugnance of most of the men to the use of scientific appliances is tolerably well known, it is even greater on the part of owners. "If," said a miner, to whom we were explaining a scientific invention, "masters had to buy men as they do horses, your fire damp indicator would soon be brought into use in every mine in the kingdom." This is too true. It is well known that the zones of greatest danger in mines are between 500 and 12,000 feet in depth; those above or even below this are much less dangerous than those within it. Nevertheless, blasting is just as recklessly and indescriminately permitted at all depths, without thought or care for the consequences. In some of the Cornish mines, the air is often so poisonously loaded with carbonic acid gas, that the miners' lights flicker for a while, and then suddenly go out. Miners at work in such workings, are only able to remain for ten or fifteen minutes at a time, or until they fall exhausted, and are obliged to be assisted out by their companions. The "viewer" depends upon his own rough and ready way of ascertaining when there is a dangerous quantity of "fire damp" in the mine or working, and will not try any new method. Some fourteen or fifteen years ago, a chemist and a man of science, Mr. G. F. Ansell, invented an extremely valuable and useful instrument, by means of which the nature and quantity of the gas in mines can be measured to the greatest nicety. An invaluable indicator was placed in the hands of mine owners, which, had it been adopted, would have been the means of saving thousands of useful lives. The action of the instrument is simplicity itself; for having been constructed on the beautiful law of diffusion, when placed in an atmosphere containing fire-damp, the hand of the "Indicator," which in appearance is like an aneroid barometer, travels over the face of the dial because of the diffusion of the light carburetted hydrogen into the chamber, causing an increased volume, and thus indicating the amount per cent. of explosive gas present. The inventor, indeed, furnished three kinds of instruments, one consisting of what he terms a diffusometer, an electric alarum, and a small galvanic battery, the whole being made sufficiently portable for the miner to carry with him into the "headings;" upon a sudden irruption of gas, the alarum-bell rings, and continues to do as so long as there is danger. The second form of instrument is for indicating gradual accumulations of gas, and by the addition of an electric telegraph wire it will indicate at the mouth of the pit, or in the manager's office, where the gas in any particular part of the mine is explosive. The third arrangement is for indicating and measuring the presence and quantity of fire-damp; it is so extremely portable, being about the size of an ordinary workman's watch, that it can be carried about in the waistcoat pocket. The instrument is graduated as in the ordinary aneroid barometer. The indications are unvarying, 100 per cent of fire-damp being indicated by 1.680 inches of the barometrical scale, and 10 per cent. by 0.130 inches. It quite as readily determines the amount of carbonic acid or choke-damp, the hand of course moving in an opposite direction to that of fire-damp.

This extremely ingenious invention has not yet found favour in the eyes of mine-owners, and is not adopted possibly from the repugnance owners and managers feel to scientific appliances, and probably nothing will induce them to listen to men of science until by Act of Parliament they are compelled to compensate the widows and provide for the orphans of those whose lives are sacrificed in their service.

Special Correspondence.

[FROM OUR SPECIAL CORRESPONDENT].

Paris, Rue de Luxembourg,
June 28th, 1878.

RESUMING my history of the development of the French military surgeon, whom I left under the title of *medicin stagiaire*, I shall briefly dwell on the instruction and training at *l'Ecole d'Application de Medicine et de Pharmacie Militaires.*

The *personnel* of this school embraces an inspector *au service du Santé*, and fourteen professors. The object is, to initiate the students in the special branches of their art in reference to service in the field, army regulations, laws, decrees. The teaching extends over a wide range of subjects, familiar to all Netley cadets, as clinical medicine and surgery, military hygiene and legal medicine, army epidemics and diseases, regional anatomy, operations, the use of surgical appliances, chemistry applied to hygiene, &c., &c.

The instruction is made as practical as possible, and progress is tested by periodical examinations, when if satisfactory, the cadet emerges from the school with the title of *aide-major* of the second class, the lowest grade in the service.

The medical hierarchy is distinct. It does not bear any relation to the grades of the combatant officers; in other words, there is no such thing as relative rank, which has proved such a source of discord in the English Medical Service. The French army in the time of peace is supplied with medical officers in the following number :—

Seven medicins inspectors; 40 medicins principaux, first class; 40 medicins principaux, second class; 130 medicins majors, first class; 260 medicins majors, second class; 400 medicins aide-majors, first class; 400 medicins aide-majors, second class.

When the normal cadre is insufficient, auxiliary medical officers are appointed by the Minister of War, from the Civil List. The State thus recognises the necessity of providing for the wants of its soldiers, and civil practitioners form a useful and necessary adjunct to the army medical department. To be, however, successful, they should only supplement and not supplant the existing military service, and by being made directly responsible, through the chiefs of the war department, the auxiliary surgeons are held under control, and perfect discipline is thus secured. In large towns well managed hospitals may be engaged, officered by surgeons of talent and experience. There can be no doubt the patients gain by this arrangement. The discipline of the French service is strict, the medical officer being under the authority of the military officers, as the general of the district, commandant, colonel, lieut.-colonel, or the officer temporarily in command, whilst medical duties at hospitals are strictly enforced; there is supervision to secure regularity of visits, dressing of wounds, and good order. The hospital system of the French army has from time to time undergone frequent changes. Sully established the first ambulant hospital at the Siege of Amiens in 1597, under Henry IV. Pigneroll, the first stationary hospital, under Louis XIII., 1630. In 1788, the general military hospitals were suppressed, and not re-established until 1792, since which date the regimental infirmary occupied an altogether secondary place.

A complete change has been inaugurated in the hospital system of the French army by a recent law of the French Assembly, dated July 7th, 1877. Each *corps d'armée* in the provinces will retain in the chief towns a military hospital, with an establishment destined for the special instruction of the *personnel*, and the preparation and maintenance of the necessary material of the hospital service of a corps d'armée, in case of its being mobilised. Except in their head-quarter corps hospitals, the permanent military hospitals of Paris and Lyons, and the hot baths, the sick of the army are treated in the special wards in the civil hospitals in charge of military surgeons, when the effective of a garrison numbers 1,000 men, should the military *personnel* permit.

In case of insufficiency in this respect, the military wards are in charge of civil surgeons. In the French army the medical officers are divided into two sections, the one attached to regiments, the other to stationary hospitals. The latter only are affected by this decree. The pay of the French surgeon is small, so that, pecuniarily, the English surgeon has the advantage, whilst at the same time his position is more defined, his duties are lighter, and discipline is not so severe. You must regard this as a prelude to a description of the appliances and surgical instruments to which I shall devote my next letter.

L'Affaire Danval has been an engrossing topic of conversation in professional circles, and Dr. Bergeron's conduct has been severely criticised by the French press. What is the duty of an expert? It has been defined by our jurisprudists, but unfortunately some witnesses are incapable of resisting the temptation of combining the advocate with their pure duties; hence such verdicts as the one pronounced on Danval. Chantrelle was hung, Danval sentenced to penal servitude. In both cases the medical evidence was unsatisfactory. I have no doubt this subject will be well-ventilated at the International Congress on Legal Medicine, which is announced for August 10th, 11th, and 12th, at the Palais de Justice. I trust England will send some worthy representatives.

I would refer your readers interested in social questions to a very interesting paper by M. D'Haussonville in the June number of the *Revue de Deux Mondes*, on the vagabond and mendicant youth of Paris. The Paris *gamin* is notorious. As we are told, the child is father to the man, we must not wonder at some of the excesses of a Parisian mob, when we learn that there are 20,000 boys between the age of six and fourteen who do not attend school or receive instruction of any kind, and whose lives are devoted to vagabondage, mendicancy, &c., &c. What number of these may be illegitimate it is difficult to say. M. D'Haussonville informs us that the number of illegitimate births in 1877 were 14,612, so there is one illegitimate to every 2·78 legitimate, a decrease on former years; there is plenty of work for the *crèches* and for philanthropists.

At a recent meeting of the French Academy, M. Cornu, Professor at the Polytechnic School, was elected a member in the section of physics, in the room of the late M. Becquerel. The other candidates were MM. Mascart, Le Roux, and Quet. I must defer until my next letter other interesting matter, as I have some pleasure engagements on hand, and go from labour to refreshment.

P.S.—I may as well state for the benefit of any of my *confrères* who purpose visiting the world's fair, and have no experience of the different routes, that the most enjoyable one in summer time is that via Newhaven and Dieppe, by the London Brighton and South Coast Railway. Having been to and fro about a score times, I have no hesitation in giving this advice. It is the most enjoyable, firstly, because it costs a little more than half the South Eastern and Chatham and Dover routes from London; secondly, the company has recently put on some fast commodious steamers, which are nearly double the size of "the tubs" of the short sea route; and thirdly, because the country traversed through Normandy is very charming, so unlike the dreary desert-like journey from Calais to Paris.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 3, 1878.

THE MEDICAL REFORM BILL.

THE Duke of Richmond's Bill and the less pretentious measures which are before the House of Commons, and intended to deal with medical reform, engross, as may be easily conceived, the almost undivided attention of the profession. We may, with advantage, recall the purport of these bills to the mind of our readers by a brief *resumé*:—

a. The Government Bill introduced by the Duke of Richmond in the House of Lords, passed through that House, and now standing for a second reading in the House of Commons. Amended at its last stage in the Lords, upon the motion of the Marquis of Ripon, so as to

provide that no diploma or degree shall be essential for registration.

b. Mr. Arthur Mills and Mr. Childers' Bill. The Bill of the British Medical Association, providing for registration upon diplomas granted after Conjoint examination. Its principal object is the direct representation of the profession by election of six members to the General Medical Council.

c. Dr. Lush's Bill—that of the Alliance Medical Defence Association—to give increased powers for the prosecution of counter-prescribers, and other quacks.

d. Mr. Errington's Bill, suggested by Sir Dominic Corrigan, to compel all persons who would hold a public appointment of any sort to pass a central State examination.

Each of these measures has been postponed from day to day to await the consideration of the whole question upon the second reading of the Government Bill, which will probably be taken within the next fortnight.

That Bill is met by three distinct propositions: Firstly, Mr. Meldon and Mr. Sergeant Simon have given notice to move its rejection, but this proposal may probably be intended to secure for the question a full discussion, inasmuch as no Bill so opposed can be debated after midnight, and it is usual to take this method of securing it attention during the early part of the evening. Secondly, It will be moved by Mr. Errington and Dr. Lush that the whole subject shall be referred to a Select Committee, with a view to legislation next year. This course is doubtless suggested by the hon. gentlemen in order to obtain for their own measures a full discussion, but it is also warmly favoured by the Scotch bodies, and by the British Medical Association, but for totally different reasons. The Scotch bodies approve of it as the only means which presents itself of putting off medical reform of any sort, and because they hope that a Select Committee will put off the much-dreaded Conjoint Examination, at least, for a few years. The British Medical Association approves of the proposal because it wants a more radical reform, and thinks that a Select Committee will be the best means of attacking the corporations and the General Medical Council, and will afford the best hope of obtaining direct representation. Thirdly, the English Conjoint bodies and the Irish College of Surgeons are anxiously desirous to pass the Bill in such amended form that the continued efficiency of the licensing bodies would be ensured.

By Lord Ripon's amendment the Bill provided that the certificate of a Conjoint Board should be registrable as a full qualification to practice without any degree or diploma whatever. This suggestion was intended to meet the views of the lady doctors, who—not being admitted to the corporations—naturally objected to pay for a corporate diploma.

It has been agreed by the English and Irish bodies to meet the difficulty thus arising by the addition of the following rider to the clause :—

"Provided that if the scheme of any joint board requires that any persons passing the examinations of the board shall become affiliated to any medical corporation or corporations concerned in the scheme, it shall be the duty of such corporation or corporations to affiliate, as the scheme requires, each such person on his application, and a person so required to be affiliated shall not be registered as a licentiate under the above enactment till he shall have been affiliated by the corporation or corporations."

This rider is in the hands of the Government, and, should it be adopted, it will be in the power of the conjoint bodies of any division of the kingdom to agree together to make a diploma necessary for registration—but if they do so they must be prepared to admit all comers—male or female—who have passed the conjoint examination to *all* the privileges attaching to their diploma.

Lastly, Mr. Mitchell Henry has given notice that he will move—

"That no measure of medical reform can be satisfactory which does not provide for the application of all licensed practitioners to one or other of the existing medical corporations either in England, Ireland, or Scotland, and further, that provision should also be made for the direct representation of the profession in the Medical Council."

It will thus be seen that there is a very great contest of opinion on the question, and in the crisis the General Medical Council has met to consider it. A proposition adverse to conjoint examination and to the Bill was submitted by Sir Dominic Corrigan, and, as might be expected, vigorously supported by the Scotch representatives, who devoted themselves to a eulogy of the existing system which, by their account, neither needed nor was capable of improvement. The motion was, we are glad to say, rejected by a majority of 16 to 7, and the principle of the Bill thereby endorsed. Upon the two chief aspects of the subject there is, amongst the profession and the public, an overwhelming concurrence of opinion. Everyone, save those who profit by the diploma trade, feels that reform is urgently needed, and that conjoint examination is the only method of reform which is practicable under existing circumstances. Everyone, save a very few ultra radicals, is of opinion that the licensing corporations are deserving of being protected and preserved, and that Lord Ripon's clause must be abrogated or modified, so as to ensure that licensed practitioners shall also be diploma holders.

These two principles may be considered as finally agreed to; but it still remains to be decided how they may best be carried into effect, and it strikes us that a simple return to the wording of the Bill as it stood before Lord Ripon's amendment, is the most feasible means of settling the question. The rider proposed by the London College of Surgeons is, at best, a somewhat lame expedient, and we cannot see that the pretensions of a few lady doctors are of so great importance as to justify the Government in spoiling the Bill to please them, especially as the sentiment of their sex is sufficiently cared for in other parts of the Bill.

We have spoken as if there were but two points of the measure open to dispute, but we do not forget that there are many other respects in which it needs amendment. The registration of foreign and colonial degrees is, as provided for by the Bill, open to grave consideration, and the midwives' and dentists' clauses are, of themselves, enough to engender violent opposition. These latter sections have, indeed, nothing to recommend them, for they are, unnecessary, useless, and dangerous. They are not appropriate appendages to a Medical Reform Bill at all, and only serve to encumber the consideration of more important matters, and the first act of the Government should be to clear the

ground by striking out the whole of these clauses from the Bill.

Everyone who desires to see the Bill become law must deplore the fatal error committed by the Duke of Richmond in accepting Lord Ripon's amendment, and all medical reformers would rejoice if the measure were restored to such a condition as to admit of their giving it their warm support. At the present moment the subject is so embarrassed by conflicting suggestions and opposed interests that it is impossible to foretell the prospects of legislation being completed this year.

THE MEDICAL COUNCIL AND THE MEDICAL BILLS.

CONSIDERING the gravity of the situation it was to be hoped that the present extraordinary session of the Medical Council would lead to some important decisions on the subject, and would show that it was not so much divided in opinion as it was at its last meeting. Unfortunately, the Medical Council does not set about the business before it in such a methodical and practical manner as circumstances demand, and much time is wasted, as was the case on Saturday, in discussing trivial formalities, or irrelevant subjects. This is to be regretted; perhaps one plausible plea at the disposal of those who are for altering the constitution of the Medical Council, might be that the presence of half-a-dozen delegates from the great body of general practitioners would be the means of infusing a little more despatch in its discussions and transactions, as general practitioners are usually better men of business than those who move in the higher and serener sphere of consulting practice.

There may now be said to be two great rocks on which the Government Bill is likely to be shipwrecked. One is that unfortunate amendment by which the certificate of a Conjoint Board was made the sole requirement for registration. The second is the opposition of those who will not be satisfied with any Bill that does not provide for the reconstitution of the Medical Council. With regard to Lord Ripon's injudicious amendment, we were the first to protest against the profession listening to anything of the kind. Most of our contemporaries are of the same opinion, and on Monday it was decided by a large majority of the Medical Council "that it cannot approve the alterations in reference to registration, which, in the House of Lords, Lord Ripon introduced into the third and fourth clauses of the Bill, as the Bill passed through Committee on re-commitment, viz.:—"That a person can be registered upon obtaining a qualifying certificate without obtaining a diploma from a medical authority, and that the only registration title is to be Licentiate in Medicine, Surgery, and Midwifery." We have on a previous occasion pointed out how utterly inadmissible such an amendment must be. The President of the Medical Council, whose very excellent address was a prominent feature of the first meeting of the Council, on this point justly remarked that such a step as that contemplated would be followed by disastrous results. It would entail the loss of funds by which the colleges, together with their museums, libraries, and lectureships, have been heretofore maintained. "Many," he observed, "assert that in this country, where self-government has been a chief condition of growth, the consequence of so entire a change might be most injurious to the general character of British medicine . . . . . It has been said that our self-governed institutions have been the just pride, as they have been the cradle of our national funds." And as regards practical medicine and surgery in Great Britain, "it is certain that prior to 1858 the high place they held in the world was due to individual effort, and not to State aid—to self-government, and not to legal enactment; and even in 1858 the State gave force, powers, duties, responsibilities, rules, rights. It gave no funds, no edifices, no endowments."

After all, this amendment of the Marquis of Ripon is a difficulty that might be easily surmounted, as some compromise might be adopted by which the interests of the female doctors, and those of the corporations, might be equally consulted. In our last issue we noticed one way in which it was professed to get over this difficulty. Whether that arrangement will be carried out is doubtful. At all events, it is to be hoped that the Government will not pass this amendment in face of the great opposition it has met with from the Medical Council, the medical corporations, and a large section of the profession.

A more formidable obstacle to the passing of the Government Bill is the outcry in favour of an immediate alteration in the constitution of the Medical Council itself. This peremptory demand is unreasonable and untimely, and we are sorry to see that it is supported by an influential contemporary, which thinks it is clear that no Bill is likely to pass unless it provides for the change above-mentioned. We have from the first insisted upon the imprudence of impeding the progress of the Government Bill because it does not propose the immediate reconstitution of the Council. This course is impolitic for two good reasons. In the first place, it may prevent the passing of a Bill which, when the difficulty with regard to Lord Ripon's amendment is got over, would be a great gain to the cause of medical reform and medical education, and of which both the profession and the public would unanimously approve. Secondly, the time for incorporating in the Government Bill any scheme of direct representation has gone by. Such a scheme is not practicable at this present crisis of medical reform, and those who insist upon it only obstruct any legislation on the subject without the least chance of gaining the object they have in view. It has been said that it is hopeless to expect that the Medical Council will take any steps towards reforming itself, or that it will even give any advice to the Government in favour of any such reform. We give the Council more credit for its disinterestedness and its desire to do all in its power to comply with the wishes of the profession and the public. The question has not been ignored by the Medical Council, and both the President's adddress and the little discussion which has as yet taken place on the subject shows that the majority of the Council are in favour of a more direct representation as soon as the desired reconstruction becomes practicable. The President said in his address, "I hope the Government may first succeed in passing a Bill, and when this is done, for my own part I shall be glad if they will yield to the long expressed wishes of many members of the profession, and settle as soon as possible what is the

best constitution for the Medical Council of the future." It has been argued that the immediate reconstitution of the Council is necessary, because the Council is about to undertake far more onerous and responsible duties than what they have hitherto performed. But the exact nature and scope of these duties have not yet been defined, and we certainly agree with the President of the Council when he says that the best time for considering whether and by what means a Council can be produced which is better adapted to the wants of the future, will be when the Council knows what work it has to do. "The more the subject is looked into the more it will appear that the work, old and new, to be done must be first fixed, and then we may ask by what agency it can best be done."

We have all along supported the Government Bill, and provide Lord Ripon's Amendment be withdrawn or very much modified, we shall continue to support it. As Sir W. Gull, who cannot be said to be influenced by that *bête noir* "vested interests," justly remarked the attempt to defer the progress of the Bill was simply disgraceful.

DIAGNOSIS AND TREATMENT OF PLEURITIC EFFUSIONS IN CHILDHOOD.

Dr. Thomas Barlow and Mr. Robert Wm. Parker have just published some observations made by them at the Children's Hospital, Great Ormond Street, and at the East London Children's Hospital, on the diagnosis and treatment of pleuritic effusions in childhood. There is, say the authors, very little more difficulty in *discriminating* lobar pneumonia from pleurisy in children than in adults. It is when we have to do with bronchial catarrh and collapse, with broncho-pneumonia, or with the various forms of tuberculosis of the lungs, that difficulty constantly arises. They have repeatedly observed an amount of dulness due solely to collapse of lung quite equal to that produced by a localised pleuritic effusion. Although, too, broncho-pneumonia and tuberculosis are bilateral, the authors have seen three cases of bilateral empyema and three of bilateral serous effusion. With regard to the measurement of the chest, they have again and again verified Dr. Gee's observation (made with the cyrtometer) that "considerable increase in the sectional area of the chest may occur, and the length of the periphery remain the same, by the passage of the elliptical form into the circular." Rare forms of localised empyema were also met with confined to the root of the lung, or situated between the anterior edge of the lung and the pericardium, or limited to the middle third of the thorax, or localised in two different and widely-separated parts of the same side. One case of diaphragmatic empyema closely simulated hepatic abscess. With respect to the latter fact, we may observe that even at its commencement diaphragmatic pleurisy of the right side may be mistaken for hepatic or abdominal mischief, inasmuch as children often refer their pain to the wrong situation, and the affection may be ushered in by vomiting and purging. There is often, too, a good deal tenderness about the upper region of the abdomen, and bilious vomiting is often a marked feature in cases of diaphragmatic pleurisy of the right side. Moreover, the authors say nothing about the frequency with which the first symptoms of an attack of acute pleurisy point more to the head than to the chest. Their observations are certainly confined to the stage of effusion, but their experience with regard to the above fact would nevertheless have been interesting to the reader.

Passing on to another point, the delusive character of friction *râle* did not escape the attention of our authors. "In one case," they remark, "we heard a typical friction *râle* over a spot from which immediately afterwards three ounces of pus were drawn."

The difficulties of diagnosis between *serous* and *purulent* effusion are generally acknowledged. Contrary to what is usually stated, in cases of serous pleurisy there is sometimes very marked hectic, whilst with emhyema there is often a very moderate degree. The observations of the authors on this subject are very original, and worthy of attention. "It has appeared to us," they say, "that the aspect of the patient—a peculiar anæmia, with an earthy complexion—and, above all, clubbing of the finger-ends, have been the most characteristic features suggesting empyema rather than serous effusion. We have never seen a case of serous effusion accompanied by clubbing, and we have seen very few cases of empyema where it has not been present to some degree, even when the illness has been only of a few weeks' duration. So frequent is the association that, we believe, if a child be seen with general pallor and clubbing of the fingers, one ought to think of empyema rather than of the other causes of clubbing, viz., chronic bone-disease, bronchiectasis, and congenital heart-disease."

With regard to the natural course of pleuritic effusion in childhood when unmodified by surgical treatment, the authors remark that retraction of the side is not to be taken as a positive proof that absorption has taken place—that no limit of time can be enunciated as to when a serous effusion will become purulent—that the effusion may continue serous for upwards of two months—that purulent effusion is extremely frequent in children—that the shortest period at which they were able to establish the presence of pus, was 14 days—that in the great majority of cases empyema in children is not secondary to tuberculosis—that of the various modes of spontaneous evacuation of the pus, rupture through the lung appears the least unfavourable—that with regard to evacuation by external opening their experience does not supply them with a single really good result, and that the issue of a large number of these cases when left to themselves is most disastrous.

On the subject of treatment we are furnished with advice that appears to be remarkably judicious. With regard to serous effusions, the value of the exploratory puncture is urged not only as a diagnostic but as a therapeutic measure, inasmuch as cases were seen in which it was impossible to resist the conviction that the removal of a very small quantity of fluid has been rapidly followed by absorption. If the effusions be considerable paracentesis should be performed at once, not only to relieve dyspnœa, but to give the lung a chance of re-expansion before adhesions bind it down. There is very little confidence to be placed in medicines; but the external application of iodine, combined with the internal administration of iodide of potassium, has in some cases proved beneficial. As to *purulent* effusions, if the exploratory puncture

reveal the presence of pus, we are recommended to withdraw as much as possible with the hypodermic syringe. The possibility of multiple collections of pus should be borne in mind ; and if the quantity of pus be incommensurate with the extent of the dulness subsequent punctures should be made, as experience shows the safety as well as the utility of the measure. If the hypodermic syringe does not remove all the pus present, it is better to introduce the aspirator trocar (especially that of Dr. Potain, made by Matthieu, of Paris) and to withdraw as much of it as possible. In most cases, aspiration was performed under anæsthetics, in order to facilitate a thorough exploration, to avoid shock and collapse, and to avoid the troublesome cough that usually occurs after paracentesis thoracis. Chloroform preceded by small doses of brandy was the chosen anæsthetic. The angle of the scapula was the chosen place for puncture when the effusion is general. A single aspiration is generally sufficient, but successful results have been obtained after repetition of the aspiration up to six times. If the pus should become fetid, or rapidly re-accumulate in large quantity, permanent drainage is recommended ; and in all cases this should be by a double opening. If possible, the first opening should be made in front of the thorax, and the second below and internal to the angle of the scapula. A long probe, threaded with a piece of drainage-tube, may be passed downwards and backwards from the first opening, and the second incision made over the point of the probe when it is felt through the integuments. The drainage-tube should then be drawn through and secured by tying the two ends together.

Such are the most prominent points dwelt upon in the interesting pamphlet of Dr. Barlow and his coadjutor Mr. Parker. We have drawn particular attention to it as it represents, in respect of a very common and serious affection, the most recent practice and experience of a physician and a surgeon attached to the two largest children's hospitals in London.

Notes on Current Topics.

The Dublin Sanitary Authority.

We have been constantly obliged to protest against the gross neglect of the sanitary affairs of the city of Dublin by the Public Health Committee of the Corporation. Our readers may desire to understand how it come to pass that in a body supposed to be representative of the citizens, so bad a state of things should exist. If so, let them read the following very brief extract from a pamphlet on Dublin Municipal Reform, by Mr. John MacEvoy :—

"The municipal service became, to a considerable extent, a preserve for corporators, their relatives, and political servitors. In the evidence before the Parliamentary Commission at Question 1,737, some examples were given of Dublin municipal appointments. At that time there were four municipal offices filled by persons promoted to them direct from seats in the Town Council—the collector-general, the assistant of the town clerk, one of the city coroners, and a water-bailiff. Seven officers were relatives of corporators—the city marshal, the secretary of the Water Works Committee, a city assessor, the mace bearer, a water-bailiff, an inspector of weights and measures, and a store-keeper. Three officers were ex-secretaries of liberal and 'national associations'—the town clerk, one of the law agents, and one of the coroners. That many of the minor appointments have been given as remuneration for services rendered in electoral contests there is good reason to believe. We happen to know that a newly-created weigh clerk and weigh master were extremely useful to one of the aldermen at a closely-contested election a few years ago. And, although the corporation may be said to be now on its trial in its recent appointments, it follows the old rule. It recently had the election to the important office of street surveyor. As candidates for the office there were, among others, the town surveyor of Derry, whose conduct as such is favourably reported upon by the Local Inquiry Commission. On this gentleman informing the corporation of Derry that he wished to compete for the Dublin street surveyorship, the mayor asked him was it that he considered his salary of £300 too small ? if so, he was prepared to recommend to the council to retain him by advancing him to £400. The surveyor replied that it was not ; he wished for a larger field. An officer of the Liverpool Scavenging Department, with first-class testimonials, was another candidate, but he too had no 'interest.' Neither had fit candidates, it appeared, for another office. A licensed vintner, Mr. Duffy, was described (in a late newspaper report) 'as a lately appointed inspector of scavengers.' He lost his life, being at the time of the explosion, *attending to his primary duties to his customers in his public-house next* door to the foundry."

Rate-supported Hospitals.

Amongst social reformers an idea has prevailed for some time past that hospitals should not be dependent for support upon the voluntary donations of the benevolent, as it generally happens that the wealthy who are not benevolently disposed, escape the self-imposed burdens of those more liberally inclined. The *Midland Counties Herald* had an article in its last week's issue on this subject, from which we give the following extract :—

"There are many reasons why this question of rate-supported hospitals is likely sooner or later to be agitated. First of all, is the existence of such institutions a necessity ? If so, why should their support be left to the few liberal, philanthropic persons, while the many who are mean and mercenary escape ? It is something painful to see in subscription lists the same names over and over again, and others, that should be there, conspicuous by their absence. There are those in all communities who are so dead to all sense of citizenship that they will never give anything away voluntarily, which means they never give anything away at all. But such as these should not be allowed to escape their proper burdens, and the only way to trap these shy birds into doing good is by the gentle persuasion of an authorised and compulsory rate."

The idea of rate-supported hospitals has never been very popular, though it has often cropped up ; the contention being that it would circumscribe, if not altogether abolish, the almsgiving of those benevolent persons whose life and substance are so often devoted to works of charity, and who, as is the case when voluntary schools are handed

over to the School Board, withdraw their support altogether from rate-supported institutions. On the other hand, it would put an extinguisher upon those myriads of mushroom hospitals which are daily started in all large towns for the sole and especial benefit of the enterprising medico ycleped its founder.

Royal College of Surgeons of England.

THE following are the names of the eligible Fellows who are candidates for seats in the Council of the College at the ensuing election on Thursday, the 4th of July next, at 2 o'clock p.m. :—William James Erasmus Wilson, Henry Lee, Barnard Wight Holt, retiring from the Council in rotation ; John Gay, Joseph Lister, Thomas Bryant, Henry Thompson, S. John Wood, Henry Power, and Edward Lund. Mr. Adams does not come forward as a candidate lest he should reduce the chance of Mr. Gay's success. Mr. Gay has already proved himself a most energetic and useful member of the Council, and at the last election, on retiring by rotation, he lost his seat by only a few votes. He would certainly have been re-elected had not some few fellows, whose sympathies were divided between Mr. Gay and Mr. Adams, anticipated the success of the latter, and given their votes to him.

The Small-pox Epidemic in Dublin.

THE disease is, we are glad to say, abating. The deaths in the week ending June 22, were 5 less than in the preceding week, and the fresh cases admitted to hospital 26 less. 247 cases remain under treatment. The fine weather has reduced the number of deaths from respiratory diseases, and the effect has been to bring down the total death-rate to 22·5 per 1,000, which, though greater than that of London—Edinburgh, is greatly below the usual ratio for Dublin. The Public Health Committee of the Town Council, pursues with self-contained happiness, "the even tenor of its way." Death-rates may go up or come down, while they remain gloriously indifferent. If the mortality were 52 per 1,000, instead of 22, the rise would not excite them to action any more than the fall now exhilarates them.

Health of the Borough of Macclesfield.

FROM the last Annual Report of the Medical Officer of Health, it appears that good sanitary work has been done in the Borough of Macclesfield. The system of house-to-house visitation has been well carried out. Upwards of 2,300 houses have been properly inspected, the result of each inspection being entered in a book, which, when completed, will form a "Sanitary Directory," or index, of the sanitary state of each house in the borough. In carrying out this survey particular attention was given in each case to defective closet accommodation, defective drainage, noxious trades, defective ventilation, and overcrowding. Nothing is said about water supply and inspection of cisterns, but we assume these points were not lost sight of, though not mentioned in the report. The dirty state of the cisterns is in some houses very disgusting, and quite sufficient to account for the impurity of the water. From the increased attention paid to the sanitary condition of this borough, we are not surprised to hear that the death-rate is lower than it has been for many years, that there have been less zymotic disease, and a great diminution in the mortality of infants, so that the whole of the mortality bears favourable comparison with that of England and Wales. With regard to infant mortality, it will be remembered that Macclesfield has long held a very unfavourable position in the death-rates, so much so that it was reported that there was actually a large amount of clandestine child-murder in that district. The Committee appointed by the Town Council to inquire into the matter, failed to find sufficient evidence to support such a criminal charge, but it was admitted that the "infant death-rate in Macclesfield is considerably in excess of the average throughout England." The inquiry, however, and the preventive means subsequently adopted, did a great deal of good, and it is pleasant, says Dr. Bland, "to turn from the consideration of the excessive infant mortality which has prevailed in previous years to the statistics for the year 1877, which is characterised by a remarkably low mortality." In 1876 the death rate of infants under twelve months of age was 21 per cent., while in 1877 it fell as low as 11 per cent., the rate for all England being 13 per cent., which, the Registrar-General remarks, is lower than in any year since 1837.

Inert or Adulterated Drugs.

WE hear that Dr. Campbell Brown, the county analyst, has recently read a report at the Lancashire Annual Session in which he states that two samples of drugs that had been submitted to him in the course of the year—one of them made up from the prescription of a medical man—"were entirely wanting in the principal constituents."

This statement, which we take from the *Globe*, is a very serious one, and reminds us of a contingency to which we are all more or less subject. There can be no doubt that there is in the market a large quantity of inferior drugs, and that the object which the physician has in view is often defeated through the inferior quality of the drug or drugs used in preparing his prescriptions. And here, perhaps, the well-educated practitioner who dispenses his own medicines has the advantage over the physician, inasmuch as he can test the value of his medicines before dispensing them. As for the physician, he has no guarantee that the drugs with which his prescription is made up, are of the best quality. After the prescription is out of his hands he has nothing more to do with it. There are, indeed, very few members of the Pharmaceutical Society who dispense any but genuine drugs ; but independently of any fraudulent adulteration, accidents will happen sometimes in spite of every precaution taken to prevent them. Besides, the fault often lies between the wholesale dealer in drugs and the retail buyer, the former having no scruples against offering for sale, and the latter against purchasing, medicines of so inferior a quality that they ought not to enter the market at all.

Veratrum Viride in Puerperal Convulsions.

THESE convulsions are so dangerous and so difficult to manage that any vaunted remedy for it should not be too hastily discarded, provided its known physiological action justifies a fair trial of it. It appears from

the *American Practitioner* that this drug has been successfully employed by Dr. S. S. Boyd and Dr. Fearn in the treatmant of puerperal convulsions. Twenty drops of the fluid extract of the veratrum viride were given every fifteen minutes until 120 drops were taken. Vomiting and retardation of the pulse were the most prominent effects of its administration. Dr. Boyd's explanation of its *modus operandi* in these cases is also very plausible. He thinks that the effects of the drug are due to its depressing influence on the heart, and medulla spinalis, and oblongata. He believes that the eclampsia is not due to brain lesion, but to reflex action originating in the uterus, from which an impression is carried to nerve centres in the medulla spinalis and oblongata, and is thence radiated to the whole muscular system.

Water Supply for London.

THERE is every reason to believe that before long the metropolis will be provided with a good supply of water for drinking purposes. It has long been felt that not only should the water supplied to the inhabitants of London be as pure as possible, but that for putting out fires there should be always at hand an abundant supply of water under sufficient pressure to enable it to be thrown to the tops of the highest houses without the aid of engines. The engineer consulted by the Metropolitan Board of Works thought that an ample supply of pure spring water could be obtained from the water-bearing strata around London, and they proposed by wells and borings to draw from these strata about 16,000,000 gallons a day. It was proposed to pump this water to reservoirs situated at considerable heights, and to distribute it through the metropolis by a set of mains entirely separate from those through which the present water is supplied. With the view of carrying out those schemes the Board has, after full consideration, prepared two Bills, which will be laid before Parliament next session, one to enable it to purchase the undertakings of all the metropolitan water companies; and the other, to authorise it to provide a new and separate supply of pure water for potable and culinary purposes, as well as for the extinction of fires.

The Coaching Club.

A FEW days ago the second meet of the Four-in-Hand Club was held at the Magazine in Hyde Park. From this and other demonstrations of the kind that have taken place, there is evidently an inclination on the part of a certain section of the community to revive not only a pleasurable, but a very healthful, mode of travelling. As we remarked last year on the same subject, people who consult their health would do well in taking their annual holiday to patronise the stage coach more frequently than they do. The time spent in railway travelling contributes nothing to the health or pleasure of the travellers, whereas, a long journey on the top of a stage coach might from a health point of view, be regarded as one of the most satisfactory parts of the period devoted to pleasure and recreation.

The Idiots (Ireland) Bill.

MR. ARTHUR MOORE'S Bill thus designated stands for its second reading in the House of Commons. It provides that Boards of Guardians may provide for the maintenance of the blind, deaf, or those lame from deformity or disease in suitable institutions, and pay for such maintenance out of the rates. That they may do the same in respect to the maintenance of idiots subject to the approval of the Irish Local Government Board; and lastly, that they may erect suitable asylums, the Treasury contributing part of the cost.

Treatment of Ununited Fracture.

MR. FITZGERALD, Surgeon to the Melbourne Hospital, in view of the unsuccessful results attained by the milder and severer remedies commonly used in treating this troublesome accident, strongly advocates the injection of glacial acetic acid, 5 to 10 minims, by means of the hypodermic syringe, between the ununited ends of bone. His experience of this method of treatment has been uniformly successful. It is attended by sharp pain at first, but this quickly subsides. Any cartilaginous thickening that may be present is soon resolved and reabsorbed, and bony union takes place rapidly, a position of the ends of the bone being secured by well applied splints.

This treatment is certainly well worth consideration and trial.

THE epidemic of small-pox, which has prevailed more or less in London during the past twelve months, has so far abated that a resolution was carried on Saturday last at a meeting of the Metroplitan Asylums Board, to close the Stockwell and Homerton hospitals for the present. The few remaining patients at these institutions will be transferred to Deptford and Hampstead, and the buildings thoroughly cleansed.

ON Sunday last collections were made in most of the churches and chapels of the metropolis in aid of the Hospital Sunday Fund. The Lord Mayor and other civic dignitaries went in state to St. Paul's Cathedral in the morning, and to Westminster Abbey in the afternoon. It is, of course, premature to hazard an opinion of the aggregate contributions, last year it was over £26,000.

IN the principal foreign cities the rates of mortality, according to the most recent weekly official returns were—in Bombay 41, Madras 38; Paris 22; Geneva 21; Brussels 28; Amsterdam 25, Rotterdam 27, Copenhagen 23; St. Petersburgh 48; Berlin 37, Hamburg 25, Breslau 32 Munich 39; Vienna 21, Buda-Pesth 37; Naples 31, Turin 31, Venice 30; Alexandria 42; and New York 21. The 622 deaths in St. Petersburgh included 125 from fevers, and 21 from small-pox.

THE rates of mortality in the four principal cities of the United Kingdom last week, were 20 in London, 20 in Edinburgh, 23 in Dublin, and 26 in Glasgow per 1,000 of the population. Of the other large towns—Sunderland had the highest death-rate, viz., 28 per 1,000, and Nottingham and Leicester the lowest, with 13.

Lord Overstone has given £500 to the Charing Cross Hospital Fund. The Middlesex Hospital and the Brompton Consumption each become entitled to £500 under the will of Mrs. Burmester, deceased. The latter hospital receives £600 also, under the will of Mr. Dilberoghie. To the Doncaster Infirmary, Miss Parker, of that town, has bequeathed £200, and the Royal United Hospital, Bath, becomes entitled to a like amount, under the will of Mrs. Hilds.

Small-pox is now fast declining, both in London and Dublin. In the former there were but 19 deaths last week, against 42 and 24 in the two previous weeks. In the latter 13 deaths against 19 and 18 in the two previous weeks.

Several deaths from sunstroke occurred in different parts of the kingdom last week. The heat was excessive during the whole of the week, Wednesday being the hottest, when 125 degrees was reached in the sun, and 102 in the shade.

Literature.

A GUIDE TO THE EXAMINATIONS AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND. (a)

If the medical student has to direct his attention to a vast number of subjects, he cannot, at all events, complain that there is a scarcity of "helps" or "aids" in the prosecution of his studies. From the beginning to the end of his hospital career, from the study of the bones to the performance of some capital operation on the dead body, he has at his disposal the assistance of books, illustrations, *epitomés*, memoranda, demonstrations, &c., that cannot fail to guide him to that goal which is the object of his ambition. And, judging from the little work before us, the assistance we speak of does not stop until the candidate is at, or even within, the portals of that College which every English student, almost without exception, has always been desirous of passing.

This "Guide" to the examinations of the College is a much enlarged reprint of some papers that originally appeared in the *Lancet* (1876). It is published in a separate form in the hope that it may prove useful to all those who are preparing to undergo these examinations, and the fact that it has already reached a third edition is the most satisfactory evidence that could be given of its utility to students. In this Guide the candidate for either the Membership or the Fellowship of the College will find all the information he requires respecting the manner in which the written and oral examinations are conducted, the kind of questions submitted to the candidate, the practical examination on anatomy, the clinical examination of patients, the practical examination on pathology and surgery, &c. The book also contains an account of the chief anatomical, pathological, and microscopical preparations or specimens with which he is expected to be familiar; a list of the various surgical instruments and apparatus used by the examiners; and a complete series of examination papers from January, 1869, to July, 1877. The candidate is sure to obtain from these papers a good idea of the kind of questions that will be put before him, and perhaps, before going up to the College, he could not employ a few hours more profitably than by writing out answers to some of the many questions to be found in this manual. Mr. Gant states that his Guide has had a marked influence in inducing the student to gain a more practical and personal knowledge of his subjects, to frequent more regularly the College museum, and thereby to acquire a familiarity with the large and instructive collection of specimens and preparations contained in this splendid museum. We can easily imagine that such has been the case, and did the book serve no other purpose than that of sending numerous students to the galleries of the museum, it would still have some claim upon the attention of both the student himself and all those who are interested in his success.

Nor does Mr. Gant by any means encourage those fears and misgivings with which many candidates approach their examinations. The following quotation, with which we shall close these remarks, will both show the style of the work and the author's desire to remove any unnecessary apprehension the candidate may feel on the eve of presenting himself before examining board:—

"One feature in these practical examinations seems especially worthy of notice—it is the freedom from any embarrassment or difficulty to the candidate, assuming him to be well prepared. This agreeable circumstance is partly due to the objective character of the examination, whereby readiness of language and much descriptive power are not at all essential to success, and the composure of the student is aided by the calmness and considerate bearing of the examiners. In one case a candidate who laboured under great impediment of speech, but who evidently possessed the requisite knowledge, was facilitated by answering in writing, just a word or two on a piece of paper with a pencil being quite sufficient to the questions—'What's this?' and 'What's that?'"

(a) "A Guide to the Examinations of the Royal College of Surgeons of England for the Diplomas of Member and Fellow." By Frederick James Gant, F.R.C.S., &c. Third Edition. London: Baillière, Tindall and Cox. 1877.

A REVIEW OF THE MEDICAL WORKS PUBLISHED IN FRANCE FOR THE YEAR 1877.

1. "Manuel de Medicin Operatoire," de J. F. Malgaigne, Huitieme edition. Par M. Leon Le Fort. 2 vols. 12 mo, avec. 744 figures, prix 16 f. Paris et Londres, Baillière.
2. "Traité Pratique d'Anatomie Medico-Chirurgicale." Par M. R. Richet. Cinquieme edition. 1 vol. 8vo, de 1,335 pages, prix 19 frs. Paris, Lauwereyns.
3. "La Prostitution a Paris et à Londres." Par M. Lecour, Chef de Division a la Prefecture de Police. Paris, Asselin.
4. "L'Etude Medico-Legal sur les Epileptiques." Par Le Docteur Legrand du Saulle. 1 vol. 8vo, prix 4 frs. 50 cent. Paris, Delahaye.
5. "Dictionaire de Medicin et de Therapeutique Medicale et Chirurgicale, &c., 3rd edition, 1 fort., vol. de 1,559 pages, avec. 907 figures. Par MM. Bouchut et Despres. Prix 25 frs.
6. "La Charitè à Paris." Par M. Lecour. 1 vol. 8vo, Asselin.
7. "Guide d'Electrotherapide, Redigés d'Après les Travaux et les Legons du Dr. Onimus," par Bonnefoy. 91 figures dans le text, 1 vol. 8vo. Paris, Masson.
8. "Traitment de la Variole par le Bains Froid." Par le Monsieur le Dr. Clement. Geneva, Geary.
9. "Cour de Medicin du Collège de France; Leçon sur le Diabete et la Glycogedese Animale. Par M. Claude Bernard. 1 vol. 8vo, prix 7f. Paris et Londres, Baillière.
10. "Crémation ou Incinérations des Corps." Par A. Cadet. Vol. 1., 18o, prix 2f. Paris et Londres, Baillière.
11. "Les Syphilitiques de la Campagne de Fernand Cortes." Par le Dr. Jourdanet. Paris, Masson.
12. "Traité des Maladies de la Prostate." Par Dr. H. Picard, 1 vol. 8vo. Paris, Baillière.
13. "Memoirs sur la Galvano-Caustique Thermique." Paris et Londres, Bailliére.
14. "Manuel de Thérapeutique." Par le Docteur Paulier, 1 vol. 8vo, de 1,012 pages, prix 10f. Paris, Doin.

An acquaintance with French opinions and medical literature, is now expected from every educated physician and surgeon, but the press turns out annually such a large number of works, that a selection is difficult, and many works are bought which on perusal turn out unworthy not only of the trouble of printing, but also of reading. Authors have their ambition, printers have their business and interest in the production of new books, and readers are oftentimes their victims. It has been said there never yet was a work produced so bad, that something could not be learnt from it, but time is so limited and so valuable, that our readers can hardly be expected to purchase a number of books, in the hope of finding a good one, so that we have selected a few of the principal interesting works that have appeared during the year 1877, and which may be purchased and usefully added to the physician's library.

1. "Manual of Operative Medicine." By Malgaigne. 8th edition. Edited by Le Fort.

This is a standard French work, testified by its running through eight editions, though it bears the critical spirit of

Malgaigne: M. Le Fort has brought it down to the present time, and contributed some valuable additions.

The value of plates cannot be over-estimated in assisting surgical descriptions, and this work is rendered more valuable by the numerous excellent illustrations. We may say it is one of the best French treatises, and will prove of valuable assistance to the surgeon.

2. "A Practical Treatise on Medico-chirurgical Anatomy." y Richet. 5th edition.

This is another standard French work, and its popularity is also vouched for by a 5th edition. It has the character of being about the best treatise on regional anatomy, and this praise, accorded it by French writers, is a high one, when we consider the numerous publications on anatomy issued by the French School of Medicine.

3. "Prostitution at Paris and London." By Lecour.

Those interested in such social inquiries, and in the operation of the Contagious Diseases Act, will find in this work, ample and official information.

The French system of registration and inspection seems to have a beneficial influence. Our own pages have lately testified to the diversity of opinion existing on the value of the Contagious Diseases Act in England, and figures are quoted on both sides in support of the rival theories. The fountain-head of information must be sought in France, and this work offers a cheap and readable medium of obtaining it.

4. "Medico-legal Study on Epileptics." By Legrand Du Saulle.

The criminal responsibility of the insane is one of the most difficult questions in medical jurisprudence, though Maudsley has added a valuable contribution to its solution.

As a medical expert to the French courts, and physician to the Bicêtre, Dr. Du Saulle speaks with a practical experience of the subject, and his chapters on homicidal epilepsy, and epilepsy larvée, are models of their class. Jurists disagree with medical men on homicidal impulses, but as Dr. Du Saulle advises us, medical men should affirm the truths they believe with authority, even at the risk of unpopularity, and we should impress society with the fact that though we are servants, we are also honourable men.

5. "Dictionary of Medicine." By Bouchut and Després.

If a condensed volume of French medicine is desired, a standard work of reference on almost every point, no better book could be purchased than the dictionary of MM. Bouchut and Despres.

It is a veritable Encyclopædia, and for facility of reference is based on the *alphabetical* plan. When we mention that it is illustrated with 907 drawings, and contains 1,559 pages, our readers can imagine the amount of information contained.

Its popularity has been so great that it has already reached a third edition, brought down to our present standard of knowledge.

6. "Charity at Paris." By Lecour.

This small volume deals with the various forms of the French system of relief, and thus has an interest in revealing the mechanism of the Parisian hospital administration. We have noticed above another work by the same author on prostitution; his official position in connection with the police renders his information on the distribution of charity all the more valuable.

7. "Electro-therapeutical Guide." By Onimus.

Now that electricity plays such an important part in the cure of disease, a knowledge of its use and action should be familiar to every practitioner, for, as Dr. Onimus tells us, electricity is not a specific, and should not be reserved for exceptional cases. This is a very complete manual on the subject.

8. "Treatment of Variola by Cold Baths." By Dr. Clement.

The results obtained by cold baths are not sufficiently satisfactory to attain its universal adoption, though this treatise affords some interesting particulars of their application at Lyons.

9. "A Lecture on Diabetes, &c." By Claude Bernard.

The name of the late M. Bernard, will of itself secure readers, for his name is as familiar in England as it is in France, and anything from his pen is well worthy of the attention of the physiologist.

10. "Cremation." By Cadet.

The zeal of some enthusiasts on the subject has not been up to the present sufficient to secure its universal adoption, for customs so bound up with religious belief, as the ordinary burying of the dead, cannot be swept away in a day, or even in a generation.

In this utilitarian age, a much more servicable use might be made of the bodies of those who are indifferent as to their disposal after death, viz., they might leave them by will to some of the schools of medicine for dissection and subsequent cremation. A good supply of subjects would thus be secured, and many of the deceased would have the satisfaction of framing a will with a direct object of benefiting posterity. Shelley preferred having his body destroyed by fire, Bentham had a preference for utilitarianism, and made choice of the *post-mortem* room. *Chacun a son goût.*

M. Cadet's treatise is a very interesting and popular treatment of the subject.

11. "Syphilis in the Campaign of Cortes." By Jourdanet.

The origin of syphilis has always been a subject of interest, and this is a short study to the elucidation of the problem. Was syphilis known before the arrival of the Spaniards in Mexico? Was it known in Europe before Columbus returned from his voyage? Dr. Jourdanet has not conclusively settled these questions.

12. "Treatise on Affections of the Prostate." By Picard.

This is one of the most complete French treatises on the subject, and we can recommend it as an accurate and valuable work of reference.

13. "On the Galvano-Cautery." By Amussat.

We have expressed our opinion on this book in January, 1877, and we believe it will help to popularise the employment of a means of treatment which is still attracting increased attention.

14. "Therapeutical Manual." By Paulier.

This publication has been well received, and forms an excellent guide to the student who desires to acquaint himself with the materia medica of our French *confrères.* It is clear, methodical, accurate, and scientific.

(To be continued.)

Correspondence.

THE NEW MEDICAL BILL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I read with much pleasure a letter which appeared in your paper this week under the above heading, signed "Vale." There are, indeed, a number of medical men who own open surgeries, which are worked by resident dispensers; but, as to how far that tends to lower the profession, is a question which admits of argument. If a surgeon keeps a third-rate chemist's shop, works it himself, in other words is his own shopman, I will say that is going rather too far down the social scale. Perhaps deigning to trade at all, may not be quite the thing. But why on earth, Mr. Editor, should we deprive medical men of the right of trading or shopkeeping, or indulging in commercial transactions of any kind, when peers of the realm, officers of both services, magistrates, lord-lieutenants of counties, landed proprietors and esquires, and gentlemen of every shade and degree, can do the same thing with impunity, and be considered none the worse. Surely, "Vale" forgets how many gentleman of the period owe their wealth and their position in society to the shop. In fact, if it were not for the coin that the much despised shop, mill, or trade, brings in, we should hear or see nothing of many who now flourish and enjoy good position in this world of rank and fashion. Once more, why cannot a medical man enjoy the same opportunity of amassing money? the answer is—simply he is a man of medicine—alas, we are poor beggars! We are sure to get the most bamboozling, and if anyone is to be played a dirty trick, the medical man is the scapegoat. How do we fare in the law and coroner's courts, at the board of guardians, (Bumble, in all his glory and despotic power *pro tem.*, likes a shy at the parish doctor), the quarter-deck of Her Majesty's ships, &c., if there is any

argument, nay, even if the doctor is right, and he sticks up for his right, ten to one but he has a hard battle to maintain it, and has to put up with treatment and speeches which he would never have heard had he been anyone else, save the doctor. The practice of medicine and surgery has never been recognised in Society as a pure profession, because as well as prescribing drugs and remedies, the medical man has in the majority of cases, to mix the said drugs and medicines; and it matters not to the public whether mixtures, draughts, pills, &c., are supplied from the open surgery, *alias* shop in front, or from the closed one in the rear of the doctor's house. In both cases the surgeon is a trader; he sells goods, and until Act of Parliament forbids medical men supplying medicines in any way or form, or through any channel, so long will we be looked upon in the light of tradesmen. "Vale" has over-looked another class of surgeons who ruin the profession by accepting clubs and unions at the present ruinous and degrading rate of payment. Can we get servants to work for us after the same rate? Not they! No, no, they are a deal too wise in their day and generation to work under the mark; they would strike sooner, I suppose we are too gentlemanly to do that, and excuse ourselves under the plea of humanity, but the public are not humane enough to reward us properly for our services, as such services ought to be rewarded. How many a hard-working club and parish doctor has shortened his life by working for the miserable pittance the board of guardians and stewards of clubs offer him, and if he refuses to take the allowance, calmly tell him there are plenty of medical men who will be glad to take such appointments, at the price offered, or even for less. Alas, it is too true, more shame to us as a body, and I challenge truth and common sense to deny it. I say there is more shame in thus working for such appointments than there is in owning a chemist's shop. Under the former system one is no better than a toad under a harrow, whereas with the latter there is more or less of independence. I always refused clubs upon the principle that I would never accept a ten pound note for a hundred pounds worth of work, and I believe that fairly represents the ratio payment of club and parish doctors for their services. A chemist would scout the idea of finding medicines alone for each club and parish patient on such losing terms, as the doctor is content to find visits, advice, and medicines inclusive. Well, I suppose we are the very essence of charity. I am sure we are often long suffering, and so brimful of the milk of human kindness, that we, as a body, are contented to work for nothing at all. If we rise to the upper ranks of the profession, what parliamentary remedy have we? What positions in the Government of our country are open to us? None. There are no bishoprics or judgeships in medicine. Even honours in the shape of decorations are denied the medical officer, when they are given profusely to combatant and other officers. The fact of being medical men puts us often out of the pale of reward. Do we not read of officials of hospitals being knighted, when the senior physician or surgeon have been overlooked, and no reward or distinction at all granted to them. At present, the public have the whip-hand of the profession, but let us join shoulder to shoulder, and be true to each other, and things will soon be different. In fact, it would be then worth a fellow's while to qualify and enter the profession; but as things are now, the wiser a young man is, and the more regard he has for personal comfort, the wider berth he will give Medicine and Surgery.

I am, Sir,

Your obedient servant,

HENRY W. WILLIAMS, M.D.

168 Fulham Road, S.W.

LET US REFORM OUR SPELING!

A leter from Dr. GEORGE HARLEY, F.R.S., *writen to the* ED. MEDICAL PRES AND CIRCULAR. *without encumbering it with superfluous duplicated consonants.*

TO THE EDITOR OF THE MEDICAL PRES AND CIRCULAR.

SIR,—I have perused with much interest the leter in your to-day's journal, from a corespondent signing himself "Excelsior," with the graphic heading, "Let us Spell," and I am exceedingly obliged to him for the friendly way he has comented on my efort to economise time, labor, and material, in literary pursuits, by entirely abolishing al the redundant, and consequently, useles, duplicated consonants with which English words are at present heavily weighted.

I quite agree with him that I might have gone a step further, and proposed the abolition of al the superfluous vowels also; but I refrained from doing so simply because I did not desire to thwart reform by asking John Bull to agree to so sweeping a reform as this would imply al at once.

Our language, as every philologist knows, poseses a superabundance of totaly useles vowels, as wel as consonants, which oftentimes give an eroneous speling to our pronunciation, particularly embarasing to children and foreigners. Thus, for example,

We say	hed	and yet	write	head.
,,	kurnel	,,	,,	colonel.
,,	led	,,	,,	lead.
,,	core	,,	,,	corps.
,,	spred	,,	,,	spread.
,,	det	,,	,,	debt.
,,	dout	,,	,,	doubt.
,,	colum	,,	,,	column.
,,	receit	,,	,,	receipt.
,,	plow	,,	,,	plough.
,,	enuf	,,	,,	enough.

Al under the eroneous idea—imbibed at school—that the words are so spelt—contrary to pronunciation—on good etymological grounds, which idea, however, recent research has shown originated in the eroneous system of teaching etymology at our schools. As an example of this I shal quote the very word that your corespondent, "Excelsior," takes exception to—Needles. He says this is not need*less*, but needles, the instruments with which our housewives stitch our garments. I, on the contrary, opine that it is not my speling, but his, that is wrong. Needles is, in fact, need-les in pronunciation, just as much as needless itself is. Whereas, pronounce the housewive's needles as you wil, you can never make it yield its imaginary sound. Which would be more corectly symbolised either by needels, or by needils. So that my form of orthography has the double advantage of shortening our labour in writing, by leaving out a need-les leter of the alphabet, and in directing atention to an eroneous form of speling.

It wil be observed, too, that I do not in the first instance, propose the abolition of al redundant consonants, but only the redundant duplicated ones. Such as the duplicated b's, c's, d's, f's, g's, l's, m's, t's, &c., &c., with which our language is fearfuly over-weighted. Only fancy; over thirty thousand of them ocur in every single copy of the daily *Times!* Fifteen thousand of which are totaly useles as indicators of the pronunciation of the words in which they ocur.

A friend has made the calculation that to the proprietor of the *Times* by their abolition alone, would be efected a pecuniary saving, in the form of space, time, and material, of from eight to ten thousand pounds per anum!! Some reader may perhaps smile, and exclaim, "This canot be." Nevertheles, by calculation he wil find it to be a fact. Perhaps he wil feel stil more astonished were I to calculate for him the anual amount of time and labor he needlesly throws away in his own private corespondence. For his quiet meditation I may inform him that, by a critical calculation based upon the Post-ofice statistics, I have ascertained that the corresponding part of the British public, in leters of corespondence alone, not including post-cards or circulars—only leters. In the year 1875, wrote and sent through the Post-ofice over twenty thousand milions (!) of superfluous duplicated consonants. What a waste of time, labor, and material does this not represent? Now, be it remembered, this does not refer to redundant consonants as a whole, but merely to redundant duplicated ones. And it is only the abolition of the redundant duplicated ones which I am now advocating. For four potent reasons:—1stly. It requires no mental efort to omit a duplicated leter of the alphabet from a word. And I know from personal experience that the hand, even in rapid writing, gets used to the change after three days practice. 2ndly. The reform neither interferes detrimentaly with the ordinary literature of the past or of the present. 3rdly. It would be a great boon to the poor child in acquiring a knowledge of English orthography. Many a task would be lightened, Many a punishment avoided, many an over-taxed brain relieved. How wel do I myself remember having been locked up for an hour on acount of suposed obstinacy because I repeatedly spelt puzzle with one z, and hazard with two. And wel, also, do I remember that even this dire punishment failed to prevent me for years afterwards forgeting which of the two words ought to have the double useles z thrust into it. 4thly. The abolition of duplicated consonants alone from English words

would be a *pecuniary* saving to the nation of not les than two milions of pounds per anum!

Are these four facts not worthy of the atention of the educated? I think they are, and I think that the profesion should act upon the sugestion of "R. B.," in his leter to the *British Medical Journal* of the 15th inst., which he embodied in these words :—

"Ours being considered one of the learned profesions, its members need not fear the imputation of ignorance ; therefore, if there could be a general agreement amongst us that we should, in our corespondence and publications adopt Dr. George Harley's method, the public would soon folow our example."

I have, ever si ce the publication of my monograph on the subject of "The Simplification of English speling," (*a*) a year ago, writen al my l-ters and papers without encumbering them with superfluous duplicated consonants, and in order to prevent people marveling at what, at first glance, might apear strange speling, I have had printed in neat leters, in the uper left hand corner of my note paper—

Reformed Speling !
No duplicated consonants
except in Personal Names.

I make an exception in favour of personal names, for, as a man has a legal right, in this country, to cal himself by what name he chooses, it is, I think, but proper that he should have the right to spel his name in whatever maner suits his fancy. I have refrained from atacking duplicated vowels, as they are in most cases esential elements in the words. Not so, however, with simply redundant "non-duplicated" ones. Thus, were we to omit the duplicated vowels from such

Words as beet it would instantly become bet
" boot " " " " bot
" good " " " " god
" soot " " " " sot

And so forth, so I leave them alone. But I should extremely like to see "Excelsior's" proposal of doing away with the redundant "single" vowels adopted, and instead of speling—

bread, spel it simply as it is pronounced, bred
spread " " " spred
dialogue " " " dialog
harangue " " " harang
sewer " " " suer

What an enormous saving of time, labor, and money would such a system of national speling reform efect! And would it not, as "R. B." sugests, materialy redound to the honor of the medical pres of this country if it led the way to such an important species of reform. It might easily begin to print its journals without any superfluous duplicated consonants, and once the public eye had become acustomed to the inovation, proceed a step further, and print them without any redundant leters of the alphabet whatever? The first step would encounter but litle oposition, if any at al, from the enlightened. For I have already found, from personal expe-rience, that al the advanced philologists, without, I believe, a single exception, are in favour of this simple system of re'orm. Therefore, I canot believe that any member of the medical profesion, after studying the subject, would seriously think of oposing the movement. I may conclude by remarking that I sent a printed leter to Lord Beaconsfield on the subject, pointing out the political importance it would be to the Nation to have a more simple and les irational system of orthography, and I am led to understand that the sugestions it contained met with aproval. So that the medical pres of the country need have no fear that its reputation for enlightenment would sufer from its taking the initiative in a scheme of National reform which habit, prejudice, and ignorance alone wil atempt to opose. I herewith enclose for your perusal and coment both my monograph on "The Simplification of English Speling," and my pamphlet to Lord Beaconsfield.

Faithfully yours,
GEORGE HARLEY.

25 Harley Street, W., 26th June, 1878.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The impression left on my mind after peru-ing the interesting and instructive matter contained in Dr. George Harley's recent paper, which was referred to by a correspondent in your last issue under the *nom de plume* of "Excelsior," was, that this physician must have employed as an amanuensis, an aged hospital patient whose education had been of the simplest and most primitive kind.

The remarkable mixture of good and evil in the letter makes me think of a mayonnaise of lobster with a handful of gravel mixed up in it.

Yours, &c.,
J. C. T.

(*a*) This litle book—treating the subject philosophicaly, as wel as philologicaly, is sold by Trübner and Co., Ludgate Hil, at 2s. 6d. But I shal be hapy to send a copy of it, gratis, to any of your readers who are interested in the mater.

RECENT ADMIRALTY REGULATIONS FOR MEDICAL ATTENDANCE ON THE COASTGUARD.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The regulations of the Lords of the Admiralty for medical attendance on the coastguards seem to be much in need of reform. You are doubtless aware that all round the coasts certain medical men are appointed to attend the different coastguard stations, who are designated, "Surgeons and Agents," and who act under the immediate supervision of the Medical Director-General of the Navy. Their pay for medical services is as follows, viz., 2s. 6d. for each visit to a patient, officer or man, and one shilling a mile for travelling expenses to the different stations, back mileage not allowed, and no charge allowed for medicines or medical appliances ; only five shillings per quarter is allowed for stationery. These regulations have been in force for upwards of twenty years without change ; but recently they have been so far changed as to order that "*daily* visits to patients will not be paid for except in cases of undoubtedly severe character," thus interfering with their necessary and proper treatment.

Sure y, sir, the time has come when the Lords of the Admiralty should afford a better remuneration to their surgeons and agents.

Could our *Medical Association* not do something for us? Could they not bring sufficient pressure to bear on the Lords of the Admiralty, or use such influences with them as would induce them to either allow back mileage in travelling expenses, or to make the visiting fee 5s., instead of 2s. 6d., as at present, or allow a proper charge for medicines?

Trusting that the Association will endeavour to do something for us,

I am, Sir,
Yours respectfully,
A SURGEON AND AGENT.

CORONERS' INQUESTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In looking over the MEDICAL PRESS AND CIRCULAR, I find that in Dublin there is a dispute about what doctor should be called on inquests, while in this co. (Armagh) the grievance is that the coroner ignores all alike. There have been four held within about a mile of my residence the past year, in neither was I called on, or any other, although in two I had attended before death, and in one of the four could have given most important evidence, and which would have changed the whole aspect of the case, and prevented a miscarriage of justice and permanent and grievous injury to others.

Your obedient servant,
DISPENSARIUS.

Medical News.

Royal College of Surgeons of England.—The following received the diploma in Dental Surgery at a meeting of the Board of Examiners on June 25th :—

Ackery, John, Camberwell.
Bennett, F. Joseph, George Street, Hanover Sq., W.
Burt, Walter, Weymouth.
Fothergill, Edward, Northgate, Darlington.
Galpin, G. Luck, Great Marlborough St., W.
Henry, Martin, King William Street, E.C.
Hepburn, Duncan S., Nottingham.
Keen, Edward, M.R C.S., Chelsea.
Kennedy, John B., Scarborough.
Newton, J. N. Peill, Liverpool.

Noble, Charles J., Acton, Middlesex.
Stevenson, Louis, Edinburgh.
Taylor, Arthur, Sutton Coldfield.
Underwood, A. Swayne, M.R.C.S., Bedford Sq., W.C.
Winterbottom, Augustus, F.R.C.S., Sloane St., S.W.
Woodward, F. Herbert, Prince's Terrace, N.W.

Eight other candidates failed to pass.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

NOTICE TO SUBSCRIBERS.—Subscribers who have not already paid their subscriptions for last year are reminded that they are now due and should be sent to the publishers, who will be happy to acknowledge their receipt.

MR. JAMES SHAW.—Your letter in reply to the article in our last number "On the Irish Apothecaries' Company as a Licensing Body" received as we were going to press. It will be shown to the writer of the article, and will appear together with his reply in our next. Had your communication been addressed to the Dublin office delay would have been avoided, as each department is kept distinct.

OBSTETRICAL SOCIETY OF LONDON.—This evening (Wednesday) at 8 p.m., Specimens and Microscopic Sections illustrating Changes in the Uterus resulting from Pregnancy, by Dr. John Williams. Papers: Dr. John Williams, "On some Changes in the Uterus resulting from Pregnancy, and on their value in the Diagnosis of Parity." Dr. A. W. Edis, "Case exemplifying the difficulty of Diagnosis in Abdominal Tumours." Mr. Brewer, "Labour complicated with Ovarian Cyst."

DIPHTHERIA IN ST. JOHN'S WOOD.

DR. HOWELL complains that we did not quite represent his opinions in our annotation last week upon this subject, and wishes us to give the following as a fair *résumé* of his views from a local paper: Dr. Howell, who is a well-known supporter of the *contagium vivum* school of pathologists, believes that these diseases are produced by living organisms similar to those minute microscopic objects called bacteria. He considers a cesspool to be a suitable soil for those minute germs to multiply in with fearful rapidity. The contents of a cesspool would only affect health by substituting its noxious gases instead of the fresh air which we ought to breathe, but would not produce typhoid fever or diphtheria; but let one of the minute bodies which are the cause of the disease be placed in the cesspool, then the whole becomes rapidly infected, and the germs are multiplied and are carried to many distant places by the same means by which they were brought into the cesspool."

We may add in connection with this matter, that a new sanitary committee for the St. Marylebone parish, which includes St. John's Wood, has been appointed, which includes the names of such well-known reformers as Prof. Huxley, Dr. Richardson, and Dr. McGrigor Croft; the inhabitants may, therefore, rest content that everything will be done scientifically and practically to avert future visitations of these epidemics.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Klemm, Riga, Russia. Prof. Ulrich, Bremen. The Surgeon-General of the United States Medical Service, Washington. Dr. Chapman, London. Mr. Alex. D'Orsey, Bayswater. The Secretary-General Société de Medicine Legale. Mr. Hodson, Beverley. Dr. Symes Thompson, London. Dr. Stokes, Dublin. Dr. Nicholls, Chelmsford. Dr. Stretch Dowse, Hornsey. Surgeon-Major Curran, Sitapur, India. Dr. Laffan, Cashel. The Secretary Charing Cross Hospital. Dr. J. W. Martin, Portlaw. The Registrar of the General Medical Council. Dr. W. H Wathen, Louisville, U.S.A. Mr. Nicholson, Manchester. Dr. Dudfield, Kensington. Mr. Messenger Bradley, Manchester. Mr. George Jesse, Macclesfield. Mr. J. A. Frend, Manchester. Mr. Spencer Watson, London. Dr. John Williams, London. Mr. Pettit, Glossop. The Registrar-General. Mr. Day, Birmingham. Dr. Kisch, Liverpool. Dr. Smith, London. Dr. W. A. Byrd, Quincy, Illinois, America. Dr. Quinlan, Rathmines. Dr. Cagney, Charleville. Dr. Phillips, Leighlin Bridge. Dr. Kinkead, Mayo. Sir G. B. Owens, Dublin. Dr. McDarrell, Carlow. Dr. Gray, Armagh. Dr. Thompson, Doochary. Dr. Lever, Gowran. Dr. Sullivan, Charlesville. Dr. Donaldson, Clontibret. Dr. Mc Keog, Coleraine. Dr. Cronin, Queenstown. Dr. White, Elphin. Dr. Macnamara, Corofin. Dr. Swan, Dublin. Dr. Tayler, Tandragee. Dr. Bryans, Pettigo. Dr. Rowan, Moneyslane. Dr. Powell, Templederry. Dr. O'Connor, Ballycastle. Dr. Waddy, Wexford. Dr. Stokes, Mullingar. Dr. Tufnell, Dublin. Dr. Smith, Royton, Oldham. Dr. Thomson, Belturbet. Dr. Scully, Clonmel. Dr. Rawson, Otter Holt. Dr. Ringwood, Kells. Dr. Olesnna, Murroe. Dr. Howell, St. John's Wood. Dr. George Harley, London. Mr. Morris, London. Dr. Kelly, Rotherhithe. Mr. James Shaw, Apothecaries' Company. Dr. Crossley, Rotherham, Yorks. Dr. Leishman, Glasgow, &c., &c.

VACANCIES.

Baltinglass Union, Baltinglass Dispensary.—Medical Officer. Salary, £140. Election, July 9.

Birmingham, Queen's College.—Professorships in Materia Medica and in Pathology: also an additional Demonstrator in Anatomy. Applications before July 11 to the Secretary of the College, 21 Paradise Street, Birmingham.

Carmarthen Infirmary.—House Surgeon. Salary, £125, with lodgings, but not board. Applications to the Secretary, 58 King Street, Carmarthen.

Ennistymon Union, Broadford Dispensary.—Medical Officer. Salary, £100. Election, July 11.

Greenwich Union Infirmary.—Assistant Medical Officer. Salary, £100, with board and lodging. Applications at once to the Medical Officer at the Infirmary.

Leicester Borough Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board and lodging. Applications before the 18th inst. to Dr. Finch, at the Asylum.

Middlesex Hospital.—Lectureship on Psychological Medicine. Applicants must address the Dean of the Medical School.

Owens College, Manchester.—Demonstrator in Anatomy. Salary, £100 Applications, with testimonials, to the Registrar before July 15. (See Advt.)

Roscommon County Infirmary.—Apothecary and Registrar. Salary, £60, with apartments and allowances. Election, July 19.

Swineford Union, Foxford Dispensary District.—Medical Officer for temporary duty. Emolument at the rate of £3 per week. Immediate application to the Hon. Sec. (See Advt.)

APPOINTMENTS.

COWIE, D., M.B., C.M., Medical Officer for the Cowcaddens District of the Barony Parish, Glasgow.

CRUICKSHANK, B., M.D., Medical Officer and Public Vaccinator for the Parish of Cawdor, Nairnshire.

FURLONG, J. J., L.A.H.D., Non-resident Apothecary to the Limerick Union Workhouse.

HUNTER, W. L, M.B., C.M., Medical Officer for No. 3 District of the Bierley Union, Yorkshire.

JACKSON, T. W., L.R.C.P.Ed., M.R.C.S.E., Medical Officer to the Chorley Union Workhouse.

LLOYD, G. J., L.S.A.L., a Resident Surgeon to the Queen's Hospital, Birmingham.

MAIN, A. J., M.D., L.R.C.S.Ed., Medical Officer for the Embleton District of the Alnwick Union, Northumberland.

O'CONNOR, M. R., M.D., C.M., second Resident Medical Officer to the Limerick Union Workhouse.

SMALLMAN, B. F., L.R.C.S.I., L.K.Q.C.P.I., House Surgeon to the General Infirmary, Hull.

TWINING, Dr. F. F., promoted to be first Assistant Medical Officer to the Metropolitan Asylum District Asylum at Homerton.

ARMY MEDICAL DEPARTMENT.—Surgeon-Major A. F. Bartley retires on half-pay.

BOMBAY MEDICAL ESTABLISHMENT.—To be Surgeons-Major—Surgeons W. Gray, D. E. Hughes, M.D., T. Holmsted, T. Cody, and J. Raby. Surgeon A. J. Leggatt has resigned.

MILITIA MEDICAL DEPARTMENT.—Surgeon-Major J. Briscoe (Oxford) resigns his commission; Surgeon D. Curme (Dorset) to be Surgeon-Major, under the provisions of the Royal Warrant of 12th July, 1876.

Marriages.

STROVER—MATHEW.—June 25, at Hendon Church, Walter Strover, M.R.C.S., to Emily, daughter of Charles Mathew, Esq., of Hornsey.

THOMSON—STOKER.—June 27, at St. Peter's Church, Dublin, William Thomson, F.R.C.S.I., to Margaret Dalrymple, younger daughter of the late Abraham Stoker, Esq., of the Chief Secretary's Office, Dublin Castle.

VERDON—BAINES.—June 26, at Naburn Church, Walter Verdon, F.R.C.S., of Brixton, to Mary Frances, daughter of W. M. Baines, Esq., of Bell Hall, York.

Deaths.

ATKINSON.—On June 18, at Jersey, Warner Atkinson, M.R.C.S.E., Surgeon-Major, 53rd Regiment, aged 39.

BRAND.—On June 18, Samuel Elwin Brand, M.R.C.S.E., of Cornhill and South Hackney, aged 51.

CARGILL.—On June 22, at Newcastle-upon-Tyne, John Cargill, M.D., aged 67.

COOPER.—On June 22, at Wigston Magna Hall, Leicestershire, Alfred Cooper, M.R.C.S.E.

DAWSON.—On June 11, at Bridlington, Yorkshire, Charles W. Dawson, L.S.A.L., aged 37.

HOWAT.—On June 21, at Waterbeck, Ecclefecham, Hoddam, Dumfriesshire, William Brown Howat, M.B., C.M., L.R.C.S Ed., aged 28.

HOWELL.—On June 17, at Ootacamund, Thos. G. Howell, M.R.C.S.E., Surgeon-Major, Madras Native Infantry.

MORGAN.—On June 14, at Lowestoft, Suffolk, Charles Morgan, Surgeon, aged 54.

MORGAN.—On June 19, at Aberystwith, Edward Morgan, Surgeon, aged 45

MOULD.—On June 19, at Plympton, John Arnold Mould, M.R.C.S.E., Deputy Inspector-General of Hospitals, aged 71.

SHEDDON.—On June 29, in London, Arthur W. Sheddon, M.D.

SMITH.—On June 14, found dead in the River Nene, George Smith, M.R.C.S.E., of Northampton, aged 65.

SPENCE.—On June 16, at Bedale, Yorkshire, John Spence, F.R.C.S., aged 73.

TIDBOALD.—On June 19, at Chulmleigh, Devon, John Adams Tidboald, M.R.C.S.E., aged 73.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

ANNUAL GENERAL MEETING,

Held at the ROYAL COLLEGE OF SURGEONS IN IRELAND *on* MONDAY, THE 3RD JUNE, 1878.

DR. A. O'KELLY NOLAN (Gort.), Vice President for Connaught, in the chair.

REPORT OF COUNCIL FOR THE YEAR ENDING 31ST MAY, 1878.

(*Continued from our last.*)

Registration of Births and Deaths, &c.

It will be remembered that the Bill to amend the "Registration of Births and Deaths (Ireland) Act. 1863," which was drawn up by your Council, and presented to Parliament by the Right Hon. the Earl of Donoughmore, at the instance of Sir Michael E. Hicks-Beach, late Chief Secretary for Ireland, was adopted as a Government measure, and only awaits the convenience of the Government to be taken up and proceeded with. During the past year the Council addressed several communications to the Earl of Donoughmore, and also to the Attorney-General for Ireland, urging that this much-needed and important measure might be brought forward this session; but your Council regret to state they are informed that, owing to the state of public business in Parliament at present, it is not likely that this Bill will be considered this session, but that, nevertheless, it shall be brought forward again, at the earliest convenience of the Government.

The Dispensary Medical Officer, whose case was referred to in the Quarterly Reports, who, as Registrar of Marriages had been summoned to give evidence on behalf of the Crown, relative to a forged certificate, acting upon the advice of the Council, applied to the Under Secretary at Dublin Castle for payment of his fee and expenses, and in reply received an order for payment of a fee of one guinea, and ten-shillings for car-hire (the amount of expenses claimed); but as it appeared to the Council that their correspondent was, by the recent orders of the late Attorney-General for Ireland (in consequence of his not being a resident in the town in which the Petty Sessions were held), entitled to a fee of two guineas, they advised him to apply for that amount, but as yet have not heard the result of his application.

Poor-Law Union and Workhouses Amalgamation Inquiry Commission.

Your Council, having observed that a Commission had been appoidted by Parliament to inquire into and report upon the advisability of amalgamating Poor-Law Unions in Ireland, deem it right, in the interests of the workhouse Medical Officers, the sick poor, and the public, to offer all the assistance in the power of this Association to afford, to the Commissioners; and directed your Hon. Secretary to enquire, with that view, what subjects would be considered by them. The Secretary, in his courteous reply, forwarded a manuscript copy of the warrant, under which the commission was appointed, from which it appeared that it was empowered to consider:—

1.—The expediency of dissolving and amalgamating certain Unions; and report which, or what portions thereof, should be so dealt with.

2.—The re-arrangement of the present Dispensrry districts.

3.—The expediency of dispensing wholly, or in part, with existing workhouses, and providing proper accomodation for the sick thereof; and what provision should be made for the removal of the aged, sick, and infirm-

4.—Whether additional accomodation is required for the adequate relief of the sick poor, considering distance from the workhouses.

5.—Whether the workhouses to be dispensed with might be made available for the reception and treatment of the lunatic poor, or other purpose; and

6.—Generally to investigate the changes, if any, required in the existing distribution of destitute poor, especially children, throughout the workhouses in Ireland.

The Commissioners were empowered to call and examine witnesses, and to receive documentary and other evidence; and were expected to make their report on or before the 1st February last.

The Workhouse Medical Officers were accordingly invited by your Council to submit any observations they wished to have communicated to these Commissioners; but, having failed to obtain any suggestions from these officers, your Council addressed a letter to the Commissioners expressing their views as follow, viz:—

1st.—That in the event of re-arrangement of dispensary districts, their areas and form might be considered, and that the Dispensary and Registration districts might be made coincident.

2nd.—That more easily available hospital accomodation might be provided for the sick poor, inasmuch as—owing to the great distances at which the existing workhouse hospitals are situated—hospital accomodation is practically unavailable in many instances.

3.—That in the event of abolition of any workhouse, fair compensation, or retiring allowance shall be secured to the Medical Officers whose services may thereupon be dispensed with.

In reply to which your Council received a letter stating that the communication made should receive due attention.

Abuse of Dispensary Medical Relief.

It will be remembered that, in March, 1377, a circular was forwarded to each Dispensary Medical Officer in Ireland, putting queries, and submitting suggestions which were made with a view to check this defect. Over 300 replies were received; and Dr. Speedy (having kindly undertaken the laborious task of examining and tabulating them) submitted a very carefully prepared and lengthy report on the subject to your Council, who were of opinion that a very favourable opportunity then offered of bringing this very important subject under the notice of the Legislature, and the various authorities, by communicating with the Poor-law Union Inquiry Commissioners, then collecting evidence with regard to Poor-law matters; and with this view your Cuncil forwarded the following letter, which they believe

embodies the views of the vast majority of the profession (at least of those who replied to the circular referred to), to the Commissioners, viz. :—

To the Chairman of the Poor-law Union Inquiry Commissioners.

Sir,—The Council of the Irish Medical Association beg to submit the following observations relative to abuse of dispensary medical relief in Ireland, being aware that the Commissioners are anxious to obtain information concerning the present state of medical relief for the sick poor in Ireland, which may tend to make that system more efficient and less liable to be abused than it has hitherto been in many instances :—

When the Medical Charities' Act passed in 1851, the working classes in Ireland were in a very impoverished condition so far as medical relief was concerned, and were dependent upon institutions supported by voluntary contributions. The poor were in the habit of obtaining relief in these institutions by the mere recommendation of subscribers, irrespective of the degree of their poverty. Under these circumstances, on the passing of the Act, it was considered that dispensary medical relief should be easily obtainable, and that the committee of management of the dispensaries should have the power of ordering medical relief equivalent to that possessed by the managers and subscribers under the old voluntary dispensary system.

The state of things which existed at the time of the passing of the Medical Charities' Act has now passed away, and almost all the subscribers and managers of the old voluntary dispensaries have passed away too. The working classes of Ireland are in a much better position than they were at that time ; and the position of the Irish artizan, labourer, or cottier farmer may now be considered as good, relatively, as the position of similar persons in England. Taking the present condition of the working classes in Ireland into consideration, the Council are of opinion that medical relief under the Poor-laws should be administered in Ireland upon similar principals to those acted upon in England, namely—that while every one too poor to pay for medical attendance should be able to obtain efficient attendance easily at the public expense ; yet persons able to contribute towards the expense of medical attendance, either through provident dispensaries or sick clubs, or by direct fees to medical practitioners, should not be permitted to obtain gratuitous advice, except in cases of great emergency.

The Council have taken considerable pains to obtain the opinion of the Dispensary Medical Officers upon this question, and have ascertained that the abuse of dispensary medical relief, chiefly by visiting ("red") tickets is almost universal, and especially great in the South and West of Ireland. They have also ascertained that tickets are so easily obtained that practically there is little difficulty, in the majority of districts, in anyone procuring a ticket. They also find that there is great difficulty in getting improperly issued tickets cancelled by the Committee, partly on account of the *long intervals* between the meetings of the Committee, and partly through the unwillingness of the Members of the Committee to censure their fellow-members by cancelling tickets issued by them. This is, to a certain extent, demonstrated by the small number of cancelled tickets reported to the Local Government Board. The report of the Board shows that the number of tickets cancelled is only about 500 out of a total of nearly three-quarters of a million per annum issued in the whole of Ireland, while the abuse of dispensary relief is notorious in almost every district.

The cancelling of tickets is almost useless, as the patient has had the attendance of the Dispensary Medical Officer, who is responsible for the case, which has generally terminated long before the Dispensary Committee holds a meeting, and tickets are frequently re-issued for the same individual immediately after the previous one had been cancelled ; therefore the Council consider that the following portion of section 9, cap. 68, 14 and 15 Vict., "Provided always that if any person who shall obtain a ticket . . . shall be declared by a majority of the members then present not to be a fit object for dispensary relief, the ticket shall be cancelled, and *the holder thereof disentitled to further relief*," should be read and acted upon in its literal sense.

The Council regret to find, on inquiry that little or but feeble attempts have been made by working people in Ireland to found sick clubs, or provident dispensaries, as in England ; and the Council attribute this want of independence on their part to the fact that so long as free medical attendance is obtainable by almost everyone, as at present, there is no inducement to the people to provide for their own wants out of their own pockets. The inquiries of the Council with regard to gratuitous medical relief in England have proved that wherever free relief is too easily obtainable, either no attempt has been made to establish provident dispensaries, or where such an attempt has been made, it has failed.

The Council also have ascertained that a large number of the Dispensary Medical Officers in Ireland are willing to attend comparatively poor persons at a reduced rate.

The Council are therefore of opinion that, in order to reduce as far as possible the present great abuse of Dispensary Medical Relief, the following rules should be enforced :—

1. That gratuitous medical relief should not be afforded to any person entitled to vote at elections for Members of Parliament.

2. That gratuitous relief should be afforded only to those who are barely able to support themselves and their families during health.

NOTE.—Careful inquiries conducted in England have shown that—

(*a*) Persons in receipt of over £2 a week are able to pay fees for medical advice, and may be left to arrange terms with their medical attendants.

(*b*) Persons receiving at the rate of from £1 to £2 a week are sufficiently well off to provide for their medical attendance by means of provident dispensaries or sick clubs ; as are also single persons in receipt of even less than £1 a week.

3. That persons able to provide for their medical attendance by provident dispensaries or sick clubs should be debarred from receiving gratuitous dispensary medical relief.

NOTE.—The Council consider it the duty of Poor-law Guardians and other local representatives of the people to take the lead in founding provident dispensaries, and even, if necessary, to subscribe funds for initiating such institutions. From the success which has been attained by these institutions in England, and the well-known desire of medical men to help those who are willing to help themselves, there is little, if any, doubt that the services of medical officers (in most cases dispensary medical officers) could easily be obtained for provident dispensaries if established in Ireland.

4. That in cases of emergency medical relief "on loan" from the Poor-law Guardians might be granted to certain persons.

NOTE.—Medical relief on loan is intended by the Council to mean the granting of a ticket for medical attendance in case of emergency to a person who asserts his inability to pay, on condition that he shall, unless he produce proof of his inability to do so, pay to the guardians such fee as the medical attendant would have been entitled to, had the person been attended as a private patient, which fee shall be collected by the guardians for the medical attendant

5. The issuer of the ticket should be held liable for the fee for medical attendance in case he shall have wilfully or negligently issued a ticket to a person not entitled to gratuitous relief ; it being found that the privilege of issuing medical relief tickets is not unusually exercised for the personal benefit of the issuer.

6. A person not entitled to gratuitous relief, who obtains a ticket by misrepresentation, should be punishable for so doing.

7. That power should be given to the issuer of the ticket, or to any Justice of the Peace, to cancel a ticket shown to have been improperly issued or obtained.

8. Wardens, if such officers be necessary, should be ratepayers rated at at least £15, and their appointment should be subject to the sanction of the Local Government Board.

NOTE.—The Council have ascertained that a great deal of the abuse of medical relief is owing to the careless manner in which the wardens frequently exercise their functions ; and the Council are of opinion that in all large towns, and many rural districts, wardens are unnecessary.

9. The existing regulations of the Local Government

Board relative to the issuing of tickets should be strictly enforced, viz., that all the particulars upon the ticket and the signature thereto, should be written by the person entitled to issue the ticket, and not by deputy.

The Council believe that if the foregoing suggestions were carried out, the present abuse of dispensary medical relief would be reduced to a minimum, if not altogether abolished; and they direct the special attention of the Commissioners to clauses 6, 7, 8, and 9, as affording a prospect of immediately checking, to a great extent, the existing abuse.

The Council think that, with the disposition of medical men to accept reduced fees from persons of limited means, together with the establishment of provident societies, and the introduction of the system of relief on loan as a security against emergencies, that no danger need be apprehended that any sick poor person will be unprovided with proper medical attendance, if the foregoing suggestions were adopted.

I have the honour to be, Sir,
Your obedient Servant,
JOHN H. CHAPMAN, Hon. Sec.

ANNUAL REPORT.—*Continued.*

The Factories Bill.

THE attention of the Committee of Council was drawn to this Bill, but as it had already passed the Committee of the House of Commons at the time, the Committee of Council considered that no action on their part, further than that already taken by them in their resolution of 24th July last, would be of any use, and the Hon. Secretary of the "Certifying Factory Surgeons' Association" was informed accordingly; but the Committee of Council are pleased to report that many of the claims put forward by that association were recognised by the House of Commons, and trust that the resolution above referred to tended in some measure to ensure that result, and the thanks of the Certifying Factory Surgeons' Association, for the action taken by this association, have been received.

Members.

Two new members have been added to the list during the past quarter, and one resignation has been received.

Hon. Treasurer's Statement.

The following represents the financial condition of the association on the last day of March, 1878:—

At the beginning of the current year there was a balance in hand amounting to £213 13s. 9d., and since that time I have received £153 6s., making a total of £366 19s. 9d.

From the 1st June to the present a sum of £341 8s. 6d. has been expended.

There remains, therefore, to the credit of the association a balance amounting to £25 11s. 3d.

I have to report that of the large number of subscriptions remaining due at the time of our last quarterly meeting (namely, 655) only 16 have been paid, *i.e.*, 12 for the current year, and 1 for the year immediately preceeding; while for the year commencing on the 1st of June next, 2 subscription have been already paid.

Having regard to the fact that the Committtee of Council have been unremitting in their efforts to promote the interests of the members of the ascociation by every available means, and have devoted a large amount of time and attention to a careful and patient consideration of the various matters brought before them at the ordinary and special meetings, it is much to be regretted that a large number of members throughout the country have failed to respond to repeated applications for the amount of their subscriptions. Thus, for the year ending in May, 1876, there are still 90 subscriptions overdue; for the year ending in May, 1877, 181; and for this present year, 368—making a total of 639 subscribtions, amounting to a sum of £335 19s. 6d. due to the association.

MOUNTMELICK UNION.

FEES FOR EXAMINING LUNATICS.

THE following correspondence was read:—

"To the Local Government Board.

"SIR,—On the 30th April last, I, at the request of two magistrates, examined one Hickey, an alleged dangerous lunatic, and was examined as to the state of his mind. The magistrates adjourned the case for further evidence, and again on the 7th May I attended and was examined. I obtained from the two magistrates an order on the Mountmelick board of guardians for £2. This order I forwarded to the clerk of the union. Again on the 14th May I was requested by the magistrates to examine another man, an alleged lunatic, and was ordered £1 by the magistrates who heard the case. This order I also forwarded to the guardians, and requested payment of it as well as the former. I have now been informed that the Mountmelick board have declined to pay me, they having passed a resolution some time previously not to pay more than £1 in such cases. I now bring the matter before the Local Government Board, hoping they will direct the guardians to pay me the fees ordered by the magistrates.—I am, &c.,

"W. S. SYMES, M.O., Maryboro' Dispensary."

"Local Government Board, Dublin,
14th June, 1878.

"SIR,—The Local Government Board transmit herewith to be laid before the board of guardians of Mountmelick union a letter addressed to them by Dr. Symes relative to a payment of a fee for which he produced a certificate signed by two magistrates; and in reference thereto the board desire to state that they apprehend that the guardians are bound to pay the fee under the 14th sec. of the Lunatic Asylums Act, 38 and 39 Vic., cap. 67, provided the amount does not exceed £2. By order. "B. BANKS, Sec."

The Clerk said there was no doubt that Dr. Symes could recover the full amount if he sued for it, though it was the general opinion of the board that the fee was excessive.

The Chairman said it was clear they could do nothing.

The fee was then passed under protest.

CLOGHER UNION.

DR. PHILIPS'S RESIGNATION.

A LETTER was read from the hon. secretary of the Ballygawley dispensary committee with Dr. Philips's resignation after a service of over thirty years, and recommending the board of guardians to grant Dr. Philips the highest superannuation permitted by the statute. No order was made on the letter. Dr. Robinson was appointed temporary medical officer.

BALLINA UNION.

CERTIFYING LUNATICS.

DR. SCOTT laid before the Board two certificates, signed by two justices, awarding him £1 10s. for examining a dangerous lunatic, and £1 1s. for examining a lunatic residing at Streamstown.

Chairman—The certificates must be returned to the magistrates for them to attach their seals.

Mr. Dillon—There is nothing in the warrant requiring their seals.

Chairman—There is in the Act of Parliament, and it will be in conformity with the practice of the Board. A resolution of this Board requires seals to be attached.

Clerk—On one occasion payment was made without the seals being attached to the certificates.

Dr. Scott—To save further discussion I will have seals attached.

SLIGO UNION.

LEAVE OF ABSENCE TO MEDICAL OFFICERS.

MR. MACGILL moved the following resolution :—

"Resolved—That, in future, every dispensary medical officer should pay his substitute in all cases when leave of absence is required, except when incapacitated by illness contracted in the discharge of his duties. That the practice hitherto, of paying two doctors for doing one man's work is a misapplication of the rates of this Union, and ought to be discontinued. That the Board of Guardians will require the certificate of a duly-qualified medical man as a voucher before such payment be sanctioned."

Chairman—Gentlemen, it is for you to consider whether this resolution should pass. There was a rule made heretofore by the Local Government Board to pay a substitute two guineas per week, but at the meeting of the Dispensary Committee, an objection was made to the practice of paying two doctors at the same time. This objection was withdrawn, so that the Board might have an opportunity of discussing the subject.

Mr. Olpherts said that rule had been made by the Board a long time ago, therefore, if it was intended to change the rule the subject should come before a full Board.

Mr. M. O'Connor said doctors were very hard worked, and had no regular hours to perform that work ; and the Board should not be too hard by refusing them an occasional leave of absence.

After some further conversation,

Mr. MacGill withdrew his resolution, and gave notice of the following motion :—

"I beg to give notice that on this day fortnight I shall move a resolution, asking the Board to discontinue paying the substitutes of dispensary medical officers, except in case of illness caused in the discharge of their duties."

WEEKLY REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING JUNE 22, 1878.

Thirty deaths from zymotic diseases were registered, being 7 less than in the preceding week, but 4 over the average number for the 25th week of the last ten years ; they include 13 from small-pox, 5 from fever (1 typhus and 4 typhoid), 7 from whooping-cough, 1 each from scarlet fever, dysentery, diarrhœa, &c. The deaths from smalll-pox are 5 under the number in the previous week, and are less than in any week since that ended 11th May. The fresh cases of the disease admitted into hospital number 71, being 26 less than in the preceding week ; 11 patients died during the week, 71 were discharged, and 247 remained under treatment on Saturday last. The Deputy-Registrar of No. 2 North City District, remarks. —"In the lower part of my district, about Abbey Street, Jervis Street, Ormond-market, &c., I have seen more cases of small-pox during past week than for the month previous."

Eight deaths (of children) from convulsions were registered.

Deaths from diseases of the respiratory organs, which had risen from 21 in the week ended 8th inst. to 32 in the following week, have again declined, and number only 17, being somewhat under the average for the corresponding week in the last ten years. They consist of 12 from bronchitis, 3 from pneumonia, and 2 from lung disease unspecified.

Total registered deaths in Dublin and suburbs*	...	136
Ten years average of same week	...	131
Excess of mortality above average	...	5
10 weeks' ratio of deaths Rathmines	20·7	per 1,000
" " " Donnybrook†	25·3	"
" " " Blackrock	11·5	"
" " " Kingstown	18·3	"
" " Entire Dublin District	22·5	"
COMPARATIVE RATIOS—London ...	20·3	"
" " Glasgow ...	25·5	"
" " Edinburgh ...	20·3	"

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres ; the* POPULATION *in* 1871 ; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, June* 22, 1878 ; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, JUNE 22, 1878. Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . .	10,050	314,666	22	217	136	21	28	13	...	1	...	7	5	1	2	3	44
BELFAST . .	20,687	182,082	34	138	120	29	10	2	...	6	...	...	...	4	1	2	15
CORK .	13,816	91,965	18	48	32	5	10	...	...	..	..	...	2	2	...	...	3
LIMERICK .	8,509	44,209	28	29	24	3	8	..	...	...	...	...	1	1	...	1	14
LONDONDERRY .	21,865	30,884	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
WATERFORD .	17,209	30,626	36	24	21	4	6	...	...	...	...	2	...	...	...	...	7
GALWAY . .	21,358	19,692	29	7	11	...	3	...	...	..	...	...	...	...	...	..	2
SLIGO . .	30,835	17,285	27	6	9	2	6	...	...	..	...	...	...	...	...	...	3

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 10, 1878.

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Original Communications.

THE OTOLOGY OF THE LAST TEN YEARS.

By Dr. Guerder, of Longwy.

Translated from the *Annales des Maladies de l'Oreille, du Larynx et des Organes Connexes.*

By W. DOUGLAS HEMMING, M.R.C.S.

Senior Assistant Surgeon, Central Throat and Ear Hospital.

(*Continued from* Page 510, Vol. xxiii., 1877.)

Part I.—Anatomy and Physiology.

III. *The Middle Ear.*—The recent anatomical investigations which have been made on the cavity of the tympanum have brought to light some interesting details, principally concerning the ossicular chain and the fenestræ rotunda and ovalis. In the same year Rudinger (*a*), Brunner (*b*), Eysell (*c*), and Weber-Liel (*d*) published remarkable works, and all arrived at the same general results, though differing on some points of detail.

The histological study of the ossicles made with or without injection of the parts, gives the following results :—

Three layers of bony substance are distinguishable—the external, compact and covered by periosteum, is very thin, does not possess Haversian canals, and is insensibly connected with the middle layer, which possesses Haversian canals, disposed in a radiating manner ; the internal layer possesses medullary canals, following the shape of the ossicles. In the neighbourhood of the articular surfaces, the external layer becomes much thinned, and one can only see a spongy tissue very rich in Haversian canals. The great vascularity of the ossicles makes them resemble the vertebræ more than the bones of the extremities.

Rudinger describes with much care an inter-articular fibro-cartilage, or meniscus, which exists in the articulation of the incus with the stapes, on the one hand, the malleus on the other. The articular surfaces of the ossicles are encrusted with hyaline cartilage ; they are not in direct contact, but separated by a fibro-cartilage, which, united by its border to the fibrous capsule, divides the articular cavity into two secondary cavities completely distinct. Brunner also admits the existence of this inter-articular fibro-cartilage, only he does not allow that it is inserted into the fibrous capsule, but into the articular surfaces themselves. Instead of presenting a double articular cavity, the union of the ossicles, thanks to the presence of the meniscus, forms, if Brunner's opinion be admitted, a true soldering or symphysis. This point, on which there has been quite a polemical discussion between the two anatomists, is not yet completely elucidated, which is not surprising to those who know the difficulties of the task. It is difficult, from a physiological point of view, to admit Brunner's opinion, and, perhaps, the difference between the two eminent histologists is more apparent than real. We would only remark that Brunner studied the point on the ears of new-born infants, whose articulations may not have acquired their complete development, whilst Rudinger made his researches on the ears of adults between twenty and thirty years of age.

Eysell, after describing with much care the form of the stirrup plate, and of the osseous opening of the fenestra ovalis, gives us a very exact idea of the disposition and of the histology of the ligament which binds this plate to the border of the fenestra.

The fenestra rotunda does not possess well marked borders ; they have a certain thickness (about half a millimetre), which produces an equal space between the mucous membrane of the tympanic cavity and the periosteum of the vestibule. This space is filled by the annular ligament of the base of the stapes, thicker anteriorly and posteriorly, thinner superiorly and inferiorly, so that, on section from behind forwards, it gives the shape of an hour-glass. This shape is due to the fact that the ligament is inserted on a

(*a*) *Beitrage zur Histologie der Gehörorgans Munchen.* 1870.
(*b*) *Beitrage zur Anatomie und Histologie der Mittleren Ohres.* Leipzig. 1870.
(*c*) *Beitrage zur Anat. der Steigbugels und seiner Vorbenungen. Arel. des Oh.* 1870.
(*d*) *Die Membrana Tympani Secundaria. M. F. Oh.* 1876. No. 1. *Et Zur Function des Membran, de Ronden Fensters. Centralblatt für Med. Wiss.* 1876.

circumference everywhere slightly curved except at the posterior part, where, the circumference having a plain surface, the ligament presents a rectangular section.

This ligament is composed histologically of short cellular fibres, not interlaced, sprinkled with long and star-shaped nuclei. Rudinger admits the existence of two ligaments, the one vestibular (the stronger), the other tympanic. It remains to be proved what part the periosteum of either side takes in the consolidation of this symphysis.

The base of the stapes not entirely filling the fenestra rotunda, the edge which remains, and which is filled up by the annular ligament, is ·04 of a millimetre. This plate is not in the same plane as the oval opening, and placed in its middle; its centre is carried a little backward.

The base of the stapes on the side of the vestibule is crossed with a cartilage, which constitutes about two-thirds of its thickness. The little canal formed by the edges of the fenestra ovalis is also crossed with cartilage, as has been described by Magnus. This cartilage extends a little way on the inner surface of the vestibule.

Weber-Liel calls this circular ligament of the base of the stapes the *membrana circularis*. This membrane is much larger than appears, the space which remains between the base of the stapes and the circumference of the fenestra; this is well seen in specimens soaked in carmine and dissected. The increase, which is not apparent, but real, accounts for the difference which exists between the shape of the base of the stapes and that of the border of the fenestra. This membrane is susceptible of movements, and in his experiments Weber-Liel has always seen it vibrate more easily than the plate of the stapes; that sounds too feeble to influence that plate caused the membrane to vibrate; he also found that contraction of the stapedius muscle diminished considerably the field of these o cillations.

Weber-Liel has also studied the anatomical dispositions of the fenestra rotunda and the movement of which it is the seat. To see this membrane well it is necessary to raise a part of the walls of the fossa from the fundus of which it is found stretched. We see, then, that it stretches obliquely from above downwards, and from behind forwards. Its insertion is half-a-millimetre further out than it appears, especially at its inferior and posterior part; it is larger than the osseous opening, which it closes, and strongly depressed inwards. It results from this mode of insertion that the field of motion of the membrane may be much greater than is generally supposed, especially in the direction of the tympanic cavity, whilst it is very limited in the direction of the labyrinth. This disposition is of great physiological importance, as we shall see when speaking of the physiology of the entire apparatus of transmission, which merits a chapter to itself.

The structure of the fenestra rotunda according to Weber-Liel, consists of three layers, and not two, as is generally believed. He thinks that the proper layer presents a radiated disposition, though he does not affirm this as certain. From the inferior portion of the membrane arises a fibrous fasciculus which extends to the upper part, which it passes beyond, and divides the membrane into two segments.

The author first described this fasciculus, which he calls the fasciculus of strengthening or tension. The two segments of the membrane are unequal; the anterior occupies about two-thirds, and the posterior one-third of the surface. The form of the membrane is not round, but oval. The greatest diameter measures 2¼ millimetres, and the least 1¼ millimetre.

The differences of authors with respect to the subject of the functions of the internal muscle of the malleus, the observation of certain cases of deafness of an entirely special nature, led Weber-Liel to study this muscle in particular. He has made out its attachments to the tube, and his ideas have been confirmed later on by others (Troltsch, Rudinger, Rebsomen). The conclusion which he has drawn from these investigations have led to very important physiological, pathological, and therapeutical considerations, which we shall examine further on. We shall content ourselves at present with indicating the disposition of this little muscle, as Weber-Liel has described it. "From the posterior part of the cartilage of the Eustachian tube," says the author, "and from the edge of the basilar fibro-cartilage, arises a fasciculus of variable thickness which extends along all the superior and external wall of the tube. At the junction of the cartilaginous portion with the osseous portion of the tube, it unites below with the salpingo-pterygo-staphylinus ligament, and at the sides with the most elevated fibres of the tensor-palati, or peristaphylinus externus. It is in this direction that the tendon of the internal malleus is inserted partly on the bone and partly on the cartilage of the tube, and on the aponeurosis intercrossing with the last fibres of the peristaphylinus externus. From here it is directed obliquely from before backwards, and from within outwards towards the tympanic cavity; the aponeurosis follows it into the osteo-fibrous canal, forming a strong sheath, which accompanies it to its insertion into the neck of the malleus."

(To be continued.)

Clinical Records.

ST. MARY'S HOSPITAL.

Case of Morphia Poisoning Treated with Atropine. —Recovery.

Under the care of Dr. H. SIEVEKING.

(Reported by Mr. S. M. HETHERINGTON.)

R. E., æt. 27, took, with intent to commit suicide, 12 pills, each containing half a grain of hydrochlorate of morphia, at 12 a.m., May 2nd, 1878. At 3 p.m. he was found by his landlady, whom he had desired to call him at that hour, on the floor of his room perfectly insensible. He was immediately brought to St. Mary's Hospital, when his condition was as follows:—

Complete insensibility, pupils extremely contracted, breathing almost suspended, skin cold and clammy, face ashy pale, pulse slow.

The stomach was at once emptied with the stomach pump; mustard sinapisms were applied to the calves, and subcutaneous injection of atropine given, 1-100th gr., which was repeated every half hour. Strong coffee was injected into stomach; cold affusions, galvanism, and vigorous rousings used to restore animation. It was not till 5 p.m., one hour-and-a-half after admission, that any signs of improvement were apparent. The pupils then became less contracted, and the patient's general appearance was better. From this time he continued to improve, but it was with great difficulty that he was prevented from relapsing into his former condition. At 8 p.m. the dose of atropine was increased to 1-80th gr., and given every hour. He was walked up and down the corridor, and strong coffee administered at intervals.

It was noticed that a few minutes after the injection at 10 p.m., he markedly improved, but he soon relapsed into his former sleepy condition. At 11.30 he was sufficiently recovered to give some account of himself. After the fourth increased dose of atropine (12 p.m.) he complained of dryness of tongue and fauces, and had difficulty in swallowing. It was therefore discontinued. Pupils then moderately dilated.

May 3rd.—2 a.m. Resp. 13; pulse 110. Beef jelly and milk given occasionally.

4 a.m.—Able to walk alone; perfectly sensible, and can give a clear history. Was put to bed in a darkened and quiet ward. 10 a.m.—Complains of tongue and throat being very dry, and that he cannot see plainly. Pupils slightly dilated; eyes very red and watery; perspiring freely.

During the day he was kept quiet, light nourishment given, and he appeared to be rapidly getting better. In the evening, however, he complained of strange hallucinations, resembling those of *delirium tremens*. Temperature normal; pulse quiet and regular. He continued restless all night, picking at the bedclothes, and pushing away imaginary objects. Temperature rose in the night to 102·4°.

4th.—Answers questions rationally, but appears strange. Eyes red, still suffering from delusions. Temp. 100°. Has symptoms of congestion of base of right lung; took nourishment well during the day, but got no sleep; towards evening he began to get very delirious. Large doses of chloral were given without effect; temp. again went up to 102°·4.

5th.—Has had no sleep; temp. 103°; continues very delirious. Bromide of potassium, gr. xxx., added to the chloral draught, and two doses of this procured sleep which lasted for several hours, but was disturbed by his cough, which continued to be very troublesome; he was, however, much more rational, and took nourishment well. From this time he continued to improve until he left the hospital on May 14th, perfectly well.

This case presents one or two points of interest. First, the extreme condition of coma that the patient was in when brought to the hospital, and the length of time—one hour and a half—before any signs of improvement were apparent; and secondly the treatment, besides the ordinary means of restoring animation, as cold affusions, galvanism, artificial respiration, &c., subcutaneous injections of atropine were given, with the purpose of counteracting the effects of the morphia. It will be noticed that small doses were given, considering the condition of the patient; this was partly due to a mistake in estimating the strength of the solution, double the dose in each case being intended. The total quantity administered was about $\frac{1}{7}$ gr. The dryness of throat, difficulty in swallowing, and impairment of vision prove, however, that he was well under the influence of this drug, although the pupils were never extremely dilated. I have mentioned in the notes the fact that soon after the injection was administered at 10 p.m., a marked improvement was noticed: the patient was seated in a chair preparatory to the administration of the atropine, and had immediately relapsed into a deep sleep, from which the prick of the needle did not rouse him; but in about two minutes he voluntarily got up and proposed another walk, much to our astonishment, but, unfortunately, soon relapsed into his former condition. This may have been only a coincidence, but I thought it worth recording.

Lastly, with regard to the delirium which followed, and which exactly resembled that from alcoholism, it is worthy of note that poisonous doses of atropine do produce delirium, which is stated to closely resemble that of delirium tremens, and, in support of this, the patient stated that he had been a teetotaller for the last six months, until two days previous to his taking the morphia, and that he did not take much alcoholic beverage then.

Still, the amount of atropine given, and the previous history of the patient, caused us to look upon it as a case of delirium tremens. The congestion of the lungs delayed his recovery, which took place twelve days after admission.

It affords us unqualified pleasure when we hear that the services of members of the profession are appreciated in a substantial manner, and we are glad to place on record two such instances which occurred last week. Dr. Dudfield, the Medical Officer of Health for Kensington, had his salary increased by a unanimous vote of the Vestry from £400 to £500 per annum; and Mr. E. R. Perks, M.R.C.S., of Portsea, received the handsome present of a horse and carriage, costing £200, as a mark of esteem by his patients.

Special Articles.

THE POLLUTION OF RIVERS AND THE NATIONAL WATER SUPPLY.

The pollution of rivers, and its effects upon the fisheries and the supply of water to towns and villages, formed the substance of a discourse delivered on Wednesday last by Mr. Frank Buckland before the members of the Sanitary Institute of Great Britain. The subject must be perfectly familiar to the readers of the Medical Press and Circular, since it has frequently engaged our attention. The prevention of the further pollution of rivers is, it appears, difficult to accomplish. The Government have found it almost impossible to enforce the Act passed a session or two ago, for manufacturers having been long engaged in carrying on large and lucrative trades on the banks of the rivers, believe they have a vested interest in them, and a right to pour their noxious refuse into them. Those interested in various kinds of industry, requiring an outlet for waste products, very properly say, must we close our works and abandon our trade, that you may breed fish, which only supplements the food of the few? This is very well as far as it goes, but there is a question of much more vital importance than the cultivation of fish. It is that of the water supply to the teeming population of this country. This is a matter of so much importance that it will scarcely admit of longer delay before some settlement is arrived at. Mr. Buckland, however, is one of Her Majesty's most active and useful inspectors of salmon fisheries, and he naturally enough looks at the question from his point of view, and discusses the effect of river pollution in its bearing upon the health of his pets. The absence or presence of fish of every kind in a river, may be looked upon, he considers, as an excellent gauge of the quality of the water, and its fitness for human consumption. It is, therefore, of some importance to a population, more so than it at first sight appears to be, and it is quite clear that the pollution of rivers should not be allowed to go on until all the fisheries and salmon producing power of the country are utterly destroyed. The bad smells emitted by the waste products by factories thrown into our rivers, as seriously affects them, as it does individuals, with a sort of typhus fever. They die from the fever and inanition, with mouth and gills widely extended, as if unable to absorb the oxygen of the water.

The fish in the Eden, Esk, and other rivers, all more or less polluted by sewage from neighbouring towns, and receiving the refuse of tanners, mines, paper works, &c., have recently suffered from an alarming outbreak of disease. The fish could scarcely see, and allowed themselves to be quietly and easily netted. On removing them from the water, the mouth and throat were found quite covered with a long filamentous fungoid growth. The blood, which was languidly moving, was perfectly black, and so venous-looking in its character, it was evident that the fish were dying from poison and suffocation.

The epidemic has been of so serious a nature in the Esk, that the watchers have been obliged to remove and bury as many as 200 salmon in a day. The fungus disease early spreads to the smolts (young salmon), trout, eels, lampreys, pike, flounders, and smaller fish, and the fear is that it may become thoroughly established in the district. Now, it cannot be denied that this is a very serious look-out for our fisheries, and we do not wonder that Mr. Buckland should make a great outcry about it, and unless some precautions can be taken to prevent its spread, no English fish will come into our markets, and the price of salmon will be materially increased. A word or two more about the fungus; having had an opportunity of examining many specimens taken from diseased fish, we are in a position to state that it appears to us to belong to the genus *Achlya* (*Saprolegnia* of Kützing), so often found growing parasitically on the bodies of fish kept in aquariums, the mycelium of which is filled with thousands of spores that ripen and develope very rapidly. It is highly probable, also, that the fungus known to pisciculturists as "byssus" is identical with Achlya, or belongs to the same genus. After treating the filaments with a 10 per cent. carbolic acid solution for several days, the spores remained unaffected, and the swarming or rotatory motion within the transparent tube still went on very actively.

To the great accumulation in our rivers of nitrogenous organic matters, albumenoid ammonia, arising from the increase

of the population, and the recklessness with which the sewage is allowed to flow into them, must be attributed the many serious outbreaks of enteric fever amongst those of the inhabitants living on the banks, and who have no other potable water supply to fall back upon. Mr. Buckland, in his round of inspection was quite unable to discover a river free from some kind of abominable pollution. He had, however, a good word for Thirlmere, and which we venture to predict will be reversed or greatly modified, when, at the end of five or six years, Manchester has changed its level, diminished its quantity, and deteriorated its quality. We are not a little surprised to notice that Mr. Buckland reproduces an old fallacy with regard to the presence of "the thousands of animalcules," which, he says, "devour the portions of putrid animal and vegetable matter, and prevent them becoming directly injurious to human health." To the abundance of entomostraca in the Serpentine, and their action as scavengers, he says, "the riders in Rotten row and the drivers in the Park" are saved from a dire calamity, that might arise from the stagnant nature of the water. It will be acknowledged that the presence of thousands of animalcules can only be regarded as a measure of the high state of contamination of any water. These animals must be nourished out of the putrid material alluded to, and their increased numbers evince a dangerous state of pollution from organic products. In short, it should be made more generally known that the multiplied presence of animalcules are not "an admirable provision of Nature for rendering the rain-water butt, the horse pond, and the stagnant pool" yield sweet and wholesome water. Indeed, the lecturer immediately afterwards materially qualified his statement, for, pointing to a pellucid glass of water standing before him, he remarked that, "even in this there may be the latent invisible germs of disease," and, consequently, "the motto of the House of Lords and Commons should be *Sanitas sanitatum omnia sanitas*," and to this we echo a very sincere "amen."

Did space permit we might follow Mr. Buckland throughout, for his lectures must be taken to represent the views of one practically acquainted with the very unsatisfactory nature of the water supply of the kingdom, and which there is no immediate means of improving. But it behoves every one to help Mr. Buckland to agitate and keep the question well before the public.

Special Correspondence.

[From our Special Correspondent].

Paris, Rue du Luxembourg,
July 3rd, 1878.

THE PARIS EXHIBITION.

It is impossible to describe all the subjects interesting in a medical point of view at the Exhibition, or in connection with it, so I must content myself with directing attention to some of the most important groups of exhibits.

ANTHROPOLOGICAL SPECIMENS.

The exhibition of the Anthropological Society in the Trocadéro Park affords an excellent opportunity for the study of craniology, and Dr. Ore's reproductions, by his galvano-plastic process, of human and other brains are well worthy of inspection. *Connoisseurs* in this branch will value them.

Prof. Broça and Dr. Paul Topinard have contributed some very curious and valuable preparations. England is not well represented, though we have in this collection specimens from the Museum of the College of Surgeons, of Mr. John Evans, Mr. Flowers, and Mr. Harrison. Anthropology takes a wide range, and its sections and sub-sections enable it to embrace a vast variety of subjects, so that we have illustrations of the physical characters of different races as regards colour, structure, habits, customs, and language, thus assisting us in tracing our origin to the original pair from whom we are all descended.

The revelations of the geological epochs enable us to connect the links in the chain of evidence on the unity of race, and we have, consequently, a very unique collection of implements, &c., illustrating the polished stone, the glacier, and mammoth periods. The science of vital statistics also enters into the programme, and various statistical maps and tables showing the death-rate, climate of various countries, are on view for the instruction of medical officers of health, who may derive some useful hints, which they may utilise in drawing up their own diagrams and reports. The science of anthropology must be advanced by bringing together, for the instruction of the world, so many valuable and curious illustrations of the workings of Nature.

On looking at the brains preserved by Drs. Ore and Broça, one cannot but recognise the value of having an object before the eye by which the mind, through the eye, may be educated, thus leading to more accurate and scientific investigation, not only of natural but of pathological structures.

PATHOLOGICAL SPECIMENS IN WAX.

Leaving this Exhibition, I next point out the very clever and artistic productions of some of the Parisian artists who assist the study of Nature by their models of various parts of the human body in its natural and diseased condition. Scientifically applied, these models have been, and must be, of great service, and though in England they have been abused by the so-called Drs. Kahns, Jourdans, &c., who used them as a means of frightening nervous, hypochondriacal, and inexperienced young men; still, that does not detract from their artistic merit, or from their practical value to students of medicine. By all means let anatomy be studied from the dead body and morbid appearances from human morbid remains; but in the unavoidable absence of such means of study, I consider imitations, executed with faultless precision, excellent substitutes. Plates are good and necessary, but far better are objects we can handle and take to pieces, like those exhibited by MM. Vasseur, Baretta, and Dr. Auzoux. The diagnosis of diseases of the skin is a source of great difficulty to students, but their study is rendered easy by such models as these exhibited by M. Vasseur, embracing eighty-four specimens, drawn from Nature; schools of medicine might usefully employ these models for instruction.

M. Vasseur's collection is also rich in natural bones. I may point out his artificial collection of vicious pelves, his illustrations of enbryogeny, and his typical collection of syphilitic affections, as being well executed and faithful.

M. Baretta exhibits a valuable collection of illustrations of diseases of the skin and of syphilis, unique in their class, and which are valued at 13,000 francs. These pathological specimens are very artistic and true, but they are certainly dreadful for the general public, and I trust M. Barretta will soon dispose of them for pure scientific purposes, and that they will soon ornament some medical museum. I do not think Frenchmen advertise as they should do, or that they realise the advantages to be derived from judicious announcments in first-class papers of their works.

I believe few in England know where to obtain a *piece* showing anatomy of the brain, eye, ear, arms, pelvis, or what the cost might be, and I fancy if many a general practitioner did know the moderate price of these specimens, their accuracy, and resemblance to natural parts, more would be sold. In the provinces anatomy cannot be practically studied; books are used to refresh the memory and plates to assist by the eye, but immensely superior is a model in which you can remove cutis, muscle, and examine, *in situ*, nerves, veins, arteries, &c., just as at a dissection.

I have never seen in any English journal an advertisement from any firm dealing in these articles of *vertù* (?) and as there are some 18,000 English medicos, I fancy MM. Barretta, Vasseur, Auzoux are neglecting their interests. However, "the cobbler should stick to his last," and these Messieurs know their own business best. I have seen some Venus de Medici at shows, and I often wondered where they came from or who made them. I have found out—having examined the specimens of *anatomie clastique*, displayed by Dr. Auzoux. This name is given from the Greek word, to break, and is meant to express the models take to pieces, showing each part in detail. He has that beautiful anatomical model of a man, priced at 3,000 francs, and a model of a woman in the attitude and size of the Venus de Medici—1,000 francs, with other smaller specimens of this peculiar kind of workmanship. Though much tempted by the novelty of these preparations, I must not linger on them, as there are other objects equally instructive, interesting, and deserving of notice.

SURGICAL INSTRUMENTS.

On examining the surgical instrument department, I found little or nothing new. Great Britain is scarcely represented, and the large London houses do not seem to have considered it worth their while to exhibit. Mayer and Meztler, of Lon-

don, and Gray, of Sheffield, are the only ones I noticed, and even this small contingent do not exhibit anything new, except, perhaps, it be a model showing the application of Sayre's method in Pott's fracture.

English microscopes are shown by Messrs. Ross, Dalmeyer, and other less well known names.

In other classes of English manufactures, in which it may be said medical men have an especial interest, may be mentioned Messrs. Musgrave's, and Messrs. Barnard, Bishop, and Barnard's self-ventilating slow-combustion stoves, which are at once real specimens of artistic design and usefulness. Messrs. Crosse and Blackwell have a splendid case of their extract and other dietetic articles, which have made this house so famous. Messrs. Brand also are represented with their celebrated meat essences for invalids, and Messrs. J. & J. Colman's large case of mustard, corn-flour, starch, &c., will attract the attention of passers by.

The French are represented by MM. Binas (*Instruments*, bandages, &c.), Draper et Fils (*bandages, trusses*, &c.), Guichard (*Bibeeron Gradué*), L. Enausse (*specialities for electro balnéo therapie*), Ferte (*bandages, &c.*), A. Vigè (*ditto*) Milliany (*orthopædic instruments*), Vergne and Cnose (*surgical instruments*), Biondetti (*orthopædic instruments*).

The specimens of artificial eyes displayed by MM. Boissoneau and Liskenne are very good.

I do not thing the jury will have much difficulty in adjudicating in this division.

THE JURY.

I may mention the names of the jury in class XIV., embracing "*Medicine, Hygiene, et Assistance Publique.*" *England:* Professor Lister. *United States:* Dr. Thomas W. Evans. *Italy:* Dr. Bertini, Deputy. *Switzerland:* Prof. Vogt, of Bonn. *Belgium:* Prof. Hairion. *France:* Profs. Beclard, Le Fort, Trelat, and Vulpian. Substitutes: Prof. Richet and M. Theophille Roussel, Deputy.

THE PAVILIONS OF THE VILLE DE PARIS.

The general administration of the Paris hospitals—the *Assistance Publique*—has two pavilions full of interesting specimens illustrating its management and its history. Hospital reformers and sanitarians will here find ample employment in examining the *fac-simile* of the wards of a Paris hospital, the model of Tarnier's lying-in pavilion, and the plans of the New Hôpital de Menilmontant and the Maritime Hospital of Berck-sur-mer. Here are to be found some antiquities connected with one of the most famous Paris hospitals—the Hôtel Dieu; old documents, manuscripts, account and budget books, pictures of the hospital as it was and as it is, and the instruments of the eminent surgeon Dupuytren, whose fame is associated with the Hôtel Dieu. Though the visitor may here form a correct idea of a Paris hospital ward from the typical reproduction of it down to the most minute detail, I think it would be better for him to visit an hospital during the time of actual work. The model of Tarnier's Lying-in Pavalion seems well contrived to prevent contamination and the ill-effects arising from having a number of women confined at the same time in the same room. His plans are simple, and if efficiently and practically carried out, cannot fail to diminish the risks of puerperal septicæmia. Sanitarians and philanthropists will find much to study and interest them in the special Pavilions of La Ville de Paris. The various "directions" constituting her administration, and by means of which the city is ornamented and hygienised are represented, and under this head we have fine arts, architecture, the water supply, the sewers of Paris, police supervision, education, charities, &c. I need not dwell on the various objects of art, &c., on view in this department, but as the subject of sewerage and water-supply is of such great practical importance, I must direct attention to the models of the sewers of Paris. The Paris sewers are a curiosity for their architectural arrangements, and should be visited; but here may be seen models of the trucks, vans, railway-cars, and boats which are used for floating on the sewer-waters, and the contrivances for collecting the sewerage, and for visiting, repairing, or cleansing the pipes. The results of the utilisation of the sewage may be seen on the gallery running round the Pavilion from the well-known sewage works and farm of Gennevilliers, and from the specimens it can be seen how barren land may be reclaimed and brought to a high state of cultivation. The special exhibition of the Ville de Paris must be seen to be appreciated, but I must not linger any longer on it as there are some other parts of the general Exhibition I must yet notice.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 10, 1878.

RE-CONSTITUTION OF THE MEDICAL COUNCIL.

IN our last issue we made the following remarks:—"It has been said by a leading contemporary that it is hopeless to expect that the Medical Council will take any steps towards reforming itself, or that it will even give any advice to the Government on the subject. We give the Council more credit for its disinterestedness and its desire to comply with the wishes of the profession." We further stated that the Council will be found to "favour direct representation as soon as the desired reconstruction becomes practicable." It is, therefore, with great pleasure we see that the confidence we had in the good intentions of the Council has not been misplaced. Nearly the whole of last Wednesday's meeting of the Council was taken up with a discussion of the question of its own reconstruction. Dr. Pyle gave the signal for the debate when he proposed the very meagre measure of reform implied in the resolution: "That as a mode of granting a larger representation of the profession in the General Medical Council, every graduate of a university, or licentiate or member of any corporation, shall have the privilege of voting for the representation of the university or corporation of which he is a graduate, member, or licentiate." As Sir William Gull afterwards remarked, this motion had nothing to do with the Council, but with the corporations and universities, and therefore it was not to be surprised at that such a motion found little favour with the Council, and was subsequently withdrawn. Mr. Simon then moved the following amendment:—

"That it be respectfully submitted to the Lord Presi-

dent, as the opinion of this Council, that in the event of the Medical Bill becoming law in the present session of Parliament, it will be desirable that, as soon as then may be, the question of the constitution of this Council be thoroughly considered by Her Majesty's Government with reference to the new state of the law, and particularly with the object of determining what (if any) changes of constitution the Council will require, in order that it may possess the best qualifications which can be got for the duties which it will then have to discharge."

It will be seen that this amendment threw the whole onus of reforming the constitution of the Council on the Government; and had, moreover, such an amendment been carried, it might be doubtful whether the consideration of the subject would not be held over for years to come. When once the Duke of Richmond's Bill became law, immeasurable difficulties would be thrown in the way of direct representation, if the consideration of the subject rested entirely with the Government. But, as Sir W. Gull very justly remarked, the Council was able to reform itself, as the House of Commons had done, and should not wait for the machinery of a Royal Commission or a select committee. He, therefore, proposed the following resolution:—"That the constitution of this Council needs revision; and that the Council do affirm that it is desirable that at its first meeting after the present session of Parliament, it should consider what modifications of its constitution are demanded, and are required, and should report to the Government accordingly." Doubtless to the great surprise of those whose intemperate zeal in favour of the immediate reorganisation of the Council has led them to think that the Council would not itself take the subject under their consideration at all, Sir William Gull's motion was, with a little alteration, almost unanimously agreed to. Sir James Paget suggested that after the word "affirm," the motion should read, "and represent to the Government that at its first meeting," &c. Sir W. Gull accepted the alteration, and on being put to the vote, the motion as altered was carried, 18 members voting for it, and no hands being held up against it. Moreover, at the sitting of the Council on Thursday, it was, on the motion of Mr. Simon, referred to the executive committee to prepare a report, to be presented at the next meeting, on the constitution of the Council, and on any change which might be desirable to promote the efficient discharge of its duties. It is therefore to be hoped that those who have been so strenuously promoting the Bill for direct representation will not continue to obstruct the progress of the Government Bill, provided the latter in other respects accords with the wishes of the medical profession. We have, all along, maintained the inexpediency of any such obstruction, and therefore approve of Dr. Humphry's motion, which was seconded by Sir W. Gull, and carried by a majority of 11 to 4:—"That the Council is of opinion that the consideration of the question of the revision of the Council should not prevent the passing of the Government Bill now before Parliament, with such alterations as the Council has suggested."

Altogether, it cannot be said that the recent deliberations of the Council have been barren of results. It is true that two or three days were spent in discussing the merits, or rather the demerits, of Lord Ripon's amendment. But the question was a very important one, and one in which both the corporation and the profession showed themselves to be deeply concerned.

An important resolution was moved by Dr. Rolleston on Tuesday, to the effect that "Any woman who shall have passed the examinations of the Conjoint Board shall have the right to obtain a diploma of any one or more of the co-operating corporations." This was undoubtedly a wise concession on the part of the corporations, inasmuch as it will cut the ground from under Lord Ripon's amendment, which was made with the express purpose of enabling women to get qualified, independently of any connection with the corporations. Besides, the concession after all was but a foregone conclusion. The free admissions of women into the ranks of the profession, and their participation in all the privileges attached to male practitioners of medicine, have now gone too far to admit of any further obstruction being thrown in their way, even were it desirable.

SUPERANNUATION OF IRISH POOR-LAW MEDICAL OFFICERS.

We observe that Mr. Patrick Martin, M.P., has given notice of his intention to move for returns "of the number of Poor-law officers in Ireland who have resigned since the passing of the Union Officers' Superannuation Act, and at the time of resignation were entitled to superannuation, and stating the length of service, age, and number of officers in each year who were not granted the full two-thirds of their salary and emoluments by the Poor-law Guardians, and the amount of salary and emoluments and sums paid by way of superannuation, and the cause why the full two-thirds was not granted."

We are unaware of Mr. Martin's object in asking for these returns, but the hon. member will do good service by opening up discussion upon the question of superannuation, especially with regard to medical officers. The existing system is eminently unsatisfactory, because it makes the guardians the judges both as to the fitness of superannuation and as to the amount of the pension, and because—as a general rule—Boards of Guardians are altogether unfitted to exercise such a discretion. We are justified in assuring Mr. Martin that under the present system the old, worn-out, decrepit, and overworked medical officer is the last person who could venture to resign his office with a view to seeking a pension, because, being professionally and socially effete, he is not able to keep in close personal friendship with individual guardians, and probably has neither the money nor the taste for keeping up the hospitalities which are needful to maintain these personal friendships. But we need hardly remind those who know the Irish Poor-law service that every other consideration gives way to personal feeling and religious views, and that long service, conscientious work, and real incapacity for duty are matters altogether secondary in importance in the mind of the average Poor-law guardian. Thus it happens that the jovial, middle-aged, robust doctor, who drives a nice "trap," gives a toothsome dinner, and studiously avoids interfering with the private interests, personal feelings, or religious views of the guardians, is usually certain to obtain a full two-thirds

superannuation whenever a smart temporary indisposition affords a pretext for granting it; but if he remain in harness until his social qualities are lost—if he be over-zealous, hyper-conscientious, too outspoken, or too hard up, he will probably be obliged to remain in office until superannuated by death, though for perhaps the fifteen last years of his professional life he may be hopelessly incapable of doing justice to the sick poor.

This picture is—we are conscious—complimentary neither to the guardians, to the medical officers who have obtained superannuation, or those who have failed to do so. We do not suggest that long, good, and conscientious service, and real incapacity for duty, are without weight in the matter; nor do we infer that superannuation is granted universally or solely on the principle of private favour; but truth obliges us to say that that principle is the ruling power, and that it must continue to be so as long as Poor-law guardians are intrusted with the absolute discretion of refusing or granting a pension.

There ought to be one, and one only, reason for granting a superannuation—*i.e.*, the permanent incapacity of the medical officer to do *full* professional justice to the sick poor. Length of service is proper for consideration in fixing the amount of a pension; the financial circumstances of the doctor may also be considered in the same connection; but permanent incapacity is the only justifiable ground for awarding a pension.

Respecting such incapacity, the views of Poor-law guardians are subject to remarkable diversity. One medical officer is held to be hopelessly incapable, if at fifty years of age he has had a liver attack, or a bad fever; his neighbour, at eighty, is supposed to be perfectly able for his work, though half blind, altogether decrepit, and far advanced in second childhood. An officer may be quite capable for workhouse duty, at the same time perfectly unfit for dispensary night-work, and yet he fears to resign the dispensary, lest he may lose both office and pension. The only evidence of incapacity and of its permanency, upon which the guardians can act, consists in certificates granted by the doctor's friends upon his *ex parte* statement, and upon a cursory examination of his case; and such certificates must always be unreliable, especially as they do not take cognisance of the most usual and worst cause of incapacity—*i.e.*, deterioration of intellect by old age.

We assert—upon all these premises—emphatically and without hesitation, that a board of Poor-law guardians is the worst tribunal to which the superannuation of a medical officer could be confided. To entrust such a power to them is to encourage popularity-hunting in the doctor, and to discourage honest conscientious performance of duty; and it is likely to end in the unnecessary burthening of the rates with pensions, or in the infliction upon the sick poor of a thoroughly incapable medical officer.

We cannot illustrate the plan by which the system could be reformed more perfectly than by quoting from the letter of "A Poor-law Medical Officer," which appeared in our issue of May 22 last. Our correspondent says:—

"In the interests of the sick poor, whose requirements ought not to be overlooked, and at the same time in justice to one or two classes of the Poor-law medical officers, I am of opinion the authorities might be induced to action; viz., *first*, where a medical officer has, from arduous duties and long services, say twenty years, and sixty years of age, or nearly so, and whose health, mental or bodily, does not admit the due discharge of the duties devolving on him, that he shall be submitted to a careful examination by a medical board (nominated by the Local Government Board), consisting of three or four medical men of standing in their profession, presided over by the medical commissioner, this board to meet once a quarter to hear and decide on such cases as may be presented; their decision to be a guide to action on the part of the Local Government Board. *Secondly*, that numerically small class of medical officers who have been twenty-five years in office, and attained the age of seventy years, they shall be declared physically incapable of discharging their duties, and be called on to resign their appointments; that those two classes when disqualified, should receive two-thirds of their present emoluments, one-half thereof to be paid out of the union rates, the other half out of the Consolidated Fund, or from a source which without prejudice to any interests might be made available to this small extent—viz., the surplus funds of the disestablished Irish Church."

The propositions herein contained are sensible and practical, and might be carried into effect to-morrow with great advantage to all concerned if the objection to taxing local rates without the control of the Guardians were once got over. We are aware that representative control in such matters is one of the accepted political dogmas, but we are commonplace enough to assert that in this and in other matters connected with Poor-law administration that control has produced, and can produce, nothing but mischief.

The only superannuation tribunal in which any Irishman can have confidence is the Local Government Board, and the function of that Board should be confined to ascertaining by a medical committee who are totally independent of the medical officer, whether that officer is really permanently incapable, in which case there is the greatest public necessity for relieving the sick-poor of his ministrations.

Of the present system, the best that can be said is, that it is better than none. It enables a conscientious Board of Guardians to grant a fair pension to a permanently incapable officer, but—so far from assuring that they shall do so—it directly invites the medical officer to secure a pleasant retirement at an early age by manipulating a majority of his Board. The prize of a pension may, under the existing system, fall to the best diplomatist and not at all to the most deserving officer, and all the world knows, that in the nature of things, it must continue so to fall until *permissive* superannuation gives place to superannuation of *right* under proper departmental supervision.

TREATMENT OF ACUTE RHEUMATISM.

At the March meeting of the Glasgow Medico-Chirurgical Society, there was a long discussion on the treatment of acute rheumatism, which, to our minds, shows what little positive knowledge we have with regard to the best treatment of this disease. Dr. Charteris initiated the discussion by mentioning some of the various modes of treatment which had been tried, such as venesection,

the perchloride of mercury, tartar emetic, blistering, alkalies, the expectant treatment, and lastly, the use of salicin and salicylic acid. He spoke favourably of the salicin treatment, and observed that both the Scottish and German physicians had found that relief from pain was usually got in from 24 to 48 hours, that heart complications were not averted, save indirectly by the arrest of the disease; and that in very acute cases, with hyperpyrexia, cold baths must supplement the other treatment. Dr. M'Call Anderson said that we should look to the causes which gave rise to it, which were chiefly exposure to cold, or derangement of the digestive organs. As to salicin, it was on the whole, the best internal medicine for the ordinary run of cases; but it was not a specific, and there were not a few cases which did not give way to it. High temperature was the great source of danger in these cases, and should be guarded against. Mr. John Reid remarked that he had found blood-letting to give almost immediate relief; and that not only had he bled, but he had brought patients under the influence of mercury. This treatment, followed by blistering in the event of any local affection continuing, has never failed to produce a cure. Dr. Hugh Thomson also said that if bleeding were not now out of fashion, he would be inclined to adopt Bouillaud's method of treatment. It was surprising, he observed, how rapidly it brought the patient into a state of complete apyrexia. Dr. Gairdner said that no confidence was to be placed in small doses of salicin—in doses less than 20 grs., and that the effect of that drug was not dependent upon its anti-pyretic effects. Dr. Renfrew had long rested in the belief that six weeks in the blankets was the only treatment; but he happened to try nitrate of potash, and with much success. With even more confidence did Dr. Scott Orr speak in favour of the acetate of potash, which on the whole he would prefer to salicin.

The various changes that have taken place in the treatment of acute rheumatism, are by no means creditable to modern physic. The English-foreign bibliography of this one disease is something astounding, and yet we know little more about its appropriate treatment than Aretæus and his contemporaries probably knew. The retrospect of treatment taken by Dr. Charteris, was far from exhausting the list of remedies that have been recommended for acute rheumatism. To those above mentioned we might add purgatives, emetics, diaphoretics, opium, and other narcotics, calomel and opium, colchicum, aconite, Peruvian bark, phosphate of ammonia, phosphorus, and sulphur, all of which have been severally extolled as valuable remedies for this diease. In the discussion to which we are now referring, Dr. Morton said that the reason so many remedies had been vaunted in acute rheumatism, was probably that it was not a disease difficult to treat, by which we suppose he meant that the disease generally terminated favourably, no matter what treatment was pursued. We do not think he is far wrong in saying this much, for it is more difficult to guage the efficacy of certain drugs in a disease from which recovery generally takes place, than in one that is almost invariably fatal. At all events, it is for the credit of scientific medicine, high time that some consensus of opinion should be arrived at with regard to the best possible treatment of a disease of so common occurrence as acute rheumatism. In our endeavour to gain a more positive knowledge of its treatment, we ought, perhaps, first to study more systematically the natural history of the disease, and try to find out the conditions under which the disease is either prolonged, or terminates fatally. Having arrived at a more positive knowledge of the average duration of the complaint, and of the symptoms by which a severe and prolonged attack of it may be surely prognosticated, we should thus be in a better position to judge of the relative efficacy of the many drugs or plans of treatment that have been recommended. It might then be soon determined whether salicin is superior to other medicines, such as quinine or Peruvian bark, for which it was used as a substitute 30 or 40 years ago; under what pathological conditions hyperyxia occurs; and what drugs are best calculated to prevent or mitigate so dangerous a symptom.

Notes on Current Topics.

Swimming for Girls.

In a morning paper Mr. John Macgregor says that "hundreds of girls in London are learning to swim, but many hundreds more would gladly learn if teachers could be had." With regard to the great saving of human life that would result from our daughters learning to swim, as well as our sons, it is not within the province of a medical journalist to say much on the subject. But there is one aspect of the question on which he is entitled to give an opinion, and that is, the effect such a practice would have upon the health of women, particularly at that period of life when the human frame has not completed its full development. The advertisements in the newspapers are continually reminding the public of the numerous contrivances, supports, stays, shoulder-straps, &c., and the various exercises, that are best calculated to prevent round shoulders, a stooping awkward gait, contracted chests, and so forth; but, perhaps, there is no kind of exercise for girls more calculated to attain those desirable objects than that of swimming. During the act of swimming the head is thrown back, and the chest well forward, while the thoracic and respiratory muscles are in strong action, and both the upper and lower extremities are brought into full play. Indeed, in a health point of view, females would often have an advantage over the stronger sex, as, owing to the large amount of adipose tissue covering their muscles, and the comparative smallness and lightness of their bones, they not only have greater powers of flotation than men, but, as a rule, can continue much longer in the water. They are, therefore, naturally qualified to become good swimmers; and Mr. Macgregor mentions that out of a class of thirty girls, whose instruction commenced late last season, twenty-five were taught to swim in six lessons, and six of them won prizes. It is to be hoped, therefore, that girls will not be debarred from learning this graceful and healthful accomplishment, either through lack of baths or of teachers. Such a practice is particularly called for at the present day as a set-off against the growing tendency in the "girls of the period" to indulge in

those literary and sedentary pursuits which are anything but favourable to the development of a healthy physique.

Shocking Death from Hydrophobia.

On Thursday last an inquest was held at Acton, in Middlesex, by Dr. Diplock, coroner, touching the death of George Kirby, aged 14. The evidence given went to show that, a month ago the deceased was playing with a Scotch terrier, when the animal bit him, or rather scratched his hand with his teeth. The abrasion did not heal, but no notice was taken of it until a few days ago, when the deceased complained of illness, and upon Dr. Harding being summoned, he pronounced the case to be one of hydrophobia. Convulsions came on of such a violent character that two powerful men had the greatest difficulty in holding him, and all attempts to administer chloroform were abortive. His agonies increased, and after three days suffering he died. Dr. Harding said that before death the veins of the arm bitten by the dog stood out prominently, the eyes were contracted, and the deceased was unable to swallow. A *post-mortem* showed the heart to be empty, lungs and kidneys congested, stomach empty, with dark patches on the peritoneum. The brain had not been examined. Death undoubtedly arose from hydrophobia. Mary Haynes stated that she had been bitten by the same dog, but had as yet had no symptoms of hydrophobia. In reply to a juror, it was elicited that the dog had been examined by a veterinary surgeon, who had pronounced it to be perfectly healthy, and it had therefore not been destroyed. The juror expressed his opinion that it should be killed forthwith, but the coroner had no power to order its destruction. A verdict of "Death from Hydrophobia," was recorded.

We print this case as detailed in the *Daily News*, and as a typical example of the manner in which such cases are reported. We have the unwise use of the adjective "shocking." We have a few brief facts, and very imperfect evidence as to cause and effect, and the usual stereotyped verdict of the coroner's jury, "Death from Hydrophobia." This paragraph will no doubt be circulated through every part of England, copied from journal to journal, and by printers' blunders names will be altered, so that probably it will do duty for six or a dozen cases, as others have previously.

This unfortunate heading will alarm nervous people, and probably many days, weeks, or even months of anxiety will be passed by persons who have been bitten and who have read this description. The evidence as to the real nature of the disease is, that rabies cannot arise or develop unless from the bite of a rabid animal. The dog which bit the boy is reported to be alive and well. Convulsive diseases of children are common during periods of weather such as we have had lately, and we have here a possible source of error. We are astonished to read that though a *post-mortem* examination was made the brain had not been examined. Dr. Harding, who is said to have attended the case (if *this report* be *true*), omitted the most important part of the examination, and we must consequently regard the *post-mortem* evidence as defective and, to a certain extent, valueless. On the facts we have at present we can only say that this case is unsatisfactory. We must impress upon every practitioner that the responsibility which rests upon them necessitates the greatest carefulness in pronouncing on a case of hydrophobia. The only real and efficient safeguard to prevent mistakes is, the appointment of the medical inspectors in accordance with the plan we suggested in our Reports, and we trust that some Member of the House, as Mr. Bennet Stanford who has offered the £100 prize, may think it worthy of the attention of Government and bring it under notice.

Habitual Drunkards' Bill.

The Medical Press and Circular was one of the first organs of medical opinion to support this Bill, and therefore we are glad to see that last Wednesday evening the Bill was read a second time in the House of Commons. In two or three leading articles that appeared in this journal, more than twelve months ago, we entered fully into the reasons for the Government recoguising the necessity of placing more restraint upon habitual drunkards than has been hitherto practicable, There is, however, this great difference between the present Bill and that to which we formerly drew attention, that whereas some of the provisions of the old Bill were of a compulsory nature, the present Bill is only a permissive one. Although it was designed in the original Bill that the friends or relatives of habitual drunkards should be enabled to bring them before petty sessions, to get a committal to one of the proposed asylums, Dr. Cameron was willing to abandon these compulsory clauses if Government would only agree to adopt the permissive power. The object, therefore, of the present Bill will be to license, inspect, and control retreats for habitual drunkards, giving their managers some power, in case of persons entering voluntarily, to detain them for such time as is necessary for their proper treatment. Owing to the omission of the compulsory clauses and the urgent need of some legislation on the subject, the Bill was warmly supported by the House, several members speaking in its favour. The withdrawal, however, of the compulsory clauses, although the best policy which could be adopted under the circumstances, prevents the Bill reaching a class of cases over which some legislative control is certainly desirable, and which were provided for in the original Bill. It would not, for instauce, meet the case of habitual drunkards in the lower ranks of life, who would not be able to pay for their maintenance in private retreats. Nor will it meet the case of those ladies and gentlemen who, although killing themselves as fast as they can, and who are a disgraceful source of misery to their dearest relatives, cannot be persuaded to enter an inebriate asylum. With this exception, the Bill will prove a great boon in the interests of public morality. It is the thin edge of the wedge in, and will prepare the way for further legislation on the subject, in the event of the present Act not being sufficient to fulfil the objects for which it was passed.

We understand that Her Royal Highness the Princess Christian has accepted the presidency of the ladies' committee of the Hospital for Women, Soho Square, London. H.R.H. has already shown her interest in the instituton by giving her name for several years past as patroness.

A Dangerous Assistant.

On Friday last a medical assistant, named Thomas Humphrey Cooth, was charged at the Marlborough Police Court with being drunk and assaulting his employer, Dr. E. J. Nix, of Upper Marylebone Street, London. Prosecutor stated that on his return from visiting his patients on Wednesday his page told him that the prisoner had gone out and would return in a few minutes. The prisoner, however, did not return till Thursday morning, when he walked into the surgery. Observing that the prisoner was not sober, he told him he would pay him the balance of his salary, and that he would have to leave in a month. In the afternoon, the prisoner having been again out, he told him that such conduct would not answer, and that he would have to leave at once, as he was in a state of intoxication, and that he could not think of allowing any one to put up his medicines in such a state. The prisoner said he *would* dispense the medicines, got very excited, struck Dr. Nix, and rushed at him with a knife, upon which he left the surgery, closing the door, and went for the police.

The prisoner, who said he had never been drunk before, was prepared to apologise for his conduct. Police-constable H. Head, 96 E, said that he found the prisoner in a very excited state, and on the way to the station he took a bottle of poison from his pocket and threw it into the road, stating that he might otherwise have taken it when he got to the station.

Mr. Newton asked whether the prisoner said anything when he was charged with taking up a knife?

The Constable said the prisoner went down on his knees and said he never intended to use it.

Dr. Nix said the prisoner had only been a month in his employ, and that he received an excellent character with him.

Mr. Newton ordered the prisoner to find one surety in £10 for three months.

Such is another of the many sad instances on daily record of educated men giving way to drink. Fortunately, no serious harm resulted; but for the promptness of Dr. Nix in rushing out of harm's way, the prisoner might now be incarcerated on a charge of murder. We hope his escape will be a lesson to him.

Diarrhœa and the Escape of Sewer Gas.

In the *Practitioner* for June there is a communication from Dr. Wm. Newman, which shows that diarrhœa is a disease which is sometimes clearly traceable to bad sanitary arrangements. The cases of diarrhœa were of the simplest nature, uncomplicated, and unattended with any serious disturbance of the health. But the most significant fact was that the patients on the men's side of the house alone suffered from the disease; not any one on the women's side was in any way troubled. A careful inquiry was set on foot to make out the causes of the outbreak, and, to omit further particulars, the chain of events appears to have been as follows:—1. Retention of a large quantity of fæcal decomposing matters in that portion of the sewer just outside the wall of the building. 2. Return of sewer gas into the building, and especially into the end wards on the men's side. 3. Occurrence of diarrhœa in every patient who was placed in either of the wards in question during a certain time, or who, sleeping in the middle ward, made use of the ill-acting closets. 4. Immediate subsidence of diarrhœa on the due repair of the sewer.

Specific Remedies.

In *New Remedies* for June will be found the following formulæ, which were no doubt prescribed on the principle that, although too many cooks may spoil the broth, too many ingredients do not:—

1. *Lallemand's Gout Specific.*—Extract. colchici acet. et opii aquos. āā gr. xv.; Potassii iodidi., ʒiv.; P. acetat., ʒj.; Aq. destil. fl., ʒiiis.; Vini. albi. fl., ʒiv. "Twenty drops three times a day."

2. *Brown-Séquard's* (?) *Neuralgic Pills.*—Ext. hyoscyami. et conii. āā gr. 40.; Ext. ignatiæ amar. et opii āā gr. 30; Ext. aconiti, gr. 7½; Cannab. ind., gr. 15; Stramonii, gr. 12; Belladonnæ, gr. 10. Make sixty pills. There are also Gross's Neuralgia Pills, which are composed evidently on the idea that if one ingredient does no good the other may. They contain quinine, morphia, strychnia, arsenic, and aconite.

The Royal College of Physicians of London.

On Wednesday last the annual conversazione was held at the College of Physicians. The entertainment was in every way as instructive and gratifying as on former occasions. The assembly was, perhaps, as numerous as ever, though not honoured by personages of Royal rank, as last year.

Numerous paintings were lent for exhibition, and among them one, "Evening in the Moon," which, at the present time, seems to be exciting some attention. It represents the moon at the time of sunset. The spectator is supposed to be standing upon a mountain peak in the moon; to his right falls the dazzling light of the setting sun upon some of the mountain tops—a light unbroken by the penetration of an atmosphere. In front is the earth, a light giver to the moon—and a part of the milky way is also seen. It suggests itself to us that, as there is no atmosphere around the moon—a fact evidently well known to the artist, the milky way should appear, not as a diffused opacity, but rather as a multitude of small bodies. The picture gives rise to much thought, and is extremely interesting as a realisation of ideas.

The phonograph was exhibited by the London Stereoscopic Company, and attracted many of the visitors. For the first time the instrument was made to develope the two voices in a duet. The instrument was explained a great many times, and numerous questions were put to the exhibitor, some of which were rather curious. One elderly gentleman, not unintelligent, innocently expressed a very earnest desire that it might be more fully explained to him how the voice was retained within the cylinder (a revolving drum which supports the foil).

The microphone was in action, but the surrounding noises were too numerous for it. A micro-spectroscope showed the absorption spectrum of poisoned water from Lake Alexandrina, South Australia. Cattle die from drinking the water of this lake, though the poison is not yet known.

Many new scientific and clinical instruments, with their latest improvements were to be seen, and many hours

might have been spent in improving even a well-stored mind.

Elections to Council of Royal College of Surgeons of England.

More than usual interest was manifested in the elections this year, on account of the number of candidates for the vacant chair. As we mentioned in our last, three members retired by rotation, viz., Messrs. Erasmus Wilson, Henry Lee, and Barnard Holt, who, being eligible, offered themselves for re-election. In addition to these, Sir Henry Thompson, and Messrs. John Gay, Lister, Thos. Bryant, John Wood, and Hy. Power, all metropolitan fellows, and Mr. Edward Lund, of Manchester, sought the suffrages of the electors. At 5 p.m., when the poll was declared closed, the President, Mr. Birkett, amid considerable excitement, announced the following result:—Mr. Lund, 101 votes; Mr. Wilson, 95; Mr. Gay, 92. Thus the provincial candidate came in at the head of the poll, and the only retiring member re-elected was Professor Wilson, the two others, Messrs. Lee and Holt, being at the bottom of the poll. The third member elected, Mr. Gay, has before served, and was defeated at the last election by one vote only. Of the unsuccessful candidates Mr. Wood received 81 votes, Mr. Power 78, Mr. Lister 76, Mr. Bryant 62, Sir H. Thompson 58, Mr. Lee 38, and Mr. Holt 37. Four votes were informal. The result of the election has surprised not a few, and various conjectures have been indulged in to explain the extraordinary success of the provincial candidate, and the few votes recorded for the two retiring members of the Council, both of whom have the credit of being popular men. Such, however, are the results, which we leave to imaginative minds to work out according to their fancies or desires.

The rates of mortality in the principal foreign cities, according to the most recent weekly returns, were—in Calcutta 38, Madras 37; Paris 23; Geneva 23; Brussels 22; Amsterdam 27, The Hague 27; Copenhagen 20; Stockholm 24; St. Petersburg 45; Berlin 34, Hamburg 27, Dresden 24, Breslau 28, Munich 38; Vienna 33, Buda-Pesth 46; Rome 27, Turin 28, Venice 23; Alexandria 36, and New York 22 per 1,000 of the population.

The deaths from small-pox, both in London and Dublin, were considerably higher than in the previous week, being 39 in the former, and 27 in the latter. No death was reported from this disease in any other part of the kingdom. The deaths from diarrhœa rose somewhat throughout the kingdom last week, owing to the extreme rise of temperature, they were principally amongst infants.

On Saturday morning the Chancellor of the Exchequer, in walking from one of the rooms of his official residence in Downing Street into the garden struck his head against the sash of the window, and inflicted a wound on the forehead. The wound, which bled freely for a time, was found not to be a dangerous one. Sir Stafford is going on well, but has been ordered by his surgeons to be quiet for two or three days as a matter of precaution.

A valuable appointment for pathologists will shortly become vacant, by the resignation of the office of Professor Superintendent of the Brown Animal Sanitary Institution, by Dr. Burdon Sanderson. This institution is under the government of the University of London, and although the stipend attached is not great, the field it offers for experimental research is unequalled in the United Kingdom.

At the Chelmsford assizes, on Saturday, the grand jury brought in a true bill against the manufacturer of the violet powder which it is alleged has caused the death of several children on whose bodies it had been used. Analytical chemists have reported the presence of over 50 per cent. of white arsenic in the packets examined. The trial will be proceeded with this week.

The rates of mortality in the four principal cities of the United Kingdom last week were—20 per 1,000 in London, 27 in Glasgow, and 30 in Dublin. Sunderland again showed the highest death-rate in the kingdom, namely, 32 per 1,000. Plymouth gave the most favourable returns of the other large towns, with 12 per 1,000.

The receipts at the concert recently given by Madame Trebelli in aid of the Hospital for Diseases of the Throat and Chest (Golden Square, W.), amounted to £550, including special contributions from Madame Adelina Patti, Mr. Santley, Mr. Henry Irving, Signor Nicolini, and Signor Foli.

A publican, at Langley, Bucks, last week was fined £4 8s. and costs, for exposing himself amongst his customers whilst suffering from small-pox. His medical attendant gave evidence as to the danger he ran of spreading infection.

Last week the wife of a travelling tinker gave birth to four children—three boys and a girl—in a cave off the road leading along the shore about two miles from Oban, in Scotland.

Scarlet fever is reported to be raging in Liverpool, and fears have been expressed by the Health Committee that the disease may become an epidemic.

Correspondence.

"THE IRISH APOTHECARIES' COMPANY AS A LICENSING BODY."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The writer of the article in your journal of the 26th ult., entitled "The Irish Apothecaries' Company as a Licensing Body," appears to be very ignorant indeed of the history of this Institution for the past forty years, several of his unfriendly statements and accusations having been over and over again refuted both in and out of Parliament. The Hall, he states, was incorporated in the reign of George III., "its function being to promote pharmacy;" but another important function, "to regulate the profession of an apothecary throughout the kingdom of Ireland" he leaves unnoticed. Contrary to his assertions, the Hall was not authorised to examine and license pharmacists, to inspect apothecaries' shops, nor to generally superintend the supply of pure drugs to the public, and the Hall did constantly prosecute the unqualified compounders of medical prescriptions until the Pharmacy Act of Ireland came into operation. The creation of

sixty shares was strictly in accordance with the Act of Incorporation, and the Court of Directors have, from time to time, endeavoured to remedy the imperfections of the system as far as legal and other obstacles permitted. The directors and examiners are annually elected by ballot. At present the number of licentiates entitled to vote at the elections and to attend the quarterly meetings, &c., is 31—not 21 as stated in the journal. If all these voters do not fulfil their duties the Hall cannot be fairly blamed for it, and possibly not a few of the other medical examining and governing boards are chosen by an equally limited number of electors. It is quite true that during the past fifty years important changes have been made in the curricula of education and examination, not, however, at the dictation of the respected secretary, who is at present in London, but in harmony with the spirit of the age and the example of all the other medical institutions of the empire. The assertion that "to entice students to the doors of the Hall the diploma-fee of the Company was reduced to half-a-sovereign" is totally untrue. The return called for by the Pharmacy Act Committee of the House of Commons in 1876 shows that the yearly average of successful candidates for the licence of the Hall was 27—not 10, as stated in your journal—for the previous forty years. Last year 24 candidates obtained the licence. In the published minutes of the General Medical Council from January to May, 1878, a table is inserted "showing results of professional examinations for degrees, diplomas, and licences granted in 1877 by the Bodies in Schedule (A) of the Medical Act." Ten candidates obtained *medical* diplomas from the University of Oxford, 15 from Cambridge, 4 from Durham, 33 from that of London, 31 from Aberdeen, 11 from St. Andrews, 30 from Trinity, Dublin, 44 from the Queen's, and 21 from the Faculty of P. and S., Glasgow. With these returns the Hall does not contrast unfavourably. With respect to the examinations, it is sufficient to say that they are conducted in accordance with the recommendations of the Medical Council, that marks are given, and the general answering taken into account by the examiners; that they have been supervised by the inspectors appointed by the Medical Council, and very favourably reported by them to the Council. The writer of the article should have known that the licence of the Hall has been acknowledged as a suitable medical qualification for all the public services—Army, Navy, Poor-law, &c., by the Government, as well as by the General Medical Council, and therefore, that the right of the Hall to take part in the Conjoint Examination Scheme has been fully established.

I am, Sir, your obedient servant,

JAMES SHAW, Governor.

By order of the Court.

[The Irish Apothecaries' Company accuses us of ignorance of the history of the Institution, and opens its criticism upon our observations by the attempt to prove that the Hall is not, and never was, a Pharmaceutic Corporation. Let us see whether this assertion is borne out by the facts. The Act under which the Hall was incorporated is entitled "An Act for the more effectual preserving the health of His Majesty's subjects, for erecting an Apothecary's Hall in the City of Dublin, and regulating the profession of an Apothecary throughout the Kingdom of Ireland," and the Governor seems to imply that "regulating the profession of an apothecary" should be understood to mean licensing the general medical practitioner. We assert that the Act attached no such meaning to the words—that the Irish Apothecaries' Company never was, legally, anything but a pharmaceutical licensing body, and that its unsuccessful attempt to erect itself into a medical qualifying institution could not give it any right to take part in the arrangement of a medico-licensing system. In view of the words of the Act it is indeed a ridiculous pretension to claim for the Hall any other function than that of pharmacy regulation. The preamble of the Act states the reason for the establishment of the Company in the following terms—"Whereas great inconveniences have arisen from the want of an Hall *amply supplied with medicines of the purest quality*, prepared under the inspection of persons well *skilled in the art and mystery of such preparations.*" Section 5 after enumerating the constitution of the Board, says, "And for the better ordering, managing, and governing the *preparations, stock, or other affairs* of the said Corporations;" and, again, in the same section, "provides for the appointment of a Court of Directors for *inspecting* and *directing all chemical and compound preparations and experiments*, and for ordering the affairs of the said Corporation."

From the preamble of the Act it is manifest the Government of the day simply intended to make a Pharmaceutical Society, to ensure pure drugs being used in the compounding of prescriptions, and to give power to properly skilled persons to see that the public should be supplied with trained compounders, and that the pure drugs were kept separate from oils and paints in the shops of the apothecaries—surgeries were unknown then; so jealous is the Act of the Hall over-stepping its proper limits that it refuses the Company permission to alter a single formula without the consent of the College of Physicians, confining them to the position of skilful traders—who should keep and vend pure drugs, and prevent unqualified persons being employed in the business (sec. 18); they are to see that drugs are properly kept, and not in the same room in which arsenic, oils and paints are sold by the apothecary (sec. 28).

Throughout the Act there is not a single word justifying the pretension of the Company to grant medical degrees; and, it is obvious that traders who are recognised by the Act as engaged in grinding paints, mixing oils, and such like employments could not have been intended to visit, prescribe, and operate and upon a diploma fee of ten shillings, and *no more* (*vide* section 24), present themselves to the public as physicians and surgeons.

The Company has quoted for its answer to these facts the precedent of the Apothecaries' Company of London, the license of which has been always recognised as a medical qualification, but this argument, upon examination, only tends to the discomfiture of those who make use of it. The English Apothecaries' Company is, indeed, established by the law as a doctor-making body, and not as a drug selling establishment. By the English Act (55 Geo. iii., cap. 194, A.D. 1815), the Company "is authorised and required to examine each person or persons applying to them for the purpose of ascertaining the *skill and abilities of such person in the science and practice of medicine*, and his or her fitness to practise as an apothecary." On the other hand, the only license which the Irish Company is entitled by its Act to grant, is "a certificate to open a shop or follow the art or mystery of an apothecary," the nature of that "art or mystery," being plainly indicated by the words of their sections which we have already quoted. That this, and this only, was, and is the legal function of the Company was the decided opinion of Lord O'Hagan, lately Lord Chancellor of Ireland, and of the present Judge Lawson.

In face of these provisions of the Act we feel justified—notwithstanding the statement of the Governor—in asserting that the Hall is authorised conclusively and solely to "examine and license pharmacists to inspect apothecaries' shops, and to superintend formally the supply of pure

drugs to the public ;" and we appeal for corroboration of this statement to the admission by the Governor that the Hall " did constantly prosecute the unqualified compounders of prescriptions," which they could not have done unless they legally possessed the functions which they now repudiate. The Company, in fact, owes all the status which it possesses as a medical licensing body to Dr. Hargrave and Dr. Embleton, the respective representatives, at the time, of the Irish College of Surgeons and the University of Durham in the General Medical Council. On the 16th of August, 1860, the Secretary for War officially informed the Director-General of the Army Medical Department that "as soon as L. A. H's shall have been admitted by the General Medical Council to registration as medical practitioners, and the license shall be received as one entitling the holder to compete for appointments in the army, *and not before.*" Thereupon the Director put the question to the General Medical Council whether or not the license was so recognised. After several evasive letters addressed in reply to the Director-General, the Medical Council at length came to a vote, and on the 4th of July, 1861, by a majority of 13 to 8, adopted a resolution—moved by Dr. Hargrave, and supported by Drs. Embleton and Bond—by which they declined to express any opinion in favour of required recognition. The Hall had, of course, been recognised as a pharmaceutical qualifying body four years previously by the Medical Act of 1858, but this was the first time that recognition as a medical licensing body had been claimed. At the meeting of the General Medical Council in 1862, the same refusal of recognition was reiterated, but on the 2nd of June, 1863, a resolution was adopted, by a majority of 14 to 9, " that registered licentiates of the Apothecaries' Company of Dublin are, as apothecaries, entitled to practise medicine." This resolution, as we have said, was carried by the change of sides of Mr. Hargrave, Dr. Embleton, and Dr. Bond, who, having spoken and voted against it previously, now repented and went over to the apothecaries. It has always been understood that the transaction was a bit of medico-diplomatic bye-play, by which the Irish College of Surgeons intended to play off the " Hall " against the College of Physicians. But that as it may, it is the fact that Dr. Hargrave and his two coadjutors were the men who chartered the Irish Apothecaries' Hall as a medical licensing body, and enabled them to claim the army and navy and poor-law authorities which the Governor now boasts of. It is necessary for us to enter upon these details, although, to most of our readers they are already well known, because we are called upon to prove that the Irish Apothecaries' Company has no right to interfere in the deliberations of the General Medical Council, or in the examination of medical candidates, and that any such privileges which it now exercises are pure usurpations, for which it has no warrant either in law or expediency. We might, however, be induced to overlook the legal falsity of the Company's pretensions, if it could be shown us that they represent any section of the profession which is entitled to respect, or perform any substantial work on behalf of the public or the profession ; but the Hall really possesses no such claim upon our sympathies. Who does the present Medical Council representative of the " Hall " represent? He enjoys the distinction of being the chosen mouthpiece of a majority (say eight) out of the fifteen directors, who—if elected by a free vote—would represent the opinions of—Whom? Of the twenty-one shareholders in a drug shop, who (out of a total of thirty-one who might vote) see fit to exercise their suffrage. On the most comprehensive view of Dr. Leet's constituency, he is the representative of thirty-one partners in a large apothecaries' shop. The licentiate apothecaries of Ireland have absolutely no voice whatever either in Dr. Leet's appointment or the views which he expresses by his Medical Council vote, and inasmuch as it is admitted that the Hall does not now represent Irish pharmacy, we fail utterly to understand what quota of medical influence, interest, or opinion it is supposed to contribute to the decisions of the General Medical Council.

Even if the Hall continued to grant twenty-four licences a year at sixteen shillings each, we fail to see that that share in medical licensing would give it a claim to take part in the conjoint examinations of the future. We did not—as the Governor represents us—fix the number of licenses now granted at ten. We stated that, after the assumption of the doctor-making function of the Hall, " the number of licences fell away year after year until they reached the imposing number of ten." We believe that that number of licences granted within a year will be found in a Parliamentary return presented some years ago upon the motion of Sir John Gray, M.P., and, if so, our statement is accurately true. The Governor takes exception at our reference to the diploma-fee charged by the Hall. " Ten shillings and *no* more " is the amount named in the Act, and although candidates are charged sixteen shillings for the certificate, as the Act styles it, or diploma, as the Company name it, the amount is ten shillings in the Act, and no doubt the directors would amend the sum if they had the power. As to the examination for the licence, which the Governor states to have been very favourably reported upon by the Visitors of the General Medical Council, we venture to remind the directors that portions of the examination were not only not approved, but emphatically condemned at the last visitation. But if it were otherwise we should still look, from the information we possess, with suspicion upon the examinations held since then and in the absence of these Visitors.

Is it or is it not a fact, that a candidate lately obtained the L. A. H., and went forth into practice as a general medical practitioner, who called gamboge, ferrocyanide of potassium ; tasted aloes, without knowing what they were ; handled colocynth, and calling it a poppy-head ; stated he would *boil* infusion of yellow bark all night ; failed to recognise gentian, cinchona, or chirreta, or quassia ; and in chemistry, did not know how to detect the presence of ammonia in solution ; and on being handed some sixty prescriptions, declared he could not read any one of them ! Is it also the fact, that on last Friday seven candidates received the certificate, stating the examiners were satisfied with their answers on pharmacy, materia medica, anatomy, physiology, and the microscope, although the Materia Medica Examiner protested against the granting of the certificate to some of them ?

We emphatically repudiate the least desire to deprive

the Irish Apothecaries' Company of its legitimate functions, or to prejudice its status as a pharmaceutical corporation; but, with these facts before us, we protest against the Company being admitted to a share in the conjoint examinations which are about to be established; and we object to the existing exercise by it of an influence upon medical affairs equivalent to that exercised by the most useful, unimpeachable, and respected of the qualifying bodies.

ALCOHOL IN THE ARCTIC REGIONS.

"Others (of the medical profession) have thought little about the matter . . . . and in their practice are guided more by the feelings and taste of their patients, than by their own convictions on the subject."—*Medical Press*, March 6, page 199.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As my only object in writing was to elicit evidence as to the use or non-use of alcoholic stimulants in Arctic Explorations, I pass over the irrelevant verbiage of your correspondent "Zero," and refer him to the *Temperance Record* of May 9, 1876, (No. 1154) published at 337 Strand, London, in which well-known journal he will find Captain Wiggins' letter. Had "Zero" given his address (or applied to me, or better still to Captain Wiggins himself, both addresses being printed in your columns, there would have been no necessity for his cynical remarks), I would have forwarded to him the information he so piteously says he sought in Dublin in vain.

I have not gone all through the Blue Books referring to the late inquiry, but I have read quite sufficient to confirm me in my opinion that alcohol should not be used at all; and cannot understand "Zero's" conclusion to the contrary, unless that gentleman belongs to the class alluded to in the quotation from your own columns given at the head of this letter. Surgeon Colan said "that 38 out of 39 cases of scurvy occurred during the travelling in sledges, only one case of a man who had stayed on board ship . . . and who was of intemperate habits. He considered that in any future sledge party if one article has to give way to another, it would be better that the rum should be omitted." Dr. F. de Chaumont (who disapproves of total abstinence, unless in exceptional cases, as he thinks the temperance cause is injured by attempting "to decry alcohol utterly") gave the following evidence during the Arctic Committee's inquiry: "Question 5101. With reference to the sledge diet, rum and tea were always taken; and we have had evidence before us that the men invariably found the tea more invigorating to travel upon . . . Have you any opinion as to the administration of rum and tea under extreme exposure and hard work?—I think that tea is decidedly preferable to rum." Again: "5102. As a stimulant and as a corrective? Yes, as a refreshing beverage. I assisted at a number of experiments made by the late Dr. Parkes, of Netly, on that subject, and I saw the men under experiment, and all who were experimented upon gave it as their opinion that the rum was the worst thing to work upon. 5103. Then would you altogether exclude rum from the diet? I would not altogether exclude it, but I think that knowing as we do that alcohol acts to a certain extent in lowering the temperature of the body, and that it is a bad thing to work upon, I certainly would put it last in the articles of diet." Dr. de Chaumont, in answer to further questions, said he thought "IT PROBABLE" that rum was valuable under certain conditions, after the men had camped out in the evening, &c.

Dr. John Rae, who perhaps is as well qualified to form an opinion on this matter as any man in the world, not even excluding "Zero," has over and over again attributed the break-down of the late expedition to the rum which was taken by the men; and quite recently (June 6), at a meeting of the Medical Temperance Association, he said "he was educated where it was the fashion to give much alcohol, and he was only led to abandon its use as a result of his experience. Among his first Arctic experiences was this, that he had charge of a crew of whom half were attacked with scurvy, and he found that these were all men who had used the least alcohol, and the severity of the disease was in proportion to the amount which had been taken. He had been confirmed in this view by much subsequent experience, and he could assert most positively that total abstinence was the right practice for those who had to be exposed to excessive cold. *He traced the failure of the late Arctic expedition to scurvy, and this to the use of alcohol* and deficient use of anti-scorbutics when most required. As there were now a sufficient number of totally abstaining officers and men to man two or three ships, he hoped that the Admiralty would man at least one in this way; it would be a safe ship for any sailor who showed a tendency to intoxication, and the experiment would be made as to whether it was advantageous or not."

Mr. Froome Talfourd, having been thirty-eight years in the Hudson's Bay territory, corroborated Dr. Rae, and said "every case of death from cold which he had known had been due to the use of alcohol."

S. S. Alford, Esq., F.R.C.S., in a paper on "Dipsomania," read before the Manchester Statistical Society, asserted that:—"The abstainers in the late Arctic expedition endured the cold with less difficulty, and even with less bad effects, than those who resorted to the moderate use of stimulants."

The temptation to extract largely from various authentic sources is very great; but I withhold my pen, fearing that this communication is already too lengthy. I would, however, crave permission to refer your readers—more especially "Zero"—to an exhaustive *résumé* of the whole question in the *Leeds Mercury* (reprinted in the *Watchword*, April 11, 1878) in which even Captain Nares himself is reported as saying that "both officers and men were unanimous in favour of the change" from rum to tea.

Adam Ayles, a Good Templar, and one of the six abstainers in the Expedition, was out on sledging duty 110 days, and his evidence is "that neither of us [abstainers] were attacked by scurvy," and they surpassed the remainder of the *Alert's* crew in the number of days they were out. Ayles was 84 days absent from the ship at one time, and I find no record of the frost bite which "Zero" says *prevented* the abstainers going on sledge duty. On one of these journeys an officer implored Ayles to take some spirit; Ayles was too good a judge, and so he escaped "frost-bite, scurvy, or any other sickness." Let me now refer "Zero" to Captain Scoresby, who calls the use of alcohol a "mischievous delusion" under the chilling region of the Pole. Dr. J. D. Hooker, one of Sir John Ross's medical officers, says some of the best men "never touched grog" in their Antarctic cruises, and "the use of spirits in cold weather is prejudicial." Captain Ross says, "it is sufficient to give men the usual grog, to perceive that in a few minutes they become languid." And Captain Parry in answer to the question "are spirits necessary?" replies, "I say decidedly not; they let the cold in." He further says they substituted tea for grog, and "it did the men more good." Captain Kennedy, who went to search for Franklin, asserts that when his men landed at Aberdeen, experienced men said no crew had ever landed in such admirable condition, "and not one of them during the whole cruise tasted one drop of alcoholic beverage." It was owing to this observance of total abstinence principles that they accomplished more than any one of the thirteen vessels which went out during the same year.

Time would fail me to quote authorities, to whom perhaps "Zero" would listen respectfully; so I only mention in conclusion Dr. Kane, the American Arctic explorer; Dr. Hayes, who sailed with him; Sir John Richardson; Sir Garnet Wolseley; the Hudson's Bay Company; and Inspector General M'Clean who, writes, "the preference given to spirits over lime-juice for the sledging parties in Captain Nares's expedition, *was a fatal mistake*."

"Zero" sneers at my "modesty." It was indeed "modesty" which induced me to call attention to such conclusive facts, given by such men. My own opinion is not worth anything. But if "Zero" would be a sharer in the admirable quality he contemns he will perhaps be a little less positive when next he tries by mere assertion to disprove statements which are so well-known to more cautious men.

I am, Sir, yours faithfully,

Poland Street, W. H. P. G.

QUEEN'S COLLEGE, GALWAY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As you were so kind as to publish a letter of mine

last October, I trust you will insert the following in the columns of your journal. Last session, 1877-78, there were 110 students taking out Practical Anatomy. *Thirteen subjects* were provided for their instruction. This needs no comment from me, as the profession will at once see what facilities are given in this school to learn this important branch. The lectures in some subjects were not commenced until very late on account of the change of professors, and the anatomical and physiological museum was more jealously closed than before. Now what has been the result of all this?

Not a single student direct from Galway obtained the degree.

Eight men, also direct from Galway, presented themselves for the second University examination. Three passed, only two of these took out their entire lectures in Galway. This percentage of unsuccessful candidates for an University examination is without parallel. The supply of subjects will be even worse next session, as the Board of Poor-law Guardians of this Union have passed a resolution to the effect "that in future the bodies of unclaimed paupers should not be handed over to the Medical School, Queen's College, Galway, for anatomical purposes." This is a very serious blow to this medical school, as it was altogether depending on the workhouse for its supply of subjects.

The University examination was the most difficult one that has ever been. Questions were given in the second half that were altogether outside the prescribed curriculum, "such as nervous supply," &c., and the examination on the subject was most crucial; no person but an accomplished anatomist could have made any marks at all. This is, of course, very gratifying to the junior examiners in Anatomy and Physiology, as it makes them members of the most severe examining board in Ireland; but I would wish to remind them of the fable of the "Boys and the Frogs."

Trusting that something will be done next session to provide the students with facilities to acquire the amount of practical anatomical knowledge requisite for the University examination,

I remain,

Your obedient servant,

MEDICAL STUDENT, Q.C.G.

Literary Notes and Gossip.

WE are promised during the next few days "A Sketch of Eastern Russia," by Mr. Roth, who is, we believe, a member of the medical profession, and has lately been travelling in that country.

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IT is reported, says the *Student's Journal*, that the learned Orientalist, Ebers, has just discovered at Cairo a medical book written 3,500 years ago. The time of publication is coeval with the rule of Joseph in Egypt. We think this one of the most hopeful announcements for medical science we have met with!

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WE regret to hear of the death of Dr. Clarke, the accomplished author of those philosophical *brochures*, "The Building of a Brain," and "Sex in Education," each of which has been very widely read, and often quoted by opponents of the women's question. Dr. Clarke was an American physician, and has passed away somewhat suddenly in the middle of life.

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A NEW work from the pen of Dr. Aveling will shortly be published under the title of "The Influence of Posture in the production of Disease." Arrangements have, we understand, been made for translations in France and Germany. There is a good deal of speculation afloat, respecting the line of argument the author—who has already established a reputation as a careful observer and writer—may take.

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THERE is a hitch in the publication of the second edition of Dr. Playfair's "Science and Practice of Midwifery." A few copies were delivered some days since, the rest were stopped as "there is something wrong in it." It would, indeed, be a wonderful book to be free of errors, and it is probable that there is nothing more serious with "Playfair," than a printer's or binder's error.

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THOSE of our readers who intend visiting Paris during the Exhibition, will be glad to know of a little book by Dr. de Blincourt and Mr. J. Carter, entitled "How to get along at the Paris Exhibition." Those who understand the French language, will find in it a good deal of useful and well arranged information; whilst for those who cannot speak French, tables of ordinary sentences and short conversations are appended, with their pronounciation so simply indicated that anyone will find them of great service without previous knowledge.

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WE understand that the second edition of Gant's Surgery is approaching completion, and will be issued by Messrs. Baillière, Tindall, and Cox, about the end of September. The work will be considerably larger than the former edition, and will appear in two volumes with about 1,000 illustrations, mostly original. In his new work, Mr. Gant has enlisted the valuable assistance of Professor Erasmus Wilson, F.R.S., Professor Tomes, F.R.S., Dr. Robert Barnes, Mr. Henry Power, Mr. William Adams, Dr. Morell Mackenzie, and Dr. Laidlaw Purves; the work should therefore become one of the standard text-books of English surgery.

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A NEW work entitled "Studies in Pathological Anatomy," has just been commenced in monthly parts; and if we may judge the whole by the first four parts which have reached us, it is likely to be several years in completion. It would have been well when issuing what will manifestly be an expensive work, for the publishers to give an approximate idea of the number of parts to which it is likely to run; as they have not done this, many will propably hesitate to subscribe for "a pig in a poke." We ought to mention that Dr. Delafield, author of a very good work on postmortems, is the Editor, and Messrs. Wood and Co., of New York, the publishers, than which, no firm turns out better finished work in America.

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WE hear that several large orders for some of the most recent English medical works have been received by the publishers in this country from America. One house has taken 500 copies of Lennox Browne's work, "The Throat and its Diseases." A like order for Drs. Witkowski and Semple's "Moveable Atlas of the Human Body" has been received; and Dr. Brinton, of Philadelphia, has sent a very extensive commission for Claude Bernard's splendid work, which has just been translated by Mr. Norton, of St. Mary's Hospital, entitled "A Text-book of Operative Surgery and Surgical Anatomy." This is a much more respectable mode of treating English author's and publishers, than pirating their productions.

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THE month of June is usually a light one in the publication of new books, and this year perhaps even fewer have been issued. These are Dr. M. F. Anderson, "Phosphates in Nutrition," crown 8vo, 5s. (Baillière, Tindall, and Cox). Dr. R. Barnes, "Clinical History of the Medical and Surgical Diseases of Women," 2nd edition, 8vo, 28s. (Churchills). Professor Claude Bernard (the late), "Text-book of Operative Surgery and Surgical Anatomy," English Edition, by Arthur T. Norton, F.R.C.S., crown 8vo, 88 steel plates, plain 25s., coloured 50s. (Baillière, Tindall, and Cox). Dr. Fothergill, "The Antagonism of Therapeutic Agents," crown 8vo, 6s. (Macmillan and Co.). Dr. de B. Hovell. "On Vaccination," pamphlet, 6d. (Simpkin and Co.). Dr. Onimus, "Practical Introduction to Medical Electricity," 8vo, 5s. (Lewis). "Army Medical Department," Standing Orders, 16mo, 1s. (Clowes). Dr. Tanner, "Memoranda on Poisons," 4th edition, 32mo, 3s. 6d. (Hy Renshaw). Dr. Armand Semple, "Aids to Chemistry," part ii., 1s. 6d. (Baillière, Tindall, and Cox). Mr. Meymott Tidy, "Handbook of Modern Chemistry," 8vo, 16s. (Churchills). Mr. G. S. V. Wills, "Manual of Vegetable Materia Medica," crown 8vo, 5s. 6d. (Simpkin). Dr. Witkowski, "A Moveable Atlas of the Human Body," folio, coloured plates, and 8vo text 7s. 6d. English translation by Dr. Hunter Semple (Baillière, Tindall, and Cox.)

PROVIDENT DISPENSARIES.

An important meeting was held yesterday in the rooms of the Society of Arts, when a valuable paper was read by Sir C. Trevelyan, entitled, "How District Committees Can Assist in the Extension of the Provident Dispensary Movement." There was a good attendance of medical men and others interested in this great social question, and an animated discussion followed. The author, in the course of his address, urged that the present system of medical relief was a failure, and that the medical profession could be placed in a satisfactory relation to the working classes only on the principle of mutual assurance, and by the establishment of provident dispensaries, both the medical men and the poor people would derive benefit, not only directly, but indirectly. If placed on the provident principle, existing dispensaries would be greatly strengthened and enlarged, and a vigorous and expansive system would be substituted for an effete one. The provident dispensary system, being based upon a principle of self-support, was capable of unlimited extension. Every additional member added to its resources in a greater degree than he did to its burdens. But, replete with benefits as as this system was, its advantages had to be explained to those affected by it; various administrative arrangements had to be made before a provident dispensary could be solidly established. He suggested that each committee should appoint a sub-committee, specially charged with the duty of considering, in detail, how far the existing means of medical relief in the district were sufficient; of suggesting the arrangements required to place them on a satisfactory footing; and of giving practical effect to the changes which might be resolved upon.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

Reading Cases.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the Medical Press and Circular, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

Indigestible.—A young man in Chicago, says the *Students' Journal*, was recently found dead in his bed, and the supposition was that he committed suicide by poisoning, but, upon analysing the contents of his stomach, *nothing but the following* was found in it:—Pickles, pound-cake, lemonade, cold turkey, beer, fried oysters, cold punch, ham sandwich, sponge-cake, beef-tea, mince-pie, champagne, lobster, game-pie, fruit-cake, tea, chicken-salad, whisky, coffee, Bologna sausage, port, cheese, sardines, and sherry. The jury returned a verdict of "Died through the visitation of friends!"

F.R.C.S. will find an answer to his question in our annotations of the present number.

Mr. J. W. S.—It is a very rare occurrence, we have heard of such cases but never saw one in hospital or private practice. We should decidedly counsel you to bring it before one of the Societies next session in order to clear up those points which you are justified in holding in doubt.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Roll of the Royal College of Physicians of London. Edited by Wm. Munk, M.D. Published by the College.

The Antagonism of Therapeutic Agents. By J. Milner Fothergill, M.D. London: Macmillan & Co.

Muscle-Beating. By C. Klemm, M.D. London: Trübner & Co.

Medical Electricity. By Dr. Onimus. Translated by A. De Watteville, M.A.

Annual Report of University College Hospital.

1. Clinical Gynæcology. 2. Amputation of Cervix Uteri. By W. H. Watken, M.D.

Practical Chemistry. By M. M. Muir, F.R.S.E. London: Macmillan & Co.

Braithwaite's Retrospect of Medicine. Vol. lxxvii. London: Simpkin, Marshall, & Co.

The Quarterly Journal of Inebriety.

Vichy. By M. Durand Fardel, M.D.

The Obstetrical Journal for July.

The Practitioner for July.

The Veterinary Journal for July.

Science Gossip for July.

VACANCIES.

Burton Infirmary.—House Surgeon. Salary, £130. Applications to J. C. Grinting, Hon. Sec., Burton-on-Trent.

Leicester Borough Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board and lodging. Applications before the 18th inst. to Dr. Finch, at the Asylum.

Lock Hospital for Males, Soho, W.—House Surgeon. Salary, £50, with board and lodging. Applications to the Secretary at the Hospital before July 22.

Manchester, General Hospital for Sick Children at Pendlebury.—Physician. Salary, £300. Occupant of the post may engage in consulting but not general practice. Applications before July 29. (See Advt.)

Newport Union, Achill Dispensary District.—Medical Officer. Salary, £100, exclusive of fees. Applications to Mr. Carr, Achill, Newport. (See Advt.)

Owens College, Manchester.—Demonstrator in Anatomy. Salary, £100 Applications, with testimonials, to the Registrar before July 15. (See Advt.)

Royal Albert Infirmary.—Junior House Surgeon. Salary, £60, with board. Applications before July 29 to the Hon. Sec. at the Infirmary, Wigan.

Southport Convalescent Hospital.—Resident Medical Officer. Salary commencing at £80, with board. Applications to the Chairman before July 20.

The Brown Institution.—Professor Superintendent. Applications to, and further information of, the Clerk at the University of London (See Advt.)

APPOINTMENTS.

Dunn, H. P., M.R.C.S.E., House Surgeon to the Seamen's Hospital, Greenwich.

Fonmartin, H. de, M.D., M.R.C.P.L., House Physician to the Seamen's Hospital, Greenwich.

Grewcock, G., M.R.C.S.E., Medical Officer and Public Vaccinator for the Ropsey District of the Grantham Union.

Harday, G., M.R.C.S.E., Medical Officer and Public Vaccinator for the No. 6 District of the Daventry Union.

Lloyd, T. L., L.R.C.P.L., M.R.C.S.E., Medical Officer for the Ashley District of the Drayton Union, Salop.

Macdonald, R., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for the South District of the Poplar Union.

McIver, W., M.D., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer, Medical Officer of Health, &c., for the Moneymore Dispensary District of the Magherafelt Union, co. Londonderry.

Mayberry, F. G., M.B., C.M., Medical Officer and Medical Officer of Health, &c., for the Kenmare Dispensary District of the Kenmare Union, co. Kerry.

Michell, H. S., M.R.C.S.E., Assistant Medical Officer to the Wiltshire Lunatic Asylum, Devizes.

Murtagh, E. J., M.D., L.R.C.S.I., Medical Officer and Medical Officer of Health for the St. Peters's East Dispensary District of the Drogheda Union, co. Louth.

Scott, J., M.B., C.M., House Physician to the Bristol Royal Infirmary.

Scott, W. E., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer to the Lincoln General Dispensary.

Smith, J. G., M.B., C.M., Medical Superintendent of the Bristol Royal Infirmary.

Tweedy, J., L.R.C.P.Lond., F.R.C.S., Assistant Surgeon to the Royal London Ophthalmic Hospital, Moorfields.

Watson, C. S., M.B., C.M., Junior Resident Medical Officer to the Hospital for Sick Children, Pendlebury, Manchester.

Birth.

Quinlan.—July 7. at Leinster Road, Dublin, the wife of Dr. Quinlan, of a daughter.

Marriage.

Greenfield—Foster.—July 4, at Highbury Chapel, Bristol, W. S. Greenfield, M.D., M.R.C.P.Lond., to Charlotte, youngest daughter of J. Foster, Esq., of Bristol.

Deaths.

Bullock.—On June 28, at Cumberland Place, Hyde Park, Henry Bullock, M.R.C.S.E., aged 66.

Clark.—On June 18, at Christchurch, Hants, Robert Oke Clark, M.R.C.S.E., aged 52.

Fulton.—On June 20, at East Dulwich Grove, J. Fulton, L.K.Q.C.P.I., late of Firmount, co. Dublin, aged 34.

Fraser.—On July 2, at Merlewood, Inverness, J. G. Fraser, M.D., late of the Bombay Medical Service.

Howden.—On June 27, at Haddington, Thomas Howden, jun., M.D., aged 38.

Jones.—On July 23, at Watton, Brecknock, Wm. Jones, M.R.C.S.E., aged 38.

Orgill.—On June 26, John Orgill, L.F.P.S.G., of Stranraer, Wigtownshire, aged 73.

Shipton.—On July 2, suddenly, at Warwick, Surgeon-Major J. N. Shipton, M.D., Army Medical Department.

Taylor.—On June 28, at Cricklade, Thomas Taylor, M.R.C.S.E., aged 84.

Watson.—On June 24, at Lancaster, William Watson, M.R.C.S.E., aged 40.

Wilson.—On June 19, at Pocklington, Thomas Wilson, M.D., aged 72.

Winkfield.—On July 1, at Shirley, Hants, W. B. Winkfield L.R.C.P., M.R.C.S., aged 43.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 17, 1878.

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HYDROPATHY.

By E. MARLETT BODDY, F.R.C.S., F.S.S., Etc.

Hydropathy (which is derived from two Greek words, ὕδωρ water, and πάθος affection, and which signifies in the common acceptation of the word, the water cure, or diseases treated with cold water both internally administered, and externally applied), has been eulogised by many and condemned by many, but it has, nevertheless, been able to stand its ground. Of late years it has been considerably decreasing in popularity, owing to the practice, not being exactly abused, but unfortunately being advocated in cases where such treatment was decidedly inappropriate, like many other theories which, though based upon fact, have, through too great an eagerness of believers to promulgate the presumed advantages upon adventitious and insufficient data, lapsed, and been cast into the limbo of exploded hypotheses and extravagant ideas.

But as regards my own view of the matter, hydropathy offers numerous and undeniable advantages both to the physician and surgeon, and I have found it, as the following remarks will tend to show, of great utility, both in internal and local derangements of the system; besides, I think when mankind is so bountifully supplied with such a health-sustaining fluid, we should not act like the fortunate, ignorant heathen who found a hidden treasure and was unable to decide whether to use or abuse it, but conclude that a fluid which is necessary to life cannot be otherwise than beneficial in staying the advances and overcoming the effects of disease, and I think we may justly regard it as a thoroughly established fact, that cold water in internal and external lesions is advantageous in every respect: exceptions there are, but they are in the minimum; even in these the ingestion of cold water is beneficial as being refreshing and slightly exhilarating, especially when the patient is weakened and fagged out by continuous pain and mental excitement.

Take for instance the zymotic diseases, what better drink can we advise than cold water? it is for this cooling beverage that patients in the burning heat of fever crave: how refreshing it is to their dried lips and parched tongues! Take phthisis in its several stages—the desire generally is for cold water, especially in the stage which terminates in death: what gives greater ease and comfort to patients suffering from sprains, dislocations and fractures, than cold water applications? It gives more relief in affections or injuries to the brain than any other treatment that we can pursue; we exclude, naturally, those cases which are only amenable to the operation of trephining—even in these desperate cases it is beneficial.

In that usually fatal disease peritonitis, and other abdominal lesions, sucking ice or drinking cold water considerably relieves the distressing sickness and pain, and also refreshes the patient. What stays the advance of diphtheria and soothes the inflammatory soreness of the back part of the mouth, more than cold water applications to the neck, combined with internal application of the solution of nitrate of silver? Even in those cases of simple sore throat, the ingestion of cold water effects a cure. That there are other remedies beneficial I deny not, but that they are superior to cold water I very much doubt, and I base my opinion upon what I have noticed at the various hospitals and in my own practice.

In all external lesions, whether the result of disease or accident, cold water applications cannot possibly do harm, and I have never observed during my experience any thing else than benefit accruing from them; exceptions there are, such as phlegmasia dolens and gangrene, when it is necessary to apply applications of heat. Even that incurable disease, cancer, may be partially arrested at its commencement, by cold water applications.

In all scrofulous affections, such as swollen and indurated glands, weak joints and enlargements arising from this defective condition of the constitution, cold water is the best local curative agent we possess: even in syphilitic nodes of long standing the application of it is remarkably efficacious; in fact, the prophylactic treatment, as it is

now technically termed, is with a few exceptions, beneficial, so much so, that I can call to mind in my own practice very few cases where it has not been productive of benefit, and conducive to a somewhat speedy recovery.

In rachitis, which is so prevalent amongst children in large towns, sponging the back with cold water every morning is both easy in performance and happy in its results, imparting strength and vitality to that important structure, the spinal column, and also bracing up the nervous system generally by acting on the spi al cord. Even in that rare and fatal malady—mollites-ossium (which is pathologically almost similar to rachitis, the only difference being that rachitis is common, and occurs in infancy, while the other is uncommon, and is seen in adult life), the treatment I have mentioned as efficacious in rachitis is equally so in this disease, though of course it is modified by the age of the patients.

I have found in a number of cases that cold water has acted marvellously. I have seen obstinate cases of elephantiasis (which is considered not only incurable, but altogether unamenable to treatment of any kind) reduced in a few weeks to moderate size. Ulcers, whether simple, indolent, or phagedænic, yield to cold-water treatment when persevered in; many cases I have on record, and others which are well impressed on my memory, have been cured by cold-water applications when other modes of treatment have signally failed, and I noticed when I was a student at the hospital that whenever cold water was resorted to happy results followed.

In all chest lesions, and especially pneumonia, phthisis, and pleurisy, the ingestion of cold water refreshes the patient, cools the mouth, œsophagus, and stomach, relieves the sickness and nausea, and as a sequence increases the urinary secretion, thereby relieving the bladder of sundry deposits, and also washes away any mucus which unavoidably collects in the urinary passages; also the pelves of the kidneys are cleansed by a continual supply of fluid and the phosphatic deposits, which are always present when the system is out of gaer, are perpetually being eliminated.

In phthisis especially these deposits remarkably increase, very few cases indeed have I seen of this disease where they are not present; in pneumonia they are to be seen, but not to such an excess as in phthisis, and the more rapidly they are eliminated from the system, the better it is for the patient, and cold water has a remarkable tendency towards the eradication of them, for it cleanses out all the passages which naturally are inflamed through the collection of the residue of the secretions, or we may more properly designate it, the collection of foreign matter, for their overplus may be justly considered so; and when it is so much in excess it must necessarily irritate those parts and passages through which it passes and in which it collects. There is another reason why I advocate the ingestion of cold water in these two debilitating and very frequently fatal diseases, which appears to be very cogent. In many cases which have come from time to time under my notice, I have invariably found that the patients complain of their water feeling hot while micturating. I can only account for this by the passing through the urethra of those deposits which no doubt irritate the mucous lining of this canal, and consequently inflame it; and have further noticed that those who complain of this burning sensation drink but little water, but have found that its copious ingestion has caused a cessation and diminution of this irritating heat; this is easily accounted for—if plenty of water is taken into the system it must naturally be eliminated either through sweating, micturition, or defæcation, and as micturition is the most ready way of eliminating it, the system is consequently ridded of them. We may compare the eradication of the surplus of these deposits to the *modus operandi* of sewage, for as the deposits of a common sewer are continually washed away by a flow of water, so are these deposits from the human frame.

Another irritating symptom we frequently meet with in these two diseases, and one I think always prevalent in any lesion of the respiratory organs—*i.e.*, a tickling sensation in the trachea, if of long continuance, exhausts the sufferer because of its pertinacity. I have known cold water relieve this distressing irritation to a considerable extent, so much so that many patients after experiencing relief from it, resort to cold water in preference to any other remedy. Ulcerated sore throat, diphtheria, and an inflammatory condition of the mucous membrane, of the air passages, resulting from catarrh or common cold in the head, are considerably relieved by applying a piece of linen soaked in cold water round the neck, and enveloping the same with gutta percha or oil-silk. I may as well mention that the soreness of the throat accompanying phthisis is not amenable to this treatment, for the origin is altogether different, and should we pursue the same course we should be doing harm instead of good; but in laryngitis and tracheitis not resulting from phthisis, the same method of treatment is of service. In any heart complication, whether arising from rheumatic fever or otherwise, the ingestion of cold water is highly pleasant to the patient, and affords some relief to the faintness which is always present in morbus-cordis; and I have seen it diminish the frequency of the heart's action in certain lesions of that organ, such as palpitation, which is sometimes so distressing to witness. It also has a tendency to relieve the action of the heart and the arterial system, for as the patient drinks, the more watery the blood becomes, and increases the quantity of the liquor sanguinis, and as a consequence it is more easy of propulsion; and it also passes with greater facility through the various arteries and arterial capillaries, so that the heart is considerably relieved on account of its work being diminished. Supposing not much benefit accrues from the ingestion of cold water in morbus cordis, no harm can possibly arise, even supposing the kidneys were in any way affected, and that œdema of the lower extremities were present; and in pericarditis cold water has a marked effect in relieving the pain and the horrible sensation of suffocation with which the patient is tormented. Many a time have I seen patients sinking from exhaustion consequent on this suffocation cry out in anguish "give me water," and when they have drunk the pain gradually subsides and the feeling of suffocation is relieved. I have never had an opportunity of testing its efficacy either in angina pectoris or in that peculiar distressing disease, exophthalmic goitre, though I am inclined to think that the ingestion of cold water in these two horrible diseases would be extremely beneficial; for, as I have said, it diminishes the frequency of the heart's action, therefore in the latter disease, in which the heart is so completely overworked that the unhappy sufferer lives four days in one, it would certainly have a tendency towards diminishing such an unnatural frequency.

I remember being called to see a middle-aged woman suffering from heart disease, and who was attacked by a severe and long fit of palpitation, and having no medicine with me at the time I was obliged to rely on cold water, and after persuading her to take some she appeared refreshed and desired more, when she began to revive and the palpitation gradually ceased. Afterwards she always accustomed herself, when attacked with the same distressing symptom of her disease, to drink cold water, expressing to me that she received more relief from it than from all the medicines she had taken. At first I was inclined to doubt her statement, but my experience has since shown me that it was not fancy nor exaggeration. One great fundamental reason why I so strongly advocate the use of cold water is that we may be sure that no evil can accrue from its ingestion, nor in the form of outward application in the majority of diseases, so that we may safely advise our patients to drink it almost with impunity, for it has no irritating effect on any part of the mucous membrane, and it soon enters the circulation, rendering the blood more liquid, and it does not injure the kidneys, even if those two organs are inflamed; in fact, it is alto-

gether harmless in its operations, and as I have previously observed, if no good accrues from its use we may be sure it is not provocative of harm. Those diseases in which water is of such remarkable utility are the zymotic, such as scarlet fever, small-pox, typhus, and typhoid. In the worst form of scarlet fever (that is scarlatina maligna, when the patient is tormented with intolerable thirst, and wild with delirium, with the temperature from 103° up to 104°, almost unable to swallow owing to the swollen condition of the pharynx), I have seen the sufferer seize, with the avidity of one bereft, a tumbler of cold water, drink it down at one gulp, and ask for more with imploring looks. Now, if we refuse complying with this request, and insist upon the fever-stricken patient only sipping it, or perhaps withholding it altogether, we only aggravate instead of satisfying him; therefore let him freely slake his thirst by frequently drinking, in fact, give it him *ad libitum*, and as the thirst is slaked, so will the fever diminish, the hot dry skin will soon be covered with a copious perspiration, and the anxious countenance will become calm and more tranquil, for we may be sure that what is grateful to the patient cannot be otherwise than condusive to recovery. Take, for instance, any one of the fevers I have mentioned, for in all there is the same foul parched tongue, dry mouth, hot dry skin, rapid pulse, temperature going up towards evening, and the pulse increasing in proportion, and there is the same craving for water; the local phenomena are different but the constitutional are the same. Now, invariably, all these patients have one craving desire for cold water, which if not acceded to, their thirst becomes more and more importunate, making them more restless and consequently aggravating the disease. Allowing the ingestion of water in these cases, will cause no flatulence or diarrhœa, and it cannot possibly injure the mucous membrane of the stomach; on the contrary it assists digestion by helping disintegration of any solids that may be in the stomach. I am aware that some authors affirm with very plausible language that the ingestion of cold water is provocative of diarrhœa and flatulence; notwithstanding the ingenuity of their arguments I must confess they build them on insufficient data, for from what I have noticed, if we advise patients not to slake their thirst, we not only prevent the diminution of the fever, but prolong the continuance of it; for as a natural corollary, patients, when their thirst is slaked, will naturally drink no more. We should promote the ingestion of cold water rather than advise a partial or total abstinence from it, for we thereby counteract the deadly and debilitating effects of the disease. We administer ipecacuanha and other sudorifics to promote perspiration and avoid the ingestion of cold water, so that these medicinal agents cannot act, simply because there is nothing to act upon. Now the ingestion of cold water is conducive to perspiration, and that which remains in the system is soon absorbed in the circulation and excreted by the kidneys, so that by its ingestion we promote further the elimination of the poison through the medium of the skin.

(*To be continued.*)

A VERY practical method of assisting the working of the Adulteration of Foods and Drugs Act, has just been initiated in the Bermondsey (South London) district. At the Vestry meeting, at which the analyst's report was presented, Mr. Churchwarden Sheppard, in alluding to the flattering result to the tradesmen of the parish, said it was only fair that the ratepayers should know the honest shopkeepers as well as the dishonest, and he therefore moved that when the certificate was received from the analyst, *the names of tradesmen from whom the samples were obtained should be read at the vestry meetings.* The motion was agreed to.

ON A CAUSE OF ERROR IN THE ESTIMATION OF MYOPIA BY MEANS OF THE REVERSED IMAGE.

By DR. A. DEHENNE, Medicin Aide-Major.

Translated from the Recueil d'Ophthalmologie,

By ARCHIBALD H. JACOB, M.D. Dub., F.R.C.S,

Formerly Ophthalmic Surgeon to the City of Dublin Hospital, and the Dublin Eye and Ear Infirmary.

NUMEROUS methods may be adopted by ophthalmologists for the diagnosis of myopia, and for measuring the extent of this anomaly of refraction; the method of Donders, the optometer, the simple ophthalmoscopic mirror, the refracting ophthalmoscope, and many others, the enumeration of which would occupy too much space. These methods of diagnosis complete one another, and, in the majority of cases, give nearly the same results. It is precisely on account of this, that at the present day, such precision, such almost absolute certainty, has been attained in the diagnosis of the anomalies of refraction in general, and of myopia in particular, this latter being occasioned in the greater number of cases by the excessive elongation of the antero-posterior axis of the eye. The myopic eye is too long in proportion to the refractive power of its dioptric system; all the rays, parallel to the principal axis, unite in front of the retina, or what comes to the same thing, the focus of the dioptric system of a myopic eye falls in front of the retina, as at F, (fig I.)

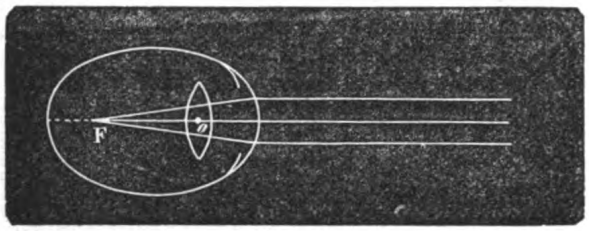


FIG. I.

If we refer to the optic properties of biconvex lenses (the dioptric system of the human eye may be compared to a biconvex lens, having a focus of 17 millim), it should be remembered that any luminous body placed beyond the principal focus of a biconvex lens, between the principal focus and the double of the focal distance, gives on the other side of the lens, an image real, reversed, and enlarged (fig. II.)

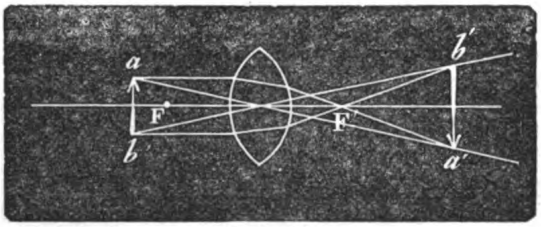


FIG. II.

This is precisely what occurs in cases of myopia. The retina of the patient, illuminated by the ophthalmoscopic mirror, becomes the luminous object; it is situated beyond the principal focus of the ocular lens of the observer; the image is then formed in front of the eye, so that, with sufficient power of illumination, and by means of a special disposition of the mirrors, it would be possible, in all myopic eyes, to receive on a screen from that point of the patient's retina which projects luminous rays into space, the image, *real, reversed, and enlarged.*

If any given portion of the retina (illuminated by the mirror of the ophthalmoscope) be represented by the arrow (a, b) (in practice it is the region of the papilla which is illuminated), the image will be formed at (*a', b'*,) (fig. III.)

b

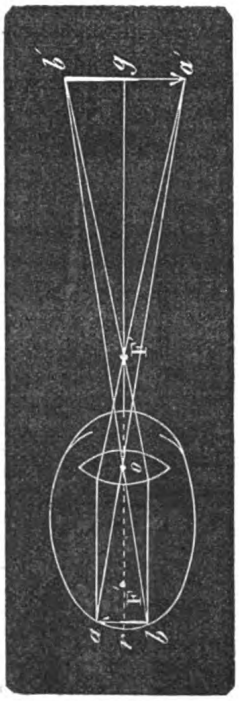


Fig. III.

This image is *real, reversed*, and *enlarged*. According to the laws of optics, the reversed image will be formed in front of the eye, at a point which varies with the distance which separates F from the retina (*r*) ; there is a constant ratio between the two distances *r* F and *g* F' (F' represents the anterior focus of the eye which is placed at a distance of 13 millim. in front of the cornea). The image is then formed in front of the myopic eye *at a distance which expresses the excess of refraction in this eye.*

This excess of refraction may be represented by a biconvex lens, placed before an emmetropic eye ; this is what is called the "*dédoublement*" of the myopic eye. (fig. IV.) (M. Perrin).

It may further be represented by the biconcave lens $m' n'$, which, placed in front of the myopic eye, brings back the focus from F to *r*. (fig. V.) This biconcave the $m' n'$, expresses the degree of myopia. Therefore, the distance in front of the eye at which the reversed image is formed, expresses also the degree of the myopia, as, from what has been already

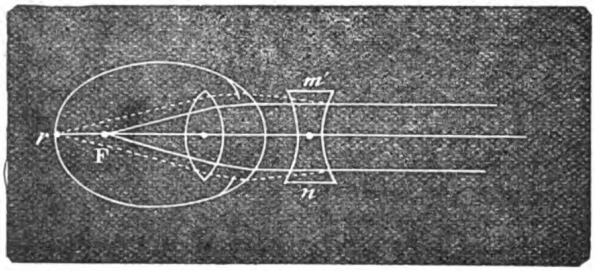


Fig. IV.

stated, this distance expresses the excess of refraction of the myopic eye ; but on condition that the papilla, the vessels of which form the elements of the reversed image, and the *macula*, be on the same level. It is from this point that the case which I narrate derives its interest.

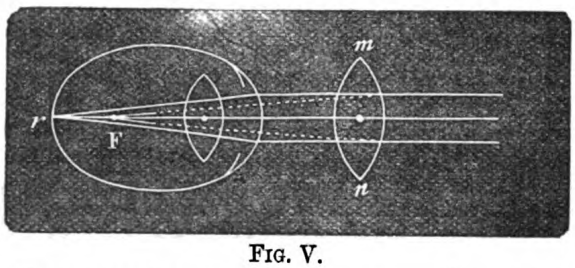


Fig. V.

To measure the myopia by means of the reversed image it is only necessary to know exactly the distance at which the reversed image is formed. For this purpose, the ophthalmoscopic mirror is employed ; nothing then remains but to seek the nearest point at which the vessels are no longer distinctly visible.

The observer knows his *punctum proximum*, has already determined it by the optometer of M. Perrin, or the card of Sheiner ; in this card are pierced two holes, separated by a space inferior in length to the mean diameter of the pupil. By advancing and drawing back we may readily find the distance at which the vessels are no longer visible. The observer measures the distance which separates his eye from the eye he is examining ; he subtracts the value of his *punctum proximum*, and the figure which remains expresses the degree of the myopia. The image is said to be reversed when, during the movements of inclination of the head from left to right, or *vice versâ*, it moves in a sense inversely to the head of the observer.

For example, let 12 inches be the nearest point at which the vessels are distinctly visible, the *punctum proximum* being 4 inches, the myopia may then be described as being a myopia of 8 inches.

This method is particularly valuable to a military surgeon, as by means of it he is entirely independent of the patient, whose interest it most frequently is to deceive him. It cannot, however, be employed in cases of slight myopia, because the reversed image is formed at too great a distance, and the eye is not sufficiently illuminated. The optometer and the refraction ophthalmoscope afford then valuable aid.

While making recently some statistic researches on the anomalies of refraction, I had occasion to examine the eyes of M. G——, medical student, who was serving his *voluntariat* at the military hospital of Versailles, as visiting pupil. I found at first a difference between the visual acuteness of the eyes at a distance of 15 feet.

S { OD=¼ / OS=1 } At a less distance the acuteness was the same in both eyes. This gave me reason to believe that this was a case of a certain myopic condition of the right eye. The trial by the pierced card confirmed me in this idea. When G—— looked through the small hole, the acuteness increased and became almost equal to unity. I then took the mirror of the ophthalmoscope, and satisfied myself of the existence of a very clear reversed image. I had here, therefore, a case of myopia. I measured it by means of the process already indicated, and to my great astonishment, the measurement indicated a myopia of 5 dioptrics. I was astonished at this result, because, in a myopia of 1-7th, the visual acuteness is always inferior to 1-4th. The left eye was emmetropic.

Proceeding then, as I naturally do, I examined the refraction by means of the optometer, which gave me a a myopia of 1-36th, and by the method of Donders, which corroborated the second result ; I corrected the refraction with a concave glass—36. This was the first time that I had met with such a considerable difference between the results given by the ophthalmoscopic mirror, and those given by the optometer and the proofs by glasses. Was this a case of a spasm of acccommodation, produced during the ophthalmoscopic examination ? It might possibly be so. I paralysed immediately the accommodation with atropine, and obtained the same results. I then examined the back of the eye, and much to my astonishment, I discovered a considerable excavation in the optic nerve. There was a notable difference of level between the macula and the papilla. The excavation was that which is met with in the clearest and most strongly developed cases of glaucoma. M. G—— had never suffered from his right eye ! It is probable also that he would never have observed the slight diminution of acuteness in his right eye, if I had not pointed it out to him.

Here was a case of a glaucomatose excavation of a type which had brought on no visual derangement, and which had never caused the slightest suffering. Besides this, all other symptoms of glaucoma were wanting. The slight diminution of acuteness at a distance, was due to a small degree of myopia proved by the optometer, and produced by an insignificant pressure backwards of the macula.

The difference of level between the macula and the papilla, was easily measured by means of the refracting ophthalmoscope, by admitting that for each 3-10th millim. of lengthening of the eye, there was diminution of refraction equal to 1D.

The examination of the macula gave M=1D=1-36.

The vessels of the papilla gave, on the contrary, M=5D =1-7th.

There was then a difference of 4D between the refraction of these points of the retina.

1D equal 3-10ths of a millim.

4D equal 12-10ths of a millim.

Or nearly 1·3 millim., a figure which represents the depth of the excavation of the papilla. By examination of the macula, it may be seen, that the myopia of 1-36th is here the true myopia; by the process of the reversed image, the vessels of the papilla are alone considered, these vessels are the only elements really visible by means of the ophthalmoscopic mirror. In the case we have been considering, they were found to be placed behind the focus of the dioptric system of the eye at such a considerable distance as to induce belief in a case of myopia of 1-7th or 5D.

This observation has a double interest. It shows, firstly, how elastic is the term "physiological papilla," and secondly, that for the diagnosis of the anomalies of refraction, we must employ all the methods which we have at hand.

If, in the case in question, the process of the reversed image had alone been employed, a grave error would have been the result.

A CASE OF EXOPHTHALMIC GOITRE WITH REMARKS.

By BERNARD KELLY, M.D., L.K.Q.C.P.I., L.R.C.S. Edin.,
Medical Officer to the St. Olave's Union, Southwark.

In the present age, when the higher and more seductive branches of medical science, comprising chemistry, physiology, and histology, not to mention morbid anatomy or pathology, especially engross the leading minds of the profession, it is to be feared that the records of cases, such as are met with in general practice, do not attract that respect and attention to which their importance entitle them. Indeed, in presence of more brilliant productions, they, like the lesser lights of heavens, may be truly said to "pale their ineffectual fires." But, to prevent the intellectual appetite palling from over-indulgence in food so luscious, it is often highly beneficial to mix the bitter with the sweet; or, in other words, to combine the practical with the theoretical. Influenced by such motives, and deeming the following case of sufficient rarity and interest, I have ventured to sketch its most salient features; appending such comments as I thought would give it more perspicuity, and without which it might possibly appear meagre and imperfect.

E. D., æt. 18, single, sent for me Dec. 24th, 1877. She had not been regular for about seven months, although experiencing the *molimen menstruale* at the usual periods. She sought medical advice soon after the cessation of the menses for that trouble, as also for a swelling in the throat, which caused her considerable alarm, and created no little inconvenience in deglutition and breathing; but, as it would seem from her own account, without receiving any appreciable benefit for either, and was eventually obliged to give up her situation—that of a domestic servant—owing to the aggravation of her symptoms and increasing ill health. On examination the following condition was found:—A marked protrusion of the eyeballs, tumultuous and violent palpitations of the heart, area of precordial dulness increased, pulse 120, irregular, spasms of the diaphragm, of tonic character, recurring at intervals of every few minutes, which caused her intense agony, and which she compared to the feeling produced by a hard cord drawn tightly around the waist. The physical examination of the chest revealed nothing abnormal, save the palpitations and precordial dulness already referred to. There was marked hypertrophy of both lobes of the thyroid gland. The urine, as usually voided, was clear and abundant; and, on cooling, deposited no sediment. It was found, however, on examination, to contain a notable quantity of acid phosphates, but no albumen; specific gravity 1025. The bowels were constipated, the tongue moist and coated. There were constant movements or twitchings of the upper extremities, such as are seen in mild forms of chorea, and which gave the patient a very restless, fidgetty appearance. Owing to the intense pain arising from the tetanic action of the diaphragm, she had been unable to sleep for the last forty-eight hours; and was consequently in a very haggard miserable condition.

From a grouping of the foregoing symptoms it will not be difficult to diagnose here a case of Graves' disease, complicated with hysterical, choreic, and uterine disorders, and by a very unusual spasmodic affection of the midriff.

As it was most important, indeed of pressing necessity, to, first of all, assuage the patient's suffering, and thereby, if possible, procure some sleep, I prescribed the following:—bicarbonate of potash, compound tincture of lavender, of each two drachms; tincture of opium one drachm, and water to eight ounces, a sixth part to be taken every three hours. The patient was seen the following day. She had had some sleep during the interval. The diaphragmatic pains were not quite so frequent or acute. The palpitations and nervous twitchings were somewhat lessened. The mixture to be continued.

26th.—So far as physical suffering was concerned, the patient's condition was decidedly improved. She had slept well during the night, the pains had entirely gone; but she has been troubled with frequent and distressing hiccough which seems to supplant or supersede them. There is also intolerable pruritus of the whole body, but without eruption. There has been repeated vomiting of bilious matter. The urine still clear and copious. Anorexia persistent. Shooting pains in the eyeballs, which seem to the patient as though they were starting from their sockets. Pupils contracted. Bowels constipated. Pulse 108. Palpitations less severe. Ordered:—dilute sulphuric acid, two drachms; tincture of belladonna, a drachm and a-half; syrup of orange, a half ounce; and water to eight ounces; two tablespoonfuls to be taken every two hours.

27th.—The patient still making steady progress. Has had a good night's rest. The effects of the opium were still felt, she being quite drowsy, but the contraction of the pupils and the hyperæsthesia were considerably diminished. Pulse 140, irregular. Respiration normal. Urine limpid. Tongue moist, but slightly furred. Singultus entirely gone. Borborygmi (hysterical?) distinctly audible at quite a distance from the patient. Vision, as usual unimpaired, although her eyes ache from the slightest strain, as in reading, or looking intently at an object, if only for a few minutes. The following mixture was given: fœtid spirits of ammonia, two drachms; tincture of belladonna, a drachm and a-half; water to eight ounces; two tablespoonfuls to be taken every two hours.

28th.—Her general condition much improved. Choreic symptoms scarcely perceptible. Palpitations less troublesome. Pulse 100. Respiration quiet. The bowels have been moved. Urine normal in quantity, but becomes turbid on cooling owing to the presence of alkaline phosphates. The patient has had very little sleep during the night, which was, doubtless, due to the sudden withdrawal of the opium, and its substitution by tincture of belladonna, as the patient was quite free from pain and other distressing symptoms. The following mixture was therefore clearly indicated:—dilute sulphuric acid, two drachms; tincture of opium, half a drachm; syrup of orange and water to eight ounces; two tablespoonfuls to be taken every three hours.

From this date her convalescence was so rapid and satisfactory that I ceased my visits, the patient being able to come to my residence till the catamenia made their appearance, which happy event unexpectedly occurred, for the first time in eight months, on the 30th of January last. And, although the discharge was rather scent, and of brief duration—not lasting quite three days—still the moral effect of its return—the barrier, as

it were, being broken down—had a most beneficial influence upon her spirits and general condition. To produce this result, no emmenagogues were employed. Indeed, I purposely withheld them; my object being, for the present, to support the patient's strength; and for that purpose the remedies used were simple bitters and neurosthenic agents, such as bark, mineral acids, valerian, assafœtida, &c. The bronchocele and buphthalmia still remain; but neither, as it seems to me, at all so prominent, or well-marked. The palpitations have entirely disappeared; but some slight irregularity and quickness of the heart's action are yet perceptible.

There are many points of clinical interest in this case; both as regards its mode of origin, its complications, and the facility with which the more urgent symptoms yielded to treatment. The patient herself dates all her sufferings from the temporary menopause, as she neither had exophthalmos, cardiac trouble, nor enlargement of the thyroid prior to that period. It would, therefore, be highly important to ascertain how many cases of Graves' disease depend upon, or, at least, have their apparent starting point, like the present, from sudden and premature arrest of the menses.

Then, as to the treatment. Reasoning from their effects upon glandular affections in other parts of the body, medical men almost invariably—indeed, I might say instinctively—resort to the topical use of iodine for goitre, and give internally the iodides of potassium and iron, with a view to produce its resolution or absorption. Nor do I say this disparagingly, as I myself must plead guilty to the same charge, having long adopted a similar line of treatment, and only relinquished it when hard experience taught me better. But the analogy between bronchocele and other adenoid disorders exists more in appearance than in reality. For, whereas the former is generally a disease of young females, and endemic, or limited to the inhabitants of certain mountainous regions—an observation as old as the time of Juvenal, who asks the question: "Quis miratur tumidum guttur in Alpibus?"—the latter are widespread, and not peculiar to any sex, race, clime, or nationality. The natural tendency, moreover, of ordinary strumous enlargements of the glands is, when left to themselves, to suppurate, or end in cheesy metamorphosis and ulceration, whereas goitre, so far as I am aware, rarely, if ever, shows any such disposition, but keeps steadily increasing till life is jeopardised, and extirpation resorted to, or, having attained a certain size, remains stationary, and becomes an unsightly, but comparatively harmless, appendage of the individual for the remainder of his or her days. The transformations, moreover, which it undergoes, if we except cysts and hydatids, are usually of a fibrous, lardaceous, cartilaginous, and osseous character. Hence the treatment which proves efficacious in the former, is found from bitter experience to be all but utterly fruitless, unless in the few exceptional cases, in the latter.

Functional derangements of the uterus not unfrequently lead to hypertrophy of the mammæ, thyroid, and tonsils. These affections, however, must not be considered scrofulous in any sense of the term, as they never suppurate, soften, or ulcerate, but are purely sympathetic, and disappear, gradually or suddenly, as the cause which evoked them has been removed. May it not be so eventually with the case under consideration? Indeed, judging from present appearances, as indicated by the patient's freedom, from suffering, her cheerfulness, the complete subsidence of the cardiac erethism, and the restoration of the catamenia, there is some reason to hope that the enlarged thyroid and exophthalmos, if not entirely disappearing, will at least remain in their present painless, passive, and sensibly reduced condition.

The girl being obliged to provide herself with a situation, I unfortunately lost sight of her ever since; but her non-appearance I take as a favourable omen of the progressive improvement of the case, for were she at all affected in anything like the manner as when first she came under my care, the great probability is that she would have consulted me again.

P.S.—Since writing the above, her mother called on June the 18th and told me, with much pleasure, that her daughter was "doing first-rate," that "everything" was going on to her satisfaction, and that she had not had a single day's ill health since I last saw her.

Clinical Records.

GUY'S HOSPITAL.

A Case of Charbon.

(Under the care of Mr. COOPER FORSTER.)

A. P———, æt. 17, admitted June 18, first came to surgery complaining of a sore arm. On examination, about the middle of the front of the left forearm, there was a sore about the size of a shilling-piece with a central black spot, surrounded by a yellowish transparent circle, around which the skin was much inflamed, the inflammation extending nearly to the wrist and about half up the arm, but each way confined to the *front* of the arm. He said he was a tanner and had worked with fresh calves' hides, English and foreign, the week before, and had a pimple then where the sore was. On Sunday, the 16th, the arm being much swollen and very painful, he applied poultices till Tuesday morning, the 18th, when he applied at the surgery for treatment. He was at once taken into Cornelius Ward, and about 3 p.m., put under chloroform, when Mr. Cooper Forster removed a piece of skin and subcutaneous tissue about the size of a 5*d.* piece. One gland in the left axilla was enlarged. Temperature before the operation was 101·2°, but afterwards soon fell to 95·5°. On the evenings of the 19th and 20th it rose to 98·8°., but has since been normal. The gland in the axilla has regained its normal size. The wound has been dressed antiseptically and is granulating up very nicely.

The patient has since left the hospital in good health.

A Case of Carbolic Poisoning.

Thomas L———, æt. 57, a labourer, was brought into the surgery insensible on the afternoon of the 27th ult. by two men, who said he had swallowed some carbolic acid, but did not know what strength the solution was. The house-physician immediately gave an emetic of 25 grs. zinc sulphate, after which the patient vomited freely and recovered sufficiently to walk to the clinical ward with the assistance of two men. His tongue and mouth when first seen were quite white, and there was a large white patch extending from mouth to chin. At night he complained of sore-throat, but was well otherwise. Olive-oil was applied locally and mist. mucilag., ℥j. 4 tis horis given internally.

June 28.—Patient passed a good night; only complains of sore throat. Urine dark, clear, faintly acid; no albumen; sp. gr., 1040. Dr. Stevenson reports the amount of carbolic acid actually found in the urine to be very large. A specimen of the acid drank was sent to the hospital, and on examination proved to be an 80 per cent. solution.

June 29.—Throat sore, fauces covered with white patches; tongue corrugated; bowels open; appetite good. Says he feels quite well. Left hospital this afternoon.

THE rates of mortality in the four principal cities of the United Kingdom last week were in Edinburgh 19, London 22, Glasgow 22, and Dublin 25 per 1,000 of the population. The highest rate in the other large towns was reached by Leicester, 30; the lowest by Brighton, with 13 per 1,000.

Special Articles.

THE VOLUNTEER MEDICAL SERVICE.

THE programme of the Volunteer Ambulance Department commends itself to all who take an interest in the movement, and we have pleasure in lending our assistance by giving it the publicity of our wide circle of readers.

Seeing that the Army Medical Department is organised on a scale not large enough for the wants of Her Majesty's regular troops, it is wholly needless to point out that the volunteer force, if called upon for active service in its present state, would take the field without any provision for its sick and wounded. This grave defect the Volunteer Ambulance Department seeks to remedy, relying with firmness upon the patriotism and devotion of those for whose help it appeals, and whose interest it aims to serve.

To attain the object of the department men and money are required.

As regards men, it is requisite that the medical officers of volunteer corps should go through a course of training to enable them to act as instructors at their several head-quarters, and that at least two men per company should be told off and fitted for ambulance work in the field. Already important steps have been taken in the metropolis with the sanction and help of the Army Medical Department. Under the direction of Surgeon-Major Staples, A.M.D., a considerable number of medical officers have qualified themselves for the work of instruction; two classes of non-commissioned officers and men, numbering 266, have passed with great success through this course of training in elementary anatomy, bandaging, application of tourniquets, and first dressing of wounded, stretcher drill, loading and unloading of ambulance wagons, and the various methods of carrying sick and wounded; while a third class of 100 men is now engaged upon these important duties under the instruction of Surgeon Platt. The classes of instruction are held in the Riding School, Albany Street Barracks, on Friday evenings, at 7.30 p.m. A beginning having thus been made, the Volunteer Ambulance Department seeks to spread the movement over the entire country, so as to meet the requirements of every corps in the service.

It is hoped eventually to organise a hospital corps in connection with the department, whose duty would be to take charge of wounded men brought to the rear. No doubt is entertained that, if appealed to, the surgeons and students of the metropolitan and provincial hospitals would come forward in numbers sufficient for a work which honours alike the patriotism and humanity of those who share in it.

With regard to money, it must be obvious that, in the absence of pecuniary aid from Government, funds will be required not only to meet the incidental expenses of the department, but for the purchase of material. It is proposed, therefore, that individual volunteers, wishing to go through a course of instruction, should pay a fee of 5s. But it is hoped that commanding officers generally, recognising the absolute need for such an organisation, will, by a subscription from the regimental funds, secure to their respective corps the necessary training.

We have much pleasure in announcing that H.R.H. the Duke of Cambridge has graciously consented to be Patron of the Association, and that the Presidency has been accepted by Surgeon-General Munro, C.B., A.M.D. The high official sanction thus accorded to the movement cannot but have the best possible influence upon its successful working.

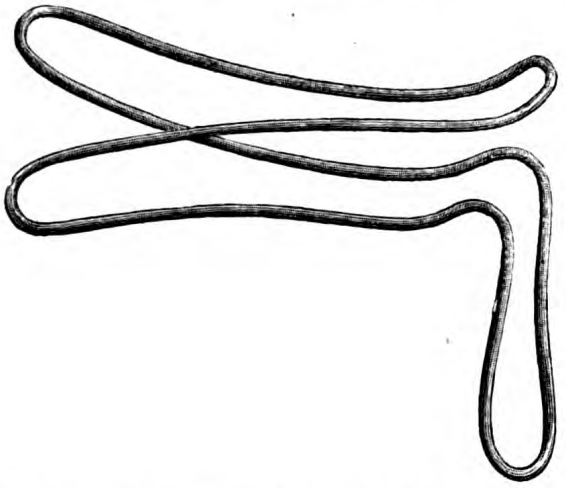
The synopsis of lectures for the guidance of the medical officers of the volunteer force is well arranged, and we trust provincial corps will respond to the patriotic appeal of the metropolitan executive. There are in the provinces volunteer surgeons of ability, and who are interested in their work, so that we apprehend there will be no difficulty in extending the scheme.

Courses of lectures might be arranged for certain districts at some of the large centres, as Manchester, Liverpool, Birmingham, Sheffield, Leeds, Bristol, &c., so that the instruction would be carried on without too great a sacrifice of time and money involved by a visit to London. The lecture-programme, as framed by Surgeon-Major Staples, A.M.D., must be of the greatest assistance to all intending lecturers, who will do well to follow the suggestions therein given. Space prevents our giving it in detail, but any of our readers interested in the matter will be able to obtain copies on application to the office of the Association, 8 Northumberland Street, Strand, or to Surgeon-Major Staples, Woolwich.

Novelties.

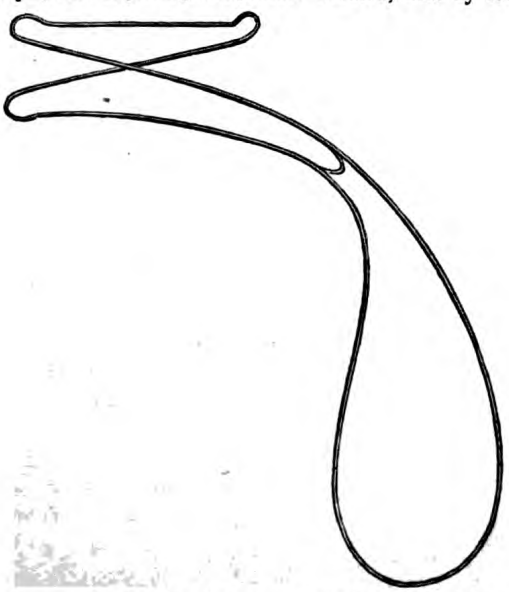
A RECTAL SPECULUM, AND A FEMALE URETHRAL SPECULUM.

AT a recent meeting of the Cumberland Co. Med Society, at Portland, U.S., Dr. George F. French exhibited a modification of Dowell's vaginal speculum adapted to use in the rectum.



The instrument is made of steel wire, of sufficient flexibility to allow the sides to approximate at their ends, when introduced, and with rigidity enough to retain its shape. There is a slight constriction near the handle, for the sphincter ani to grasp, and a lateral flaring of the blades which effectually prevents the instrument from slipping out of the rectum, even after the sphincter has been ruptured. This speculum is equally well adapted for use in the vagina and has the advantage over other vaginal wire-specula of being *self retaining*. The handle can be so deflected as to bring the upper, lower, or either side of the rectum into view for mere inspection or operative procedure. The smallest size is an efficient endoscope; can be introduced without discomfort to the patient, and is suitable for ordinary office use; the largest size requires anæsthesia, involves rupture or extreme dilatation of the sphincter, and has been found particularly serviceable in quilting a hæmorrhoidal surface too rotten to be dragged outside and ligated.

Dr. French has also devised another speculum, on the same principle, for exploring the *female urethra*, and by simply



straightening the handle, it becomes equally serviceable as an endoscope for the dilated *cervix uteri*; in both cases its utility will be enhanced by the aid of a concave mirror.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 17, 1878.

SPELLING REFORM.

SPELLING REFORM is a subject to which no one connected with the press, or interested in literature, can be wholly indifferent. A distinguished physician has taken a prominent part in the agitation that has prevailed in some quarters in favour of simplifying English spelling, and there has been some correspondence on the subject in the columns of this journal. We shall, therefore, venture to give our views of a question on which there is certainly a great difference of opinion.

Several attempts have been made from time to time to remove some of the imperfections and inconsistencies of English orthography. Many of us may recollect that several years ago a newspaper was published in which every word was spelt on the phonetic principle. It did not, however, take with the public, and soon died a natural death. Even as far back as 1711 Jonathan Swift invited the Government to appoint a commission with the view of "ascertaining, correcting, and improving the English tongue," and since his time various suggestions have been made on the subject. There is one scheme which has been called the "alphabetic" system, as it mainly proposes to change the number of letters in the alphabet, increasing them from 26 to about 40, on the ground that some of the letters of the alphabet have to do duty for four or five distinct sounds. The objections, however, to this scheme are so grave that it is never likely to be carried out. Independently of the fact that the already educated portion of the community would have to learn a new and complex alphabet, the introduction of such a scheme would render the priceless English literature of the last 300 years of no avail to future generations, as every book printed before the introduction of the new alphabet would appear to them to be written in an unknown tongue. A paragraph printed in conformity with this scheme has a strange appearance, similar to that presented on attempting to read for the first time a book upside down. Another or phonetic scheme of spelling, which aims at spelling every word as it is pronounced, has many advocates. It is not a new one, for Dr. Harley informs us that there is in the British Museum a book published in London in 1619 recommending the adoption of a system of phonetic English spelling. But the general adoption of such a system is almost impracticable from the fact that what is phonetic in one country, or at one period, is not phonetic in another country or at another period. As the above physician remarks, the pronunciation of English words is not uniform even among educated classes. As, therefore, this pronunciation varies from generation to generation, and in different localities, phonetic spelling can never be stereotyped. Besides, there are few people who have such a correct ear as to be able to appreciate the nicer distinctions of sounds, and still fewer who, in the case of any given words, would be found to agree as to the most appropriate letters by which those words should be spelt phonetically. Consequently, we cannot be surprised that even those who have given their special attention to phonetic spelling are not able to spell similarly on phonetic principles from their possessing differently constituted ears, or that some supporters of this system have carried it out in a manner that could never meet with general acceptance. Such a sentence as the following in which "the" is spelt "dhi," is quite enough to prevent any one being captivated with phonetic spelling:—"Konsikwentli dhi unfamilyer kombinaishenz aur koloakaishenz ov familyer kombinaishenz at wuns point out diferensez to bee atended too." There are other schemes of spelling reform which are founded on more philosophic principles than that last mentioned, neither meditating a change in the number of letters in the alphabet, nor making any attempt to render the spelling of every word absolutely phonetic. These we cannot now notice, as our purpose is chiefly to draw attention to the system advocated by Prof. George Harley, of University College, and which he has recently expounded in two pamphlets on the subject, entitled respectively, "The Simplification of English Spelling" and "Rational Spelling: a Conservative Scheme for National Spelling Reform." This scheme, which is stated to be "solely founded on the basis of natural linguistic evolution and philosophic simplification," is divided into three parts which may either be adopted and worked out separately or conjointly. The first part proposes to abolish the use of duplicated consonants from every word in the language, except personal names. The second part proposes the abolition of all mute letters, be they vowels or consonants. The third and last part proposes (1) to spell all words with the fewest possible number of letters capable of furnishing a correct index to the pronunciation of the word; (2) to spell all similar vocal sounds with exactly the same letters of the alphabet; and (3) to abolish the employment of similar letters of the alphabet to denote unlike

vocal sounds. Dr. Harley has at present only fully unfolded the first part of his scheme, but our criticism will not be confined to that part, but will extend to the other suggestions he has made upon the subject.

With regard to the abolition of all duplicated consonants and of mute letters, his reasons for advocating this scheme are :—That the omission of duplicated consonants necessitates no re-education whatever ; that the omission of letters will entail no mental effort upon any one ; that it will at once lead to a considerable saving of *time* and *labour* in writing, printing, and reading ; that it will diminish expence by saving, not only time, but materials, as paper, pens, ink, &c. ; that this scheme of omitting letters can easily proceed side by side and hand-in-hand with the present method of writing and printing ; that the proposed reform would not interfere with the value of existing libraries and literature, which the adoption of the Congress scheme of reform would do ; that it offers a personal advantage to every man, woman, and child, and will be an equal boon to the lazy, as well as to the busy, members of the community ; and that it would be a stepping-stone to still more radical changes in English orthography, such as that meditated by the Spelling Reform Congress. Moreover, a century or two ago, a number of words were spelt with duplicated consonants which are, at the present day, spelt only with single ones, and if so many duplicated consonants have been expunged with apparent advantage, why are any retained at all ? The omission of these consonants will rarely tend to induce a change in the pronunciation of the words from which they are omitted ; whilst with the abolition of duplicated consonants would be annihilated all the rules, with their fetters of exceptions, which so perplex our children. Few persons, remarks Dr. Harley, have the slightest conception of the enormous number of duplicated consonants which infest English words. No fewer than *thirty thousand* of these consonants appear in every full-sized copy of the daily *Times*, one-half of which are totally useless. It is also a remarkable fact, of which we were not before aware, that "the number of duplicated consonants employed by any English writer stands in a direct inverse ratio to his literary talents." We trust, therefore, our readers will be so good as *not* to count the number of duplicated consonants in this or any of our leaders, for fear of the MEDICAL PRESS AND CIRCULAR losing its reputation by such an examination.

In short, says Dr. Harley, the employment of duplicated consonants "cannot be logically defended either on philosophical or on philological grounds." How far he is right, and what rational objections may be made to his scheme of spelling reform we must reserve for future consideration. In our next issue we hope to return to the subject, but, in concluding this article, we may remark that the zeal and ability which Dr. Harley has shown in advocating his method of simplifying English spelling entitles him to a respectful hearing from every one who is interested in the improvement of the English language.

THE LONDON TEMPERANCE HOSPITAL.

WHATEVER claims this hospital may have upon the patronage of the public in virtue of the total abstinence principles on which it is conducted, it is certainly, from a business point of view, a success. Contributors have been increasing, instead of falling off ; and a new hospital is in course of construction, which, when completed, will accommodate 100 in-patients, and a large number of out-patients. The Fifth Annual Report for the year ending April 30th, 1878, has just been published, from which we learn that during that period, 130 in-patients, and 1,272 out-patients were under treatment. We are also told that "the medical and surgical cases of a severe and serious type have been quite equal to the average proportion in other hospitals, and such as according to traditional usage would have been treated with a liberal supply of alcoholic liquors ; but the absence of these has not been considered by the visiting physicians to have been attended with any disadvantage, but to have conduced to recovery, or to an abatement of disease." We remarked on a former occasion that the practice at the London Temperance Hospital may be regarded as an experiment, but *not* as a very logical one, or as an experiment conducted on scientific principles, and free from the fallacies which are inseparable from mere statistical, or otherwise loose, methods of observation. That the mortality is much the same, or even less at this hospital than at other hospitals, and that the diseases there treated appear to run much the same course, and to get on as well without alcohol as with it, is no proof that alcoholic stimulants should for the future be wholly dispensed with in the treatment of disease. The personal feelings and comfort of the patient while under treatment, the temporary relief given from some distressing symptom, or the support afforded under certain trying affections, physical or mental, have also to be taken into account. The judicious administration of a little alcoholic stimulants may not save the patient's life, or even shorten the disease, but when it has done neither the one nor the other, how often have we seen some pain or ache entirely removed, or the flagging pulse invigorated, or the drooping spirits revived, or some unbearable affliction made more bearable by the timely administration of a little wine. The daily experience of the physicians of this hospital, shows them that they *can* do *without* alcohol, but their daily experience will not show them how much they might do *with* it. The experiment which they are trying is almost entirely of a negative nature. It is certain that the medicinal use of alcohol, must either do good or harm. If good there is at this hospital no opportunity of showing it, if harm, it is, for the same obvious reason, impossible to know it. It is only by contrasting a large number of similar cases, or similar symptoms, treated some with and some without alcohol, that any reliable results could be obtained. The syllogism of their argument, and of the cases cited it the last Report, is, that certain diseases were of a severe nature, nevertheless they got well under the non-alcoholic treatment ; therefore the administration of alcohol would not have done any good.

At the same time we shall not deny that the practice of this hospital will be the means of correcting many erroneous opinions that are still prevalent with regard to the use of alcoholic stimulants in the treatment of disease. No doubt these stimulants have been greatly abused, and an enormous amount of money spent on them that would have been better laid out in other ways. Just as homœo-

pathy has done some good by putting a check upon the wholesale drugging and polypharmacy of the old apothecaries, so perhaps will the example set by the London Temperance Hospital induce the profession and our several Hospital and Infirmary authorities to be more careful and discriminating in their prescription or distribution of alcoholic stimulants. In fact, both the dietetic and medicinal use of alcohol has been so much abused, and has been fostered by such conventional and routine principles, that we are not surprised to hear that many public institutions find that they can very well do with a much less supply of spirits and wines than they formerly did. Thus in the case of Wandsworth and Clapham Union Infirmary, the ounces of distilled spirits given in one week in 1877, amounted to 1,340, but fell to 320 in one week in 1878. The pints of porter and ale also given in the same week, sank from 998 in 1877 to 658 in 1878. Nevertheless, we are fully persuaded that neither the London Temperance Hospital nor any other theatre of observation and experiment will ever prove that there are no circumstances, or diseases, or symptoms, in which even a moderate allowance of diluted spirit or wine is at all necessary. We have watched by the bedside of too many patients, and too frequently witnessed the good effects of these stimulants in certain cases to allow our judgment to be unduly biassed by the one-sided practice and imperfect observation afforded by the Temperance Hospital. By all means in our power let us try to check the deplorable intemperance so prevalent in this country; by all means encourage the habit of not prescribing for patients one drop more wine or spirit than the occasion and a matured experience justify. At the same time will not the truth be found in some happy medium between the practice of such physicians as the late Dr. Todd, in the wards of King's College Hospital, and that of the medical staff of the London Temperance Hospital. We will even go further, and say that the time will come when, either for dietetic or medicinal purposes, a very small quantity of alcohol will be consumed by the community compared with the enormous quantity that is now retailed out to all classes of society. So far, therefore, as this hospital may help in checking the prevailing intemperance, and the general abuse of alcoholic liquors, whether given as a medicine, or taken as an agreeable stimulant, we shall wish it every success, and shall not venture to disturb the self-complaceny of its physicians when they think of the admirable example they are setting the rest of the profession, and of the inestimable advantages enjoyed by their patients.

Notes on Current Topics.

The Dental Practitioners' Bill.

This Bill has passed into law, and in consequence of the extraordinary inactivity of the qualified dental surgeons every druggist in the kingdom, and a multitude of jewellers' apprentices and other mechanics, who have turned their attention to the art of vulcanising india-rubber, will be placed on the medical register as officially-recognised dental surgeons. As a matter of law, no one of the new class of registered medical practitioners need have even the minutest knowledge of either surgical or mechanical dentistry; and, as a matter of fact, three-fourths of those who will be registered will be utterly and ridiculously ignorant of the elements of the profession which they are authorised to practise. This may appear a strong assertion, but we defy the promoters of the Bill to say that it is not the truth; and we say further, that the qualified dental surgeons, on whom lay the onus of preventing such a legislative *fiasco*, are the persons on whom the blame lies. It has been said that no great harm has been done by permitting unqualified persons to do legally that which they have been doing, and will continue to do without permission, and that, inasmuch as druggists and mechanics have been practising dentistry without hindrance, there can be no ill result from enabling them to do so by law. But the persons who argue thus forget that there is a wide difference between tolerating quack practice because we cannot prevent it, and recognising and patronising such practice. Hitherto druggists and such people have practised dental surgery under the shade of illegitimacy, being obliged to admit that they never learned the business, and could give no evidence of competency. Henceforth, these gentry are formally stamped with the Government cypher, recorded in the official lists as of recognised competency, and entitled to advertise themselves all the world over as being qualified, according to law, to perform dental operations. This Bill, which purported to be constructed for the protection of the public, and to enable them to distinguish between competent and incompetent practitioners, has done exactly the reverse, for it has deprived the public of the only means of judging, and has lifted into the rank of recognised competency a multitude of small tradesmen and artisans who are actually as ignorant of dentistry or surgery, and as dangerous in practice as would be the printer who composes these lines.

However, the Bill is law, and the moment has come to initiate proceedings under it. The Colleges of Surgeons of Ireland and Scotland and the Glasgow Faculty will, we presume, proceed at once to avail themselves of the powers given them by the Bill to appoint examiners and establish a license in dental surgery. The more disreputable the position of a registered dental practitioner has been made, the more anxious will all respectable dentists be to separate themselves from the herd of oilmen who will appear on the official list, and we anticipate, therefore, that there will be a rush, for dental licenses. We earnestly hope that the Colleges will not yield to the temptation to sell their dental licenses at too cheap an educational rate. In the case of senior men of respectability and standing a relaxation of examination may and ought to be made, but in the case of young and unknown men a fair comprehensive knowledge of dental surgery ought certainly to be required. We suggest that a modified examination might be permitted in the case of a candidate who—1. Has been, say, fifteen years in practice. 2. Can be certified as of high moral and professional character by, say, six licentiates in dentistry, members of the medical profession or members of a dental society of repute. 3. Shall sign a declaration that he has not for two years past advertised or used any other illegitimate means to practice, and will not do so in future.

It behoves the Colleges in question to keep up the prestige of the dental licenses when these diplomas are formed; for it must be recollected that such licenses are nothing but honorary distinctions, and confer no privilege whatever which the existing dentists do not already possess; and if these licenses be degraded to a low standard they will be neither necessary nor attractive to candidates.

Chloride of Ammonium in the Treatment of Hepatic Disease.

In a communication to the *Philadelphia Medical Times*, Dr. William Stewart calls the attention of the profession to the value of chloride of ammonium in the treatment of hepatic congestion and tropical hepatitis. In this country the chloride of ammonium has not obtained the reputation it apparently deserves as a therapeutic agent, and consequently it is rarely prescribed internally either in disease of the liver or any other disease. The dose necessary for its full therapeutic effect is gr. xx., and the only condition which contra-indicates its use in hepatitis is a hot and dry skin. Under such circumstances its use should not be commenced till the skin is rendered moist and perspirable by the administration of some simple diaphoretic mixture. Soon after taking the medicine there is a sensation of warmth in the epigastrium, which gradually extends to the abdomen, and over the entire cutaneous surface. The patient feels "light-headed," the pain in right hypochondrium is greatly alleviated, and a free and equable perspiration takes place and lasts for one or two hours. With the next dose similar effects will be observed, and with each succeeding one the interval will gradually become longer, till at length the relief becomes complete and constant. Moreover, after several doses of the medicine, the urine is much increased in quantity, is limpid, and passed without uneasiness, and after a few days the appetite is much improved. Dr. Stewart also mentions several anomalous symptoms, produced by the drug, which are peculiar and directly referable to the liver, such as a "shock," or as if "something gave way" in the side, or a feeling of "pulling," "pricking," "gnawing," &c. In primary acute hepatitis the chloride of ammonium treatment may be preceded by a mild purgative, diaphoretics, fomentations or poultices to the side, and, in some cases, a few leeches to the side. In congestion of the liver, in chronic hepatitis, and in "torpor of the liver," Dr. Stewart speaks from a large experience, of the great efficacy of this medicine, and several cases which he has fully reported appear to bear out the good opinion he has of the drug in the treatment of hepatic disease.

A Flaw in the Adulteration Act.

A very important and somewhat disastrous judgment was delivered last week in the case of Sandes *v.* Small by the English Court of Queen's Bench on an appeal from the decision of the magistrates by an inspector under the Adulteration Act.

The defendant had sold grog for whiskey, and the fact was proved, but he pleaded that there was a public notice exhibited in the house, "All spirits sold here are mixed" (sec. 38 and 39 Vic., cap. 63), not stating with what proportion of water it was mixed; and further, that the purchase was not for the benefit of the inspector, but only for analysis, and that, therefore, the purchaser was not prejudiced within the meaning of the Act.

The Lord Chief Justice pointed out that as the inspector had purchased only for analysis, and had consumed no part of it, he had not been prejudiced. It was urged that if it were so, sec. 13 of the Act was entirely nugatory, as it applied only to purchases by officers and others for analysis. The Lord Chief Justice said he quite agreed in that view, and was disposed to think that the enactment was nugatory. It is of the essence of the offence that the purchaser should be prejudiced; and how is he "prejudiced" if he purchases only for analysis.

The Court dismissed the appeal.

This is, as we have said, a very serious judgment, for it amounts almost to a repeal of the Adulteration Act. Ninety-nine hundredths of all the the cases in which prosecutions are instituted are under the initiative of inspectors, who buy samples for analysis and are, according to this judgment, not personally prejudiced by the fraud. We shall be anxious to see whether the difficulty can be got over without a new Act.

Insanity in Ireland.

According to the Report of the Inspectors of Irish Asylums, which has just been issued, it appears that the difference between the year 1876 and 1877 as regards the number of the accommodated insane of all classes was only 257, the excess being in 1877, the sane being to the insane at present in the ratio of 420 to one in the general population. There is, however, an important element of consideration, not to be over-looked in regard to the prevalence of mental affections—namely, the reputed insane at large; who amount under all denominations to 6,626. This total, calculated as in the preceding case, would be proportionally as 817 to one in the community at large. It should, however, be borne in mind that these returns, made out on both occasions by the constabulary cannot be accepted as conclusive, as the collectors, though otherwise highly intelligent, must, from their non-professional character, have relied in great measure on hearsay or common report.

To arrive at a more definite knowledge on this subject we purpose seeking, through the Local Government Board, returns from the dispensary physicians in the unions comprised within two or three asylum districts, of the insane at large, by name, with the nature of their maladies, so as to compare them with those we have otheawise obtained. Of 9,626 at large, and of all grades, 1,964 are set down as belonging to the middle and upper classes, leaving only 4,662, who under any circumstances, could become chargeable to the public rates.

Between both sexes 10,387 lunatics had been under treatment within the twelvemonth. Of these 1,076 were discharged cured, and 249 improved, constituting between both categories a total of 1,325, or a per-centage of beneficial results on admissions of 57—which may be fairly regarded as most satisfactory.

Dr. Turrell, medical officer of health for Windsor, was fined last week at the Bucks Assizes, £100 for taking under his care an insane lady without complying with the provisions of the Lunacy Act.

Another Death from Rabies.

Last week an inquest was held by the Manchester coroner touching the death of Francis Archibold, aged 23, a labourer. According to the evidence of the wife, deceased came home about three months previously, and said he had been bitten by a dog. He showed her his left thumb, which was red, and which bore a few little marks like teeth-marks. He took no further notice of the occurrence but for the last fortnight he had been "heavy." On Friday he went to his work as usual, and in coming home in the evening said he felt sick and unwell. He passed a restless night, and having partaken of some water, which made him shiver, he could eat nothing, and could not afterwards bear the mention of water. She then sent for medical assistance, and on Sunday week deceased was moved to the Manchester Royal Infirmary. Previous to that, however, when Mr. Daly tried to give him medicine, he got out of bed and ran into the back kitchen. He seemed to wish to drink but could not. After the doctor had made him take medicine he seemed in great agony. The deceased had been a heavy drinker, of beer chiefly, but he had not been the worse for drink for a fortnight.

Mr. F. A. Southam, Resident Surgeon at the Royal Infirmary, said the deceased was brought to that institution about three o'clock on Sunday afternoon, and died three or four days afterwards. Ten or twelve surgeons connected with the Infirmary saw deceased during that time, and all were satisfied that it was a well-marked case of hydrophobia. He was quite unable to swallow, and every attempt to do so brought on a violent spasm. He complained of great thirst, but when drink was brought to him he could not touch it. Everything was done for him, but in vain. The symptoms usually exhibited themselves in six weeks. The jury returned a verdict of death from hydrophobia from the bite of a dog.

Poor-Law Election Amenities in Ireland.

In referring last week to the great need of reform of the system under which Irish Poor-law medical officers are granted superannuation, and to the inexpediency of entrusting Poor-law guardians with the arbitration in such cases, we argued that the guardians were unfit for such discretion because, as every one knows, political or religious views and personal popularity are, with them, of infinitely superior importance to the merit or suitability of a medical officer. In illustration of the extent to which feeling on these matters is occasionally carried in Irish Poor-law elections we quote the following narrative from the local papers of the last election to a county Tipperary dispensary :—

"The election of a medical officer for Oola Dispensary, in the New Pallas district, took place yesterday, the candidates being Dr. Ryan, of Newtown, and Dr. Ryan, of Scarteen, the latter being elected by a majority of four. In consequence of communications made to the police authorities, a large force of constabulary, three companies of the 82nd Regiment, and two troops of the 2nd Dragoon Guards were sent by early train to New Pallas. This movement is explained by the fact that about nine years ago a similar election was held at Murroe, in the same district, when a dreadful riot occurred, an attack having been made on the friends of one of the candidates, and a head-constable so seriously injured by a fracture that he retired from the force on pension. Fortunately no repetition of these scenes occurred, the election having been conducted quietly throughout."

There are, we hope, few districts in Ireland where such a scene as this could be enacted, but we assert that the same feelings dominate in almost every board of guardians and every dispensary committee in Ireland, and, for this reason, it is manifestly absurd to make the members of such boards the judges of any matter which affects the position of the medical officer.

Jubilee Meeting of the West Riding Medical Charitable Society.

The 50th annual meeting of this admirable society will be held at the Medical School, Leeds, to-morrow (Thursday) and we congratulate the promoters on its reaching the ripe age of 50 years. The chair will be taken at 3 p.m. by Dr. Chadwick, who has been most indefatigable in his exertions to promote its usefulness. The necessity of supporting this charity does not require pointing out, every medical man in the West Riding should be a member of it, for if in affluent circumstances the small subscription of £1 1s. will not be missed, and if dependent on private practice and on health for a living, the subscription will be well bestowed as a species of insurance for days of adversity. Sickness may come at any time. This is a truism only too well-known to medical men. Though a local society, we notice with pleasure the liberal spirit which characterises it, instanced by the following extract from to-morrow's programme :—

At this meeting the following proposals will be made, of which due notice has been given :—

1st. That in order, specially, to mark the occurrence of the Jubilee Meeting of the Society, and in consideration of the prosperous state of our funds, a wider scope be in future given to our charitable operations.

2nd. That, with this object, at each Annual Meeting a Committee, consisting of the President of the year, the Secretary and Treasurer, the senior Vice-President, and the senior Steward, shall be appointed, to whom shall be entrusted a sum of not more than two-thirds of the surplus income of the Society, from all sources except legacies, during the previous year.

3rd. That this Committee shall, in its discretion, disburse these funds to such needy objects as, not being Members, cannot be relieved by the Society, but who are otherwise qualified to receive its benefits ; or in aid of such Societies as are established for the relief of distressed medical men or their families, and which they believe deserve support.

4th. That in all such disbursements, the Committee give a preference to such applicants as have been professionally connected with the West Riding of the County of York, or in case of any Society, require the Manager of the same to give a similar preference.

Age, Sex, and Condition as Factors in the Production of Insanity.

This interesting question is the subject of some valuable remarks by the Inspectors of Irish Lunatic Asylums in their last report. They have found that—though in the population females are in excess by nearly 2½ per cent., their number in lunatic asylums is 8 per cent. less than that of males. With respect to the assigned causes of mental affections under the comprehensive headings, *physical and moral*, they are, respectively, 1,952, and 1,583, the former predominating to a notable degree among men—1,257, as against women, 695. The reverse, but not by any means

to an equal extent, obtains in regard to moral causes, 707 cases of the disease being attributable to such in males, and 876 in females, who, by nature excitable, are more subject to sensational impressions.

Between the years of twenty and forty, a period when the mental and bodily faculties are in full development, lunacy appears to be far more prevalent than in any other like portion of life ; 1,211 patients, or more than half of those admitted in the past twelvemonth becoming deranged within that term. On the other hand, from the then greater recuperative power of the constitution, recoveries are more numerous—568 being sent out cured.

In our last report we referred to the marked disparity existing between the married and unmarried inmates of Irish Asylums, public as well as private, one totally at variance with what is elsewhere recognised—the married and widowed according to present returns before us, amounting between both sexes to only 2,355, the single to 5,491. If lunacy was a malady of early life, or one prior to puberty, or was marriage in this country an institution of advanced life, some explanatory reasons might be available, but facts are quite to the contrary.

As to intemperance and irregularity of life, which would seem to be three-fold greater among males than females, on the aggregate of 693 patients whose insanity is entered as referable to their combined influences in one of the tables, it is difficult to say how much of it can be absolutely attributed to drunkenness; dissipation, and a continued indulgence in alcoholic drinks run so closely into each other as cause and effect—both leading from vice to crime. From our own personal observation, we question whether genuine lunacy, or *that* standing the legal, and, as a rule, the proper test of delusion, is so largely the result of intemperance as is considered ; no doubt, as an exciting cause, when a predisposition to mental disorder exists, intemperance is one of the most pressing, and if indulged in by patients after recovery, certain to produce relapses. The specific disease of delirium tremens, unknown almost amongst the most depraved of women, is more properly the consequence of confirmed drunkenness with men ; while common to both sexes, whose offspring may be doomed to the penalty of idiotcy, epilepsy, physical malformations, or paralysis and fatuity—individuals of either sex so affected and too frequently received into asylums, entail an extra charge on the community, and occupy beds that might be much better engaged.

Italian Medical Literature.

Though we receive numerous translations from French and German papers, we are not often favoured with selections from Italian current medical literature. We presume the number of Italian scholars is limited. Italian medical literature is well worthy of study, and we afforded our readers an instance of it in our issue of July 3rd, in the translation by Dr. A. H. Jacob, from the *Gazetta del Cliniche*, of a paper by Dr. Louis Girola, "On Pressure Within the Eye, and the Phenomena connected With It." As medical science is enriched by the contributions of all civilised nations, by comparing the results of treatment and observations in different countries, we regret that the writings of Italian physicians are not more known in England, and that we have fewer opportunities of communicating them to our readers. Their medical productions are well worthy of attention, equally with those of France and Germany, and we might impress on some of the junior members of the profession the wisdom of extending their literary studies into this field, with the assurance that they will find a rich mine of medical wealth. The Italians are free from the mysticism of the Germans and the credulity of the French, and as the language is imaginative and rich, the mind will be improved by catching something of that spirit which is wanting in our national temperament. We shall be glad to receive translations or Italian works for notice, and thus to familiarise English practitioners with the writings of Italian practitioners.

The Progressive Increase of Insanity in Ireland.

The Inspectors of Irish Asylums reviewing, in their lately issued Report, the progress of insanity in Ireland, say with reference to admissions during the past year (2,314), 1,924 of them were cases of a first attack, and 390 relapses. In the preceding twelvemonth a very proximate total, or 2,344 was registered within the same period. The number received into private licensed houses bore a close proportion, being respectively 174 and 186.

So far then as the more authentic statistics of insanity in this country sustain an opinion, and which on other grounds we apprehend to be correct, lunacy is not so progressive in it as it is regarded to be in other portions of the United Kingdom.

It may be proximately assumed that one individual in about 2,150 of the population is primarily attacked each year by mental disease, and as the recoveries or improveprovements justifying a discharge, and which occur at indefinite periods ranging from months even to years, may may be estimated at nearly 76 per cent. ; 24 would thus continue to be uncured ; hence asylums—making all due allowance for those who may die in them, or may be taken home by their friends—must necessarily become over-crowded in the progress of a generation.

Dr. Drysdale on Vaccination.

We are glad to see that Dr. Charles R. Drysdale has written a very sensible letter on this subject to the *Echo*, of last Saturday, which may help to remove some of the absurd prejudices and ignorance under which many of the readers of that paper doubtless labour. With regard to the efficacy and protective power of vaccination, Dr. Drysdale alludes to the well-known experiment of Jenner, in which he inoculated a vaccinated cow with small-pox matter without any result following ; while—as was well known at that time—had it been unvaccinated, the inoculation would have been inevitably followed by small-pox. He trusts, therefore, that the readers of the *Echo* will admit that this experiment sets the matter at rest as far as evidence can go, nor does the writer exaggerate the drawbacks which the anti-vaccinators allege against the operation ? In a few cases a serious contagious disease may have been spread by vaccination, but this has been rare in England, so rare, that although conscious of the fact, it has never prevented him vaccinating with human lymph either his patients or his own family. At the same time he thinks

it would be as well if the State provided a supply of calf vaccine, so that parents might have the option of having their children vaccinated with either kind of lymph.

"Durham University and its Future Role."

A NORTHERN university is said to be required. The time may come when it may be necessary to found another university, but at present all existing wants might be supplied by utilising the material at our command. There is a university at Durham possessing university chairs, scholarships, and all the requisites for education. It is virtually defunct and effete ; its degrees are, if not *valueless*, the next thing to it. Its professors enjoy *otium cum dignitate*. We would disturb their rest and galvanize the university into life and action. The situation is favourable to university life, the town is quiet and free from the objections that have been raised against such a large centre as Manchester. It has all the historic associations, not perhaps essential, but still a feature in university life not to be disregarded. It only requires remodelling, new chairs instituting, fresh life poured into it by professors of eminence and energy not only in literature but in science. The school of medicine does possess some vitality. A new system of examination might be easily arranged, one to meet the requirements of the northern towns. The University of London is a model to copy from. The sanction of Parliament may be required to alter the foundation ; little difficulty has been experienced in dealing with other foundations which have not harmonised with the spirit of the age. Durham should share the same fate.

The Effect of Fright.

THE following extract affords a notable instance of the power of the imagination in disease. At the same time, owing to the unwise method adopted by the lay press in reporting cases of hydrophobia, we may expect somewhat similar cases in England. At Autun, in France, the sub-station master of the Creuzot station was picked up in convulsions and foaming at the mouth. He exclaimed, "Bind me tight ; a mad dog has bitten me, and I am mad myself." He was tied as desired and taken to the hospital, where several surgeons, military and civil, watched the case. They found a scar on one hand from a dog-bite. The scar was three months old. They came to the conclusion that he had not hydrophobia, but that his mind was wrought upon by accounts recently published. The man is now reported convalescent.

Dark and Dark-Green Urine from external use of Carbolic Acid.

M. M. E KIRMISSON, in *La France Médicale*, describes a number of well-marked cases of dark and dark-green coloured urine, from the external use of carbolic acid. There seems to be no special danger in connection with this appearance. M. K. concludes, however, that as soon as the phenomenon is observed the use of carbolic acid should be modified. The differential diagnosis between the dark urine from the use of carbolic acid, and the dark urine from certain hepatic troubles, is to be found in the general condition of the patient.

American Doctors.

THE State Board of Health of Illinois proposed lately to give certificates to all doctors who had been in practice ten years in view of official appointments. The following (says the *Chicago Medical Times*) is a sample of many letters received from the "learned" profession :—

" . . . Ill. (*No date.*)

" Dr. J. H. RauCh dir Sir

I Sent that affidavit to you and haent herd from it I Sent one dollar in the Sam hov you got and Was it Write if it is not Write and let me no and I Will make it Write I practice on the electric Mode

" ___ ___ "

Upon being informed that applicants for certificates of ten years' practice were required to furnish evidence of good moral standing, &c., he sent the following :—

" . . . Ill., Feb. 1, 1878.

" Mr. John H. Rauch, M.D.,

with regard to Dr. —— as fasetion he as given entiar satifaction and is aman well Respected and has a good Morral Caractor and has Conducted him self in Every Respect as a Jentlem an since he has been in theas parts Dr. —— has Practiest Medis on in theas Parts for annumber of years your very Respectfully

" —— —— a Justice of they Peace."

The raw material from which this learned profession is manufactured seems to be somewhat responsible for such results as we have given, if we may judge from some remarks of a medical professor which occur in the same number of the journal from which we have already quoted. He is urging the importance of a preliminary examination in English, Latin, &c., and he illustrates the necessity of such by a few samples selected at random from the graduates' papers. "One tells of *justation*, another of the *cexsix*, and another of *synethaics*, and another talks of the *mencise*, and another rubbing his empty skull calls it *sefulic*, and to crown the whole another says this is *siens*."

A Remarkable Pronouncement.

THE *Chicago Medical Journal* calls attention to the following dogma asserted by Dr. Lander Lindsay in the *Medical Times and Gazette* of March 16 :—

"The rise and progress of what is called the science of therapeutics is merely, I believe, a *modern development of professional credulity*."

Perhaps, at the risk of displaying our ignorance, we may ask what the author means by such a statement.

THE Adulteration of Foods and Drugs Act having been in force sufficiently long to test its usefulness, the best results are beginning to show themselves in various parts of the kingdom. As an instance, we may mention that Dr. Muter, the analyst for Lambeth, has just presented his report for that important parish, according to which sixty-nine articles of common consumption had been analysed during the quarter, but *none of them* were adulterated. The samples submitted for analysis included bread, butter, sugar, tea, coffee, pepper, mustard, &c.

WITH the exception of about a couple of hundred pounds, the £1,750 required for the erection of the Harvey Memorial has been subscribed. The sculptor will be decided upon to-day, at a meeting of the sub-committee of the Fund, at the College of Surgeons.

The Small-Pox in Dublin

Was rather on the increase the week before last, the deaths registered being greater, but the admissions to hospitals somewhat less than the previous week. The Public Health Committee of the Corporation, in view of the continued prevalence of small-pox, has adopted the following resolution, viz., "That the Local Government Board be requested to consider the advisability of putting into execution the power vested in it for the prevention of the spread of epidemic diseases, the present outbreak of small-pox in Dublin having now lasted over six months, and there being little sign of its diminution, despite every exertion of the committee.

The death-rate for the week ending July 6th, was 24·8 per 1,000 of the population, London 22·1, Glasgow, 22·0, and Edinburgh 19·2. Within that week the zymotic deaths had decreased by 14, but was still 16 over the average. The death-rate of Dublin for the quarter ending June 29 was 30·3 per 1,000, that of London being only 22·4, of Glasgow 25·5, and of Edinburgh 23·6. The dirt diseases have cost the city within the three months 586 lives, or 201 more than the average of the same quarter of ten previous years. There were from small-pox alone within the quarter 212 deaths, only 5 of which occurred in the suburbs. Classifying these deaths according to the dates in which they occurred, it is found that 2 should have been registered in the previous quarter, 67 in April, 80 in May, and 63 in June. Allowing for deaths in June not yet registered, it would seem that the epidemic is not increasing in intensity, but that there has been but little abatement in the disease in the later weeks of the quarter. On the 27th of April there were 231 small-pox patients in hospital, in the two months succeeding 777 new cases were admitted, of whom 122 died, and 645 were discharged, leaving 241 under treatment. The rate of mortality was therefore 15·7 per cent. of all the cases. According to the latest returns 97 new cases had been admitted to hospital in the week ending July 6th, against 80 in the previous week, so that the epidemic appears to be rather on the increase than otherwise.

Rejections at the College of Surgeons.

In the last Annual Report of the Royal College of Surgeons of England there is the following record of the results of the College examinations during the year. Of 746 candidates examined for primary membership, 477 were "approved," and 269 "referred." Of 533 candidates examined for pass membership, 411 were approved, and 122 referred. Of 95 candidates examined for primary fellowship, 46 were approved, and 49 referred; and of 44 candidates examined for final fellowship, 33 were approved, and 11 referred.

Thus it will be seen that a large percentage of candidates at either of the above examinations failed to satisfy their examiners. This must arise either from the standard of examination being pitched too high, or to the candidates' ignorance of the subjects on which they are examined; and then again, this ignorance must be either owing to their own folly and idleness, or to the inefficient manner in which medical education is conducted at the schools, and the imperfect control exercised over the conduct of most medical students. The standard of examination cannot be said to be too high at any of the English, and much less the Scotch Corporations; and we know that the Medical Council is even contemplating making some of them higher than they are at present. The fault lies partly in the student himself and partly in his teachers, as we shall take an early opportunity of showing.

A remarkable pedestrian feat has been undertaken by an American diver, who proposes to walk under water along the bottom of the Ohio river, from Cincinnatti to Cairo, a distance of about 500 miles, in twenty-five days, for a wager of £2,000. He stipulates that a boat is to accompany him with an air-pump in order to supply him with air, and moreover that he is to be allowed to come up to the surface as often as he pleases, but that the boat is to be stopped whenever he does so in order that he shall walk every step of the way. For the sake of humanity it would be charitable to hope that a mermaid or other equally affectionate piscatorial creature may take care of this Cincinnatti diver, and put him to better use.

The last weekly rates of mortality in the principal foreign cities, were—in Calcutta 35, Bombay 43, Madras 41; Paris 23; Geneva 22; Brussels 20; Amsterdam 26, Rotterdam 28, The Hague 24; Stockholm 24; St. Petersburg 46; Berlin 39, Hamburg 28, Breslau 40, Munich 34; Vienna 28, Buda-Pesth 46; Rome 25, Turin 33, Venice 28; Alexandria 45, New York 21, and Baltimore 21. Small-pox caused 70 deaths in Calcutta, and 86 deaths were referred to typhus and enteric fever in St. Petersburg.

There were less than half the number of deaths from small-pox in London last week compared with the previous week—21 only being registered. There were 18 fatal cases in Dublin in the same period, but not one in any of the other large towns of the United Kingdom. Scarlet fever is exceptionally prevalent in Sheffield; infantile diarrhœa in Leicester, and whooping-cough in London. Most of the other diseases of the zymotic class are below the average.

Three attendants at the Gloucester Lunatic Asylum were, last week, committed by the coroner for trial at the assizes for the manslaughter of a patient. It was shown that four ribs were broken on deceased's right side and five on his left side, and his breast bone fractured. A patient, named Cook, deposed to seeing him jumped upon, and praying God to take him out of his misery.

Correspondence.

A CASE IN MIDWIFERY PRACTICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Some months ago I was sent for to attend a woman in her first confinement, residing in the County Sligo. On my arrival I ascertained that three days before she fell off a wall whilst carrying a can of water, and a few hours afterwards was complaining of "pains," and noticed a "slight flooding;" her face was pale and clammy, tongue dry and furred, feeble quick pulse, extremities cold.

On making a vaginal examination I discovered a placenta-like mass about the size of a large hen-egg protruding through the os uteri into the vagina. While I was so employed a strong uterine contraction came on, accompanied by a gush of blood, making the presenting mass very dense and hard, and almost protruding a portion of it externally.

When the "pain" had ceased I found the os so blocked up with the mass that I was unable to discover the fœtal presentation.

The patient's strength now demanded my attention, and after some time the pulse became better in quality, the extremities warm, and her general aspect improved.

The pains returned about every half hour, varying considerably in their strength, with slight hæmorrhage. During an interval I discovered the attachment of the cord, and that a larger portion of the placenta had been forced into the vagina, the fœtal head could now be made out pressing firmly on it anteriorly. When the os had become fully dilated, I emptied the bladder with a catheter, and seizing the placenta firmly with my right hand, at the same time using my fingers to tear through the adhesions posteriorly, I endeavoured for several hours off and on to remove it, without success, so firm were the adhesions, and the fœtal head pressing so powerfully on it anteriorly, rendering instrumental interference impossible for want of space.

As the patient's strength was rapidly beginning to give way, I deemed it advisable to consult with Dr. Shaw, of Riverstown, who kindly came and assisted me. In about four hours we removed the placenta with the greatest difficulty, each uterine contraction impeding our efforts to tear through the powerful adhesions.

On its removal it presented the following appearances :— A large oval mass about the size of a man's hand, slightly flexed, covered with a shining membrane ; its posterior surface (by which it was attached to the uterus) was convex, the anterior was slightly concave, with the funis attached to it nearly at its centre, the shining membrane being reflected along the cord, which was cut and ligatured ; it was about ten inches long, presenting the usual appearances of a funis ; a slight oozing of blood below the ligature on the fœtal (?) side, and from the side next the placenta was remarked. The cord was here and there slightly discoloured as if from pressure, slight traction was made on the portion apparently attached to the fœtus, but it resisted without either breaking or coming away.

I now put on the short forceps (Sir J. Simpson's), and delivered the woman of a living female child, the remaining portion of the cord coming away with the birth (but in no way attached to the child), to which was attached naturally a funis and placenta, the latter being removed about fifteen minutes after delivery. The uterus contracted rapidly and well.

The woman made a steady though slow recovery ; she and the child are now in sound health.

There was nothing that I could ascertain concerning the previous history of the woman that could in any way bear on the case. An experienced nurse who was in attendance informed me that from the time she took charge of the patient (about an hour after the pains began) "the only change that took place was more of the after-birth presenting and an increase in the pains."

From the great difficulty I experienced in the removal of the first placenta, and from the toughness of the adhesions, I imagined up to the time that I felt the attachment of the cord that it was a fibrous polypus I had to deal with.

The opinion I now hold about the case is that the woman must have aborted and retained the placenta, which was being metamorphosed into some form of polypus, and that she again became pregnant. Dr. Stadfeldt, of Copenhagen, recognises the possibility of such a case where a large portion of retained placenta may give origin to such a growth.

I regret very much that the usual custom of burning afterbirths (as practised in this district) was carried out in this case through the carelessness of the nurse, to whom I had given instructions to preserve both for me.

Yours, &c.,

JOHN MOLONY, L.C.R.S.I., L.K.Q.C.P.I.

Dromahair, Leitrim.

MEDICAL HALLS (?)

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me to draw attention to the tendency of *Irish Pharmaceutical Chemists* to style their establishments "MEDICAL HALLS." My own impression is that such title is equivalent for "*Medical advice is to be had within,*" and is as unwise as it is misleading. Hitherto medical halls have been the establishments of medical men, who dispensed their own prescriptions, and kept what are called in England an "open surgery," trespassing, no doubt, on the chemist's business by the retail of drugs, &c. I think that such apeing on the part of pharmacists is not good for them, and that they would do better to "call a spade a spade," and settle at once to promote their legitimate avocation, and I hope that such medical halls may be discouraged by the entire medical profession.

Your obedient servant,

M. P. S. I.

QUEEN'S COLLEGE, GALWAY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As your issue of July 10th contained the letter of a gentleman who signs himself a "Student of Queen's College, Galway," disparaging the system of education carried on in that medical school, would you kindly permit me a short space in your valuable paper to correct what I imagine to be a few misrepresentations ?

During last session I must confess that there were only thirteen subjects for dissections (owing to the resolution passed by the Galway Board of Guardians towards the close of the session), but as all the subjects dissected there were preserved, and the students being most agreeable amongst themselves, the blame rests on the student himself, who had not mastered a fair amount of anatomy by the end of the session.

Your correspondent asserts that the "anatomical and physiological museum was more jealously closed than before." Being a medical student of Queen's College, Galway myself, I can testify that your correspondent has made a gross misrepresentation in making such an assertion. Being of over three years' standing in Queen's College, Galway, I never knew the museum "jealously closed" against any student, and during last session every facility was afforded the students, for the *museum* was open to every one who wished to avail himself of it, and the specimens were most willingly placed at the disposal of any student who took the trouble of applying to our Professor or Demonstrator.

May I ask, Sir, your correspondent how many students from Galway were in for degree examination in June? The question being answered, perhaps, your readers would not be astonished "that not a single student direct from Galway obtained the degree." Also, I think your correspondent's letter too premature. Had he waited until after the honour examination in September, I have no doubt a quite different result might have presented itself to him, as almost all the Galway men going up for their degree did not present themselves in June, but are lying out until the honour examination in September.

Thanking you for the space you have given me,

I am, Sir, your obedient servant,

A MEDICAL STUDENT, Q.C.G.

THE IRISH APOTHECARIES COMPANY AS A LICENSING BODY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I consider that the profession are greatly indebted to you for your timely exposure of the absurd claims put forward by the Apothecaries' Hall of Ireland for representation at the Conjoint Board.

That the Apothecaries of Ireland are a useful body of practitioners is undeniable. But the Irish apothecary has no voice on the Hall Board ; the present holders of the shares of the Company are principally widows, and of the twenty-one apothecaries who possess shares, fifteen are directors, and although the charter of the Company expressly notifies the

desirability of an occasional change of the persons forming the Board of Directors, by requiring an annual election, yet the fifteen gentlemen on the Board by voting for each other, systematically re-elect each other, and so manage, keeping the letter of the law, to break its spirit.

Can such men be said to represent the apothecaries of Ireland? No claim could be more false; if the apothecaries of Ireland had a vote in their election very different men would preside over the affairs of the Company. And yet, as a representative body, they claim admission to the Conjoint Examining Board. Having bartered away pharmacy, they now attempt to compete with the Colleges of Surgeons and Physicians, and in their most recent curriculum require of the candidate for the L.A.H. the performance of *one or more* operations on the dead body, and these men decide on the fitness of a candidate as an operator who have never attempted any surgery beyond drawing a tooth or dressing a cut finger, and, who would shrink from the least attempt at any important operation.

Might I suggest that prior to con idering the claims of these fifteen general practitioners to nominate one or more of their members to a seat at the Conjoint Board (and to pay him or them out of their trade profits, which profits should go into the pockets of their widow-proprietors) that the apothecary profession throughout Ireland should be called upon to express their opinion, and once and for ever convince the Hall directors that they cannot continue to misrepresent the Irish apothecaries.

Yours obediently,

L.A.H.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I shall be obliged by a reply to the following queries:—

What course would you advise a physician to pursue in a case where a medicine different from his prescription was sent by an apothecary, to the detriment of the patient? The apothecary *practices* as a rival. The physician has been frequently advised that he and his patients did not get fair play in the other's establishment. The prescription (which was recovered) was plainly and unmistakably legible.

The patient was put to much pain, and symptoms which it was the prescriber's intention to assuage were aggravated.

Relief was obtained by timely resort to the medicine prescribed. Whether intentional or accidental, it is obvious that this is a very serious matter.

I am, dear Sir,

AN ORIGINAL SUBSCRIBER.

12th June, 1878.

P.S.—Would you also say what is the law as to "Pharmaceutical Chemists" (as they are styled) deviating from physicians' prescriptions, and also as to their prescribing and visiting?

[No dispenser has the remotest right to deviate in any respect from the prescription, and it is a breach of trust to both physician and patient to do so. We are, however, not aware of any legal remedy. The patient might make a dispenser responsible if he could prove the substitution of any ingredient, and could show that damage was sustained thereby, but it would be difficult to find such evidence. We doubt that the physician has any remedy, though he is undoubtedly damnified in repute if his prescriptions are altered so as to be ineffective.—ED. M. P. & C.]

Medico-Parliamentary.

HOUSE OF LORDS.—JULY 12TH.

VIVISECTION.

Lord TRURO rose to present a number of petitions, so large that his lordship could scarcely enclose them in his arms. He said they were not signed by a few explorers in the boundless field of science or nature, or by medical men of eminence, but by hundreds, or rather thousands, of Englishmen and women, against the practice of vivisection. On a former occasion he had made some remarks upon the composition of the Royal Commission on this subject; but as his noble friend, the chairman of that Commission (Viscount Cardwell) was not in the House, he would therefore take the liberty of repeating those remarks in his presence. On that Commission there were two or three gentlemen who were well-known strong partisans of vivisection, an extremely eminent lawyer, who was also a keen sportsman, and the noble viscount and others who had passed so much of their lives in official duties, that they regarded everything from a logical and experienced point of view, and therefore likely to be prejudiced in their judgment on such a matter. The noble lord denied that any important discovery had resulted from vivisection, and was proceeding with much warmth and at considerable length to attack the report of the Commission, when

The Earl of KIMBERLEY rose to order. The proper way of raising the question would be by giving proper notice.

Viscount CARDWELL said that either with or without notice the proper opportunity would have been when their lordships had before them a Bill founded on the report of the Commission. That Bill was fully discussed in the Upper House, as well as afterwards in the House of Commons, and was now the law of the land. His (Lord Cardwell's) colleagues on that Commission would be greatly surprised when they heard of his noble friend saying they were prejudiced against the cause of humanity, or that any of them were partisans of vivisection (hear). Having served on that Commission, he could testify that no men could have shown more impartiality or a greater desire to promote the cause of humanity (cheers).

The subject then dropped.

Literature.

LECTURES ON DISEASES OF THE NERVOUS SYSTEM. (a)

THIS work by Dr. Wilks, will not be merely acceptable to his old and present students at Guy's, but to the profession at large. His reputation, especially for researches into the nervous system, is not confined to English-speaking countries, but extends wherever medical science exists. It is announced in the preface that much of this work has previously appeared in print, especially in the Guy's Hospital Reports, but that the older lectures are supplemented by the additional matter which has accumulated since they appeared. This bringing the older lectures abreast our present knowledge has been done thoroughly and effectually. Publishing this work in the form of lectures, "does not admit of a reference to the source of information from which the instructor draws. He offers what he has in his own possession, but how much of his wealth has been acquired by his own digging, how much delivered over to him by his predecessors, and how much he has been unconsciously acquiring from his contemporaries, is unknown even to himself." This we think is a very straightforward way of treating the matter; and we prefer a work of this kind, which bears the evidence of thought on it, to those works which are flooded with references, lists of works consulted by the author, and other evidences of research, either genuine or a clever simulation of research, but which do not carry with them the stamp of the digestion of the data so culled. Such a plan may be necessary to demonstrate the erudition of a young aspiring author; but Dr. Wilks can well afford to do without such a parade, and he very wisely discards it.

It is very difficult amidst such an *embarrass de richesses* to know what to select for quotation to illustrate the matter and the style. But a few passages can be given. For instance, "it is said that the pattern of body which is most prone to apoplexy, is denoted by a large head and red face, shortness and thickness of neck, and a short, stout, squat build. This remark is as old as the time of Hippocrates. Such persons as just described died suddenly. True, and according to my showing, the very proof that they were not apoplectic. The fact is the blood is poured out in the brain because a vessel has burst. The person in whom the vessels are diseased, is

(a) "Lectures on Diseases of the Nervous System." Delivered at Guy's Hospital by S. Wilks, M.D., F.R.S. J. & A. Churchill. 1878. Pp. 470.

consequently he in whom apoplexy is most likely to occur. Such a person is often pale and thin, with a long neck. I knew a gentleman some years ago, who had such an extraordinarily red face that some young friends disliked to walk in the streets with him, lest he should die of apoplexy; his face was of a deep purple hue, like a ripe gooseberry, ready it was thought to burst and let out its contents. This gentleman died of heart disease." The question of bleeding in apoplexy is a very instructive piece of writing, and will be read with pleasure. Of railway concussion he writes, "when one considers the velocity of a heavy train, it is clear that the momentum with which it strikes any obstacle in its way must be immense. If one remembers, also, that some of the component parts of this mass of material are fragile human beings, composed of flesh and blood, with delicate soft brains and spinal cords, no surprise can be felt in witnessing the terrible results of a train proceeding at the rate of forty miles an hour, when brought to a sudden stop. It has often been credibly stated that after an accident persons have been taken up insensible, but without the slightest mark or bruise upon them; and indeed, I see nothing marvellous in the proposition that the soft cerebral mass striking against the hard skull-case should be thrown into confusion, and insensibility result. Well! our poor brains and spinal cords cannot be thus roughly treated without the necessary consequences, and a variety of symptoms from the day of the accident are set up, which develop into manifold troubles, or even end in a permanent palsy both of body and mind."

In writing of "sympathetic mania," Dr. Wilks says: "It is very probable that minor forms of melancholia and hypochondriasis may often have a real seat in the abdomen; as for example, in the case of an old lady who was so great a trouble to the doctors that they regarded her as a confirmed hypochondriac; she always had a most dismal countenance, and a long string of troubles to relate to them, but no disease of any kind was discoverable after repeated examinations. Having died of chest disease, I took the opportunity of procuring a *post-mortem* examination, in order to discover, if possible, why she always had such disagreeable feelings in her abdomen. I found a portion of omentum adherent to a femoral sac, and this dragged down the colon to the pelvis. I conjecture that this might, through the sympathetic system, have been the cause of her abdominal anguish and continued low spirits." These quotations will serve to show the style in which the matter is presented to the reader.

The reader will find in this work all he can hope for as to bulbar paralysis, insular sclerosis, acute ascending paralysis, and other maladies with which we have only recently become acquainted. Part first is devoted to the brain and its diseases. Part second, to the cord and its diseases. Part third, to functional and general diseases; while part fourth is engaged with the nerves and their maladies, concluding with general remarks on remedies and electricity. Dr. Wilks thinks that electricity has to play a very prominent part in the treatment of affections of the nervous system. It may be questioned whether Dr. Wilks is a very ardent therapeutist in other directions.

Here and there in the work are little matters which might have been more elaborated. Thus Part first ends with delirium tremens, the concluding sentence being as follows: "In many cases of delirious excitement, you will find that as soon as a hot vapour surrounds the patient he sinks into a quiet sleep." Surely it might have been well to have given the temperature of a delirious patient before and after the bath, and thus have shown the good effects of a lowered temperature upon febrile excitement. On the whole we are much pleased with this work, and are much mistaken if it does not prove a favourite handbook with the profession.

GOULSTONIAN LECTURES ON THE NATURAL HISTORY OF PULMONARY CONSUMTION. (*a*)

THE memorable discussion on tubercle at the Pathological Society in 1873, if it served no other useful purpose, at least called prominent attention to the "utter vagueness and confusion in which the subject is encouraged to lie." The conflict of leading opinion, no less than the bewildering jungle of scientific nomenclature through which the search for truth was led on that occasion, must have induced many a perplexed student devoutly to pray for some clear and authoritative exposition of the facts as they really stand, and Dr. Shepherd's lectures came, therefore, at a very opportune time, and enabled him with all the authority of the Goulstonian chair, to reduce the tangled threads of knowledge to something like true order, and to furnish the profession with a most complete and graphic account of the various pathological and clinical touches which go to make up the great picture of pulmonary consumption. What is tubercle? Is it an absolute entity a specific structure, or an accidental product? What relation does it bear to phthisis, and what *rôle* does inflammation play in the life-history of this class of diseases? are questions which have been keenly debated of late years, and to which it may perhaps be difficult to give a definite answer even now. Dr. Shepherd, however, brings to his task, not only a complete acquaintance with the literature of the subject, but large opportunities for observation at the Victoria Park Hospital and elsewhere, and the general conclusions at which he has arrived may be summed up briefly as follows:—

If the term tubercle is to be retained at all—and Dr. Shepherd is almost inclined to go with Dr. Bastian in his desire to see it expunged from our language—let us distinctly understand it to mean "hard nodules," mainly due to growth of the peri-vascular and peri-bronchial cords, together with alveolar catarrh of smaller or larger extent. These growths are secondary to some cheesy focus, not necessarily present in the lungs. They have no developmental connection with the intra-alveolar and intra-bronchial changes found in the ordinary pulmonary phthisis, and victims of this acute tuberculosis perish rapidly with symptoms which in no degree point to any implication of the lung.

Phthisis, proper, on the other hand, may originate either in catarrhal inflammation of the epithelium lining the alveoli and smaller bronchi, or in changes in the walls of the vesicles and bronchi themselves, this forming the intra-alveolar division, which includes the commoner varieties of the disease.

Passing on to the extra alveolar class in which we meet with "fibroid proliferation of the septa of the alveoli," Dr. Shepherd has much interesting information to give us regarding the so-called "fibroid phthisis" in which the irritation of alcohol or syphilis gives rise to the symptoms and appearances so well described in the text.

The third lecture furnishes some interesting information on heredity, the prognostic value of hæmoptysis, and the influence of sex, age, and climate on the origin and progress of the disease; and some judicious remarks on the too frequent abuse of cod-liver oil, bring the book to a conclusion. We congratulate Dr. Shepherd on having produced a work of the true scientific stamp, temperate and judicial, vigorously written, and with that smack of learning so thoroughly in keeping with the august body before whom the lectures were originally delivered. While the book itself is an excellent one, the author has been most ably seconded by the artist, and Mr. Noble Smith has produced a series of illustrations, which must undoubtedly take the first place in pathological art. Good as the microscopical drawings are, the three coloured plates are beyond all praise, and whether as regards rigid scientific accuracy, or absolute artistic perception and finish, we look upon them as distinctly superior to anything else of the kind which we have had the opportunity of inspecting.

(*a*) "Goulstonian Lectures on the Natural History of Pulmonary Consumption." By A. B. Shepherd, M.A., M.D., F.R.C.P. Smith, Elder, and Co.

A Laryngological Association.—All the principal medical men engaged in this special department in the United States, have formed themselves into a permanent organisation, with a constitution and bye-laws, and the following officers:—President, Dr. Louis Elsberg, of New York; Vice-President, Dr. F. H. Davis, of Chicago; Secretary and Treasurer, Dr. George M. Lefferts, of New York; Council, Drs. Clinton Wagner, of New York, William C. Glasgow, St. Louis, E. L. Shurley, Detroit, J. H. Hartman Baltimore. The first annual meeting will be held in New York on the second Tuesday in June, 1879.

Jervis Street Hospital, Dublin.—A new and spacious hospital on a site immediately adjoining the old hospital is at present in course of erection, the foundations being already laid. The new structure will have an area of 1,500 square yards, and will be capable of accommodating 300 patients. The building fund having been entirely expended in purchase of the new site and the removal of the old houses by which it was occupied, a sum of £30,000 will be required to complete the new institution.

Medical News.

Royal College of Surgeons of England.

Office Bearers for 1878-79.

At a meeting of the Council on Thursday last, Mr. John Simon, C.B., F.R.S., was elected President, and Mr. Luther Holden, F.R.C.S., and Mr. John Eric Erichsen, F.R.S., were elected Vice-Presidents of the College.

At a special meeting of the Council, on the preceding day, Mr. John Marshall, F.R.S., and Mr. Timothy Holmes were re-elected members of the Court of Examiners. Mr. W. H. Flower, F.R.S., and Mr. W. K. Parker, F.R.S., were re-elected Professors of Comparative Anatomy and Physiology, and Mr. Jonathan Hutchinson, F.R.C.S., was elected Professor of Surgery and Pathology. The Professorship of Dermatology, founded by Professor Erasmus Wilson, F.R.S., is at present in abeyance, pending some proposed alteration. At this special meeting of the Council the recently elected members were admitted as members of Council in due form, and took their seats—viz., Mr. Erasmus Wilson, F.R.S., re-elected on retirement by rotation this year; Mr. John Gay, F.R.C.S., re-elected after an absence of one year from the Council; and Mr. Edward Lund, F.R.C.S., of Manchester, who has not before served.

Primary and Pass Examinations.

The following is the report from the Board of Examiners of this College, of the number of candidates who have presented themselves for the *primary* and *pass* examinations for the diploma of member of the College during the collegiate year 1877-78, showing the numbers passed and rejected from each medical school during that period :—

Primary Examinations.

Medical School.	Total.	Number passed.	Number rejected.
St. Bartholomew's	97·83	69	28·83
Guy's	90·50	63·50	27
University College	84·60	54·3	30·30
St. Thomas's	49	33·50	15·50
St. George's	44	34	10
King's College	36	14	22
St. Mary's	35·50	27·50	8
London	33·50	16·50	17
Middlesex	30·70	22	8·70
Charing Cross	23·50	16·50	7
Westminster	14	6·50	7·50
Manchester	37	22·50	14 50
Liverpool	21·30	12·50	8 83
Birmingham	18·83	12.30	6·50
Cambridge	17·50	12	5·50
Bristol	16	9	7
Leeds	15	7·50	7·50
Newcastle-on-Tyne	12	5	7
Sheffield	6	2	4
Dublin	6	4	2
Belfast	1	1	—
Cork	·50	·50	—
Edinburgh	33	20	13
Aberdeen	4·50	3·50	1
Glasgow	4·30	2·30	2
New York	1·70	1·50	·20
Toronto	2	1	1
Philadelphia	1	—	1
Kingston, Canada	·50	·50	—
Calcutta	2	·50	—
Madras	·50	·50	—
Melbourne	2	1	1
Berlin	2	—	·20
Vienna	·20	—	·20
Heidelberg	1	1	—
Paris	·20	—	·20
Harvard University	·50	—	·50
Totals	744	477	267

Pass Examinations.

Medical School.	Total.	Number passed.	Number rejected.
Guy's	78·83	63·3	15·50
St. Bartholomew's	78·50	65·50	13
University College	66·50	50	16·50
King's College	43·50	32	11·50
St. Thomas's	39·60	28·83	10·83
London	27·60	25·60	2
St. George's	22·50	14·50	8
St. Mary's	19	11·50	7·50
Middlesex	16·83	13·83	3
Charing Cross	6·83	6·30	·50
Westminster	6·50	6·50	—
Manchester	21·83	14·83	7
Liverpool	15·30	11·30	4
Leeds	10·83	6·83	4
Newcastle-on-Tyne	9	5	4
Birmingham	7	7	—
Bristol	5·50	5	·50
Cambridge	5·50	5	·50
Sheffield	4	4	—
Dublin	7	4·50	2·50
Belfast	3·30	3·30	—
Galway	·50	·50	—
Edinburgh	15·16	10·83	4·30
Aberdeen	4·50	3	1·50
Glasgow	2·50	1	1·50
Bombay	·50	·50	—
Calcutta	·50	—	·50
Madras	·50	·50	—
Toronto	3	2	1
Melbourne	1·50	1·50	—
New York	1	1	—
Montreal	·50	·50	—
Kingston, Canada	·50	·50	—
McGill	·30	—	·30
Laval	·30	·30	—
Berlin	1	1	—
Wurzburg	·50	·50	—
Heidelberg	·50	·50	—
Totals	529	409	120

In the above list candidates who are indicated by a fraction have received their education at two or more schools of medicine

University of Dublin.—At a meeting of the Senate on July 4th, the following degrees were conferred :—

Bachelor in Surgery.—Edward James Cowen, Henry Lawrence Cox, Francis Augustus Bonner Daly, James Dunne Day, James Campbell Hall, Arthur W. P. Inman, William Cox Neville, Guy Percival L'Estrange Nugent, John Gregg O'Neill, William Cleland Wilkinson, Richard Blayney Wrightson.

Bachelor in Medicine.—Fredk. Charles Berry, Ludovic Buchanan, Cecil Josiah Bushe, James Campbell, Walter Peter Carson, Francis Augustus Daly, Yelverton Dawson, Henry Singer Gabbett, Joseph Gibson, James Campbell Hall, Richard Atkinson Hayes, Reynolds P. Hetherington, Arthur W. P. Inman, James Bostok Jacob, Robert Henry Johnston, Christopher John Nixon, Guy Percival L'Estrange Nugent, John Gregg O'Neill, Walter Pool, Fredrick Ogilby Ross, William Cleland Wilkinson.

Master in Surgery.—Robert Norman Thompson, William Fetherstonhaugh Lambert.

Doctor in Medicine.—William Chatterton, William Clibborn, Arthur Henry Cole Daue, Yelverton Dawson, Herbert John Fausset, William Frazer, Henry Alex. Gogarthy, Richard Atkinson Hayes, William Walter.

Master in Obstetrick Arts.—William Cox Neville.

Licentiate in Medicine.—James Grove Crofts, Crosdaile Miller Thompson.

Licentiate in Surgery.—James Grove Crofts, Crosdaile Milfer Thompson.

Seamen's Hospital Society, Greenwich.—A general court of the governors of the Seamen's Hospital Society (late *Dreadnought*) was held on Friday last, when a statement of the work of the Society was presented; from which it appears that 368 seamen have been admitted to the hospital as in-patients during the past quarter from British and foreign ships, of which number 77 came from the port of London, 26 from Liverpool, 17 from Glasgow, 9 from Newcastle,

from Sunderland, and 5 from Dundee. In addition to the British seamen, 1113 sailors of different nationalities were benefited, including 28 from Sweden and Norway, 22 from Germany, 18 from the colonies, 13 from the United States, 10 from Russia, and representatives from Austria, Italy, Spain, France, Holland, Mexico, India, and Denmark. The accounts presented a deficiency of £458.

Resuscitation in Poisoning and Asphyxia.

In apparent death from chloroform, resuscitation can be effected by means of artificial respiration in those cases only, in which the heart has not yet fully stopped beating. If the latter accident has occurred, compression of the thorax becomes necessary, and even this loses its utility 7 to 19 minutes after the stoppage of the circulation, and 10 to 24 minutes after cessation of breathing. Sudden deprivation of oxygen (rapid asphyxia) paralyses the heart much more rapidly. Artificial respiration, combined with methodic compression of the thorax, must be commenced at the latest 1 to 1½ minutes after stoppage of the heart, in order to succeed as means of resuscitation. Resuscitated animals show a number of "symptoms of resuscitation from apparent death." Boehm describes them (*Archiv. fer Exp. Path.*) as increased reflex irritability, as in animals poisoned with strychnia, in co-ordinated movements, diminished sensibility, blindness remaining for two to three days, probably also loss of hearing, taste, and smell, reduction of temperature, and finally transitory glycosuria. In general, the animals resemble for a time dogs, whose cerebrum has been removed by the method of Goltz. Similarly, as in deep narcrosis, the different organs do not all return to a state of activity at once. The heart first begins to act, next respiration returns, and finally the functions of the brain are re-established.

NOTICES TO CORRESPONDENTS.

An Interested One.—Our contemporary was a little "behind the fair." You will find the correct information in our issue of the previous week.

A Volunteer Surgeon will find Surgeon-General Gordon's "Lessons in Hygiene and Military Surgery from the Franco-German War" of the greatest possible assistance. The lessons are based upon the experience of one of the ablest and most observant surgeons of the British service, who, as officially representing the British Government in one of the greatest wars of modern times, had every advantage for studying and reporting upon the various methods and appliances of field and internal siege surgery. We heartily commend the book.

Gastronomic.—The *Students' Journal* is responsible for the following:—"A young lady at home from boarding school for the holidays was asked if she would have some roast beef, when she replied, 'No, I thank you; gastronomical satiety admonishes me that I have arrived at the ultimate stage of deglutition consistent with dietetic integrity!' She was never asked if she'd have anything more again."

Mr. G. S. C. will please receive our best thanks for the information of which he will see we have made use in the present number.

Dr. John W.—Our publisher informs us that the number is out of print.

Indian Medical Service.—Notice will be found in our advertising columns of an examination of candidates for fifteen appointments in Her Majesty's Indian Medical Service on the 12th proximo. The necessary certificates must be submitted to the Military Secretary at the India Office at least a fortnight previously.

Communications, Enclosures, &c., have been received from—Dr. Byrd, Quincy, Illinois. Mr. John Gay, London. Dr. Harley, London. Mr. Erichsen, London. Dr. de Senna, Barcelona. Dr. Alford, Hampstead. Dr. Crossley, Rotherham. Dr. Williams, Fulham. Dr. Leet, London. Mr. James Shaw, Dublin. Dr. Stretch Dowse, Hornsey. Dr. Marmaduke Taylor, Cavalry Barracks, Windsor. Dr. Fixott, St. Heliers, Jersey. Mr. Jabez Hogg, London. The Registrar-General. Dr. Bell Taylor, Nottingham. Mr. Pearce, Pimlico. Dr. Hendrie, Cheshunt. Dr. Bernard Kelly, Rotherhithe. Dr. Morell Mackenzie, London. Dr. Barnardo, Stepney. Dr. Hunter, Bulman Village, Newcastle-on-Tyne. Dr. Lemoine, Rheims, France. Mr. D. Browne, Achill. Dr. De Fonmartin, Seamen's Hospital, Greenwich. Dr. Lyons, Dublin. Dr. Shuttleworth, Royal Albert Asylum, Lancaster. Dr. Peirson, Scarborough. Dr. Cox, Hawkesbury-Upton. Mr. Douglas Hemming, Notting Hill. Mr. Metcalfe, Paddington. Mr. Marlett Boddy, Camberwell. Mr. George Meadows, Hastings. Mr. Wheeler, Darlington. Mr. F. B. Courtenay, London. Mr. Squire, London. Dr. Byrom Bramwell, Newcastle-on-Tyne. Dr. O'Flanagan, Houghton-le-Spring, Durham. Mr. Teevan, London. Mr. Copland, Brighton. Dr. Stott, Haslingden, Lancs. Dr. J. Speer, Liverpool. Mr. G. C. Harding, Margate. Dr. Stokes, Dublin. Dr. Gillespie, St. Thomas's Hospital, Westminster. Dr. Krishaber, Paris. Professor Tichborne, Dublin. Dr. Scudda, Cincinnati, &c., &c.

VACANCIES.

Birmingham Borough Lunatic Asylum.—Assistant Medical Officer. Applications, with testimonials, to the Clerk, at the Asylum, on or before July 23, addressed to the Committee of Visitors.

Bradford Infirmary and Dispensary.—Dispensary Surgeon and House Physician. Salary, attached to each office, £100 per annum. Applications, with testimonials, to the Secretary on or before July 25.

Carmarthen Infirmary.—House Surgeon. Salary, £125. Must have a knowledge of Welsh. Applications to Mr. H. Howells, 58 King Street, Carmarthen. Election, July 31.

Manchester, General Hospital for Sick Children at Pendlebury.—Physician. Salary, £300. Occupant of the post may engage in consulting but not general practice. Applications before July 29. (See Advt.)

Newcastle-on-Tyne Borough Lunatic Asylum.—Assistant Medical Officer Salary, £100, with board and lodging. Applications to the Medical Superintendent before July 23.

Newport Union, Achill Dispensary District.—Medical Officer. Salary, £100, exclusive of fees. Applications to Mr. Carr, Achill, Newport. (See Advt.)

Portsmouth Royal Hospital.—Medical Officer for the Lock Ward. Annual salary at the rate of £150 first six months, £200 afterwards, with board and lodging. Applications, with testimonials, to the Chairman, The Vicarage, Portsmouth.

Royal Albert Infirmary.—Junior House Surgeon. Salary, £60, with board. Applications before July 29 to the Hon. Sec. at the Infirmary, Wigan.

APPOINTMENTS.

Byrne, William, M.B., B.Ch. Univ. Dub., Senior House Surgeon to the Metropolitan Free Hospital, London.

Croly, Thomas H., L.R.C.S. Edin., &c., Medical Officer to the Achill Dispensary, Newport Union.

Dixey, H.E., M.B., C.M., Junior House-Surgeon to the Royal Infirmary, Preston.

Dodd, T. A., L.R.C.P. Ed. & L.M., M.R.C.S.E., an Assistant Surgeon to the Newcastle-upon-Tyne Infirmary.

Field, A. F., M.D., L.R.C.P. Ed., Medical Officer of Health for the Swaffham Rural Sanitary District, Norfolk.

Gibson, G. A., M.B., C.M., D.Sc., Assistant Physician to the General Hospital, Birmingham.

Hodges, W., M.R.C.S.E., Medical Visitor of Fairford House Lunatic Asylum, Gloucestershire.

Hunt, J. W., M.D., an Honorary Physician to the Wolverhampton and Staffordshire General Hospital.

Langdon, J. W., M.R.C.S.E., Senior House Surgeon to the Royal Infirmary, Preston.

Le Tall, F. T., M.R.C.S.E., Medical Officer of Health for the Handsworth Urban Sanitary District, Yorkshire.

McDowell, Francis V., L.R.C.S.I., &c., Medical Officer to the Baltinglass Dispensary, Baltinglass Union.

McMaster, A., L.R.C.P.Ed., L.R.C.S.I., Medical Officer and Medical Officer of Health, &c., for the Ballygawley Dispensary District of the Clogher Union, co. Tyrone.

Smith, A. T, Medical Officer to the Annandale, Thornton, and Springhill Collieries, near Kilmarnock.

Army Medical Department.—Surgeon-Major F. L. G. Gunn retires on half-pay; Surgeon-Majors R. J. W. Orton and S. P. Woodfull retire on temporary half-pay; Surgeon-Major A. W. Shedden, M.D., resigns his commission; Surgeon-Major T. Y. Baker, from half-pay, to be Surgeon-Major.

Births.

Kearns.—On July 2, at Benagher, the wife of Robert Kearns, M.D., of a daughter.

Lovell.—On July 11, at 53 Wellington Road, St. John's Wood, the wife of J. O Lovell, M.R.C.S., L.R.C.P., of a daughter.

Owen.—On July 7, at Haulpe, Beaumaris, Anglesea, the wife of R. Briscoe Owen, M.D., M.R.C.S., of a son.

Marriages.

Hare—Alpe.—On July 11, at St. George's, Hanover Square, W., Surgeon-Major Hare, A.M.D., to Alice Blanche, daughter of J. P. Alpe, of Freshwater, Isle of Wight.

Salmon—O'Beirne.—On July 3, at Boherquill, co. Westmeath, Thomas Salmon, M.D., Castlepollard, to Jane, youngest daughter of the late James O'Beirne, Corelly House, co. Westmeath.

Deaths.

Bowen.—On June 17, at Richmond Road, Hammersmith, C. Chappell Bowen, Surgeon, aged 86.

Calder.—On June 30, at Victoria Road, Aldershot, William Menzies Calder, Surgeon-Major, Army, aged 48.

Fraser.—On July 7, at Hampstead, Donald Fraser, M.D., aged 67.

Harris.—On July 4, at Kempston, Bedford, Henry Harris, L.R.C.P., aged 45.

Kennion.—On July 8, at All Saint's Vicarage, Bradford, Catherine Elfrida, widow of George Kennion, M.D., F.R.C.P., late of Harrogate.

Murphy.—On June 19, at Bagenalstown, co. Carlow, Joseph W. C. N. Murphy, L.R.C.P.L., Assistant-Surgeon, Army, aged 40.

O'Neill.—On May 31, at Port Wellington, Madras, Charles J. O'Neill, Surgeon A.M.D.

Robertson.—On July 11, at Sele Grange, Hertford, Montgomery Robertson, M.D., aged 73.

Scobell.—On July 8, at Plympton, Devon, Thos. E. Scobell, M.R.C.S., aged 32.

IRISH POOR-LAW INTELLIGENCE.

DUBLIN SANITARY ASSOCIATION.

THE Annual General Meeting was held last Thursday evening. The Chair was taken by Lord James Butler.

Mr. R. O'B. Furlong read the annual report. The Committee regret to say that the epidemic of small-pox, to which they alluded in their last report, has but too fully verified the predictions of your Committee, and assumed very serious proportions in this city. On the first appearance of the disease in Dublin in the autumn of 1876, your Committee urged upon the Local Government Board, the Public Health Committee, and such of the Dublin hospitals as received fever patients, the necessity of adopting special measures to prevent the spread of small-pox ; they also issued a placard warning the public of the danger of the disease, and pointing out the best means for its prevention and treatment. The existing vaccination laws are loosely carried out—the local authorities abstaining from prosecuting defaulters, or only inflicting nominal fines, the excuse for such leniency being that the law is insufficient. Your Committee are aware that these deficiencies do not exist in the law in force in England. The defects are as follow :—A child may remain unvaccinated for a period of six months after its birth without its parents incurring any penalty. The period in England is but three months. Public vaccinators in Ireland have no power to take lymph as in England thus limiting considerably the lymph supply. There is no inspection of vaccination in Ireland, nor is there any system of awards for special zeal and efficiency in carrying out the practice as in England. The payments to public vaccinators in Ireland are so small that it is not worth their while to be zealous in the discharge of their duty. With regard to the fee allowed for each case of successful vaccination in Ireland (one shilling), your Committee consider it to be quite inadequate. Besides neglected vaccination there are unfortunately other causes for the prevalence of small-pox which do not require any new enactment for their removal :—1. The disgraceful sanitary state of the city as evinced by the high death-rate. 2. The want of proper sanitary organisation and supervision. 3. The want of proper means of removing infected persons to hospital. 4. The want of epidemic hospital accommodation. This is a great defect in hospital organisation in Dublin.

Mr. Charles H. Meldon, M.P., moved the adoption of the report, and the statement of accounts. He regretted very much that the report did not give a very favourable account of the sanitary state of the city of Dublin. In point of fact, he was afraid he must describe the sanitary condition of the city as almost as bad as bad could be. Certain it was that it far and away exceeded in its rate of mortality any other city in the United Kingdom. There were no means better adapted to bring about that state of public feeling on sanitary matters which ought to exist than the existence of an association such as that in the midst of the parties interested. One could not look to the names of gentlemen on the committee of the association, eminent scientific men, eminent professional men, and men eminent for the services they had conferred upon their fellow citizens, without feeling that that was an association that deserved public support and hearty co-operation by everyone. They had the sanitary matters in the city watched over by a Committee of the Corporation —the Public Health Committee—composed of gentlemen no doubt actuated by the best motives. There was no greater fallacy than the supposition that there must necessarily be some antagonism between that body and this association. Their only wish was to facilitate the Public Health Committee in their arduous duties, while creating a feeling among the public in favour of sanitary reforms. The subject with which the report opened was a very melancholy one, having reference to the very severe epidemic at present raging in the city. He would like to call attention to the fact that the first steps which had been taken in order to do away with the evils of that epidemic were taken upon the motion of that association. Alluding to the subject of vaccination, he thought they had just ground of complaint in the fact that the law in regard of vaccination was infinitely more stringent in England than in this country, and consequently in the former country the law was calculated to do more good than in Ireland.

Mr. Furlong, in seconding the resolution, regretted that the paragraph in the report as to the Public Health Committee having renewed the practice of destroying the clothing of small-pox patients was not correct. Though this was the safe and proper course to adopt, as recommended by most eminent sanitary authorities, the Public Health Committee were content with merely disinfecting the clothing by washing. He looked upon the establishment of artizans' dwellings in the city as the most striking of the results of the association, they having been the founders of the Artizans' Dwellings Company.

The resolution was passed.

Dr. Smyly, President R.C.S., proposed the election of officers and committee for the year 1878-79.

Dr. Grimshaw, in seconding the motion, said there was a point to which he would like to refer, and that was the great services Mr. Meldon had rendered, not alone to that association, but to the public generally, with regard to the Public Health Bill now before Parliament. (Hear, hear.) He thought he ought to say that singly Mr. Meldon had more to do with that Bill than any other member in the House of Commons. (Hear, hear.) With regard to the vaccination laws, bills had been drafted and prepared, but the Government had thought fit to pigeon-hole them for a year, when they might have been brought out before the present small-pox epidemic, and have conferred great advantages. They in the city of Dublin had very unfortunate experience with regard to hospital accommodation to meet such epidemics. (Hear, hear.) There was an idea abroad that each epidemic should take care of itself—that was a very unfortunate idea indeed. (Hear, hear.) In the last two outbreaks the extra accommodation had been

provided at a ruinous cost—certainly at a far greater cost than if it had been looked after in proper time. (Hear, hear.) There was only one epidemic hospital in Dublin—the Cork Street Fever Hospital—and it was of a very limited character, and totally incapable of coping with an outbreak such as they were at present visited with. The only other means available were the fever wards of the general hospitals, and it was rather a dangerous thing to introduce the epidemic there.

Dr. Smyly having been called to the second chair, a vote of thanks was passed to Lord James Butler, when the proceedings closed.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING JULY 6, 1878.

Total registered deaths in Dublin and suburbs*			... 150
Ten years average of same week	...	...	... 122
Excess of mortality above average	...	...	... 38
10 weeks' ratio of deaths Rathmines			21·4 per 1,000
„ „ „ Donnybrook†			24·6 „
„ „ „ Blackrock			13·0 „
„ „ „ Kingstown			17·4 „
„ „ Entire Dublin District			24·8 „
Comparative Ratios—London		...	22·1 „
„ „ Glasgow		...	22·0 „
„ „ Edinburgh		...	19·2 „

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Thirty-nine deaths from zymotic diseases were registered during the week, being 14 less than in the preceding week, but 16 over the average for the 27th week of the last ten years. Thirty-six of these deaths were caused by six of the principal diseases of this class, viz., 18 by small-pox, 9 by fever (2 typhus, 5 typhoid, and 2 simple continued fever), 5 by whooping-cough, 2 by diarrhœa, and 1 each by scarlet fever and diphtheria. Two of the deaths from small-pox were chargeable to the North City Districts, 13 to the South City, and 3 were cases admitted into hospital from without the Dublin Registration area. Ninety-one new cases of small-pox were admitted into seven of the Dublin hospitals during the week, against 80 in the preceding week, 84 patients were discharged as cured, and 15 died, leaving 228 under treatment on Saturday last, being 8 less than the number on Saturday, 29th June.

Ten children died from convulsions.

Fourteen deaths resulted from bronchitis, 2 from pneumonia, 1 from pleurisy, and 1 from lung disease unspecified.

Five deaths were attributed to heart disease, 3 to paralysis, 2 each to apoplexy and epilepsy, 1 each to cephalitis, and brain disease unspecified; 2 to jaundice; 2 to Bright's disease, and 1 each to diabetes and cystitis.

Phthisis caused 25 deaths, hydrocephalus 3, mesenteric disease 2, and scrofula and cancer 1 each.

Belfast.—Three deaths from scarlatina, 1 each from small-pox, diphtheria, and measles, and 2 from diarrhœa were registered during the week.

Galway.—Two deaths from small-pox and 1 from fever were registered.

ABSTRACT OF THE TWENTY-SEVENTH REPORT ON LUNATIC ASYLUMS IN RELAND.

(Continued from our last.)

But while gratified at the generally favourable state of our public asylums, we cannot avoid expressing regret at the unsatisfactory condition of Londonderry district in respect to its insane poor, one not altogether creditable to such a wealthy and enlightened locality. On different occasions the advisability of erecting a new asylum was brought by us before the Executive, our effort for years to induce the Board of Governors to take action having proved fruitless. The asylum built nearly fifty years ago, for 112 patients contains at present 260; so over-crowded is it that as many as from eight to nine beds are to be found in dormitories scarcely calculated for five. There is nothing like adequate day-room provision, the kitchen and laundry for the use between sane and insane of 320 inmates, have, respectively, not more than eighteen feet square of superficial area; there is no infirmary, no refectory, no chapel, no suitable out-offices of any kind, no space for airing-yards; in a word, it has no recuperative power, and such being the case, ought to be replaced by one erected on a well-adapted and open site of from forty to fifty acres. We can discover no reasonable excuse why the Londonderry district with its 170,000 inhabitants and a rateable income of nearly £400,000 a year, should not provide an adequate accommodation for its insane poor.

There is a second northern district in which there is a dearth of lunatic accommodation, but by no means like to that in Londonderry. The county of Antrim, including the rapidly progressing borough of Belfast, contains a population of 410,000, with, fortunately for itself, an annual property under Poor-law valuation of nearly a million and a quarter. The asylum of the district is occupied by 440 patients, with an excess of admissions from one year to another so great that it is now overcrowded by 80 beds, space for which has been principally obtained by the conversion of workshops and other rooms from their primitive objects into dormitories.

The primitive statute directing the construction of public asylums for the insane poor of Ireland was passed in 1821,—the first and second George IV., cap. 33. By it the Lord-Lieutenant in Council was authorised to establish such institutions when and where it seemed expedient to him, while for the purpose of doing so the the more efficiently, eight Commissioners were nominated to superintend the execution of all operations connected with them.

The building of nine asylums, capable of accommodating between them 980 patients, was some years afterwards commenced at Armagh, Ballinasloe, Belfast, Carlow, Clonmel, Limerick, Londonderry, Maryboro', and Waterford, for their respective districts, some of them composed of as many as five counties. They were not, however, fully occupied before 1835, such was the dislike of the humbler classes to the name of mad-houses, by which they were commonly recognised. In 1836 the Board of Works assumed the duties of the Commissioners, who had retired, and continued to act up to 1861, when by the 18 and 19 Vic., cap. 109, two members of the Board, including the Chairman and the two Inspectors of Lunatics, were appointed Commissioners of General Control and Correspondence, and have now been in office seventeen years. The Act 1 and 2 G. IV. conferred on the Lord Lieutenant in Council unlimited power, not only to obtain from the consolidated funds moneys necessary for the establishment of public asylums, but to apportion the repayment of them in such modes and over such periods as he might think advisable, and by a subsequent statute he was authorised to direct that a sum not to exceed ten thousand pounds should be advanced quarterly to any one asylum for its support, an amount which has never been required, the largest so obtained being at the Richmond or Metropolitan for £8,000. Advances, whether made for buildings, furniture, the purchase of land, or current maintenance, bore no interest whatever. The liquidation of the former extended over fourteen years, of the latter to twelve months, both by grand jury presentments.

The sum expended on the establishment proper of district asylums, and the purchase of land attached to them, may be set down in round numbers up to the close of last year at a million two hundred and

fifty thousand, of which the original Commissioners spent £210,000, the Board of Works, £390,000, and the present Commissioners of Control, £486,000, independent of works now in operation, £90,000, but inclusive of works not as yet brought under repayment. To the above may be consistently added £74,000, the value of the Richmond Asylum, fully furnished at the time with other appurtenances, presented as a gift to the metropolitan counties.

The concession of interest on a principal, the repayment of which extended over a period of fourteen years, would be as nearly as possible 33 per cent. in value, a sum equivalent to a third of the loan ; so if the calculation be correct, on a million one hundred and seventy-six thousand pounds—not taking the gift of £74,000 into consideration—this country has had a clear and exceptional benefit of £390,000.

Prior to the 31 and 32 Vic., c. 97, the audit of the Irish Asylums accounts was carried out in London by the Commissioners at Somerset House. For the past eight years these accounts have been scrutinised at each institution by the auditors of the Local Government Board ; their examination of them, according to the amount of expenditure, occupying from three to ten, or more days. The total sum within the period mentioned, reached £1,555,959 10s. 6d. ; and we can adduce no more convincing proof of the satisfactory working of Irish district asylums—of the attention bestowed on their fiscal management, than that the strict and impartial investigators into all the particulars connected with their general and incidental expenditures, have not deemed it necessary to enforce the payment of a single disallowance ; minor irregularities, admitting of explanation, may have occurred, or oversights speedily amended ; but we may add that the reports submitted to us by the auditors under the Art are, without exception, highly favourable.

In the twelvemonth terminating on the 31st December, 1876, the total outlay, as audited, was £192,265 15s. 5d. On the 1st of January, same year, there was a balance to the credit of asylums of £33,730 18s. 5d. ; a sum of £106,615 8s. 10d. was advanced from the Paymaster-General ; the Treasury rate in aid was £77,907 ; £3,366 14s. 11d. was received from friends of paying patients, and £4,377 16s. 3d. from miscellaneous sources. A balance of £33,692 3s. was consequently left available on the first day of January, 1877.

(To be continued.)

IRISH MEDICAL ASSOCIATION.

ANNUAL GENERAL MEETING,

Held at the ROYAL COLLEGE OF SURGEONS IN IRELAND *on* MONDAY, THE 3RD JUNE, 1878.

DR. A. O'KELLY NOLAN (Gort.), Vice President for Connaught, in the chair.

REPORT OF COUNCIL FOR THE YEAR ENDING 31ST MAY, 1878.

Continued.

Medical Witnesses at Coroners' Inquests.

It will be remembered that, at the last Annual General Meeting, the Association was informed that the Council had instituted legal proceedings in the Court of Queen's Bench, Ireland, by which this Association objected to the payment of a fixed salary, instead of fees per inquest, to the coroner's medical witness ; and, secondly, to the appointment of a standing medical witness instead of the employment, in each case, of "a legally qualified medical practitioner, being at the time in actual practice, at or near the place where such death happened," as violations of the Act of Parliament ; and the case "The Queen at the prosecution of Jacob *v.* Finlay" was heard before the Court of Queen's Bench on the 17th and 19th November last. The judgment of the Court confirmed the views held by this Association, and decided that the custom then prevailing in Dublin was illegal, objectionable, and contrary to the policy of the law, but directed that, as no corruption was charged, or appeared to have taken place, and as the ratepayers had rather gained pecuniarily by the arrangement which had been a long time in existence, each side should pay its own costs. Owing to the many postponements of the trial, the costs were greater than they would otherwise have been, and amount to the sum of £76 16s. 10d., which includes all the expenses of the Association connected with this case. However, your Council trust that no further necessity will arise in this matter for legal proceedings to be taken by the Associations to enforce observance of the Act of Parliament, th eCourt of Queen's Bench having most emphatically pronounced that the arrangement complained of is contrary to the policy of the law.

Your Council are informed that the Corporation of Dublin have, since the above case was decided, obtained an opinion of Counsel regarding the matter ; and, acting upon the advice received, have discontinued the practice objected to by this Association ; but as it appears that hitherto coroners have not been informed by the police of the name and address of a medical practitioner, qualified as the Statute directs, to be summoned by the coroner to give evidence at each inquest, your Council addressed a letter to the Inspector-General of the Royal Irish Constabulary, and also the Chief Commissioner of the Dublin Metropolitan Police (to each of whom a copy of the judgment above referred to was forwarded), calling their attention to the 33rd Section of the 9th and 10th Vic., cap. 37, in the hope that they might see fit to issue instructions to the police, when giving notice of violent or sudden deaths to coroners, that they shall, in future, inform them of the name and address of the legally qualified practitioner (if any) who was in attendance upon the deceased at or about the time of death, or of the name and address of the legally qualified practitioner "at the time in actual practice at or near the place of death," with a view to his being summoned by the coroner to give evidence at the inquest. The Inspector-General of the Royal Irish Constabulary, in acknowledging the receipt of the letter sent to him thanked the Council for the suggestion offered, promising that it should receive due consideration, and soon afterwards issued instructions to the constabulary in accordance with the suggestions of your Council ; but as the Commissioner of the Dublin Metropolitan Police did not reply to the communication addressed to him, your Council subsequently forwarded another letter to him, bringing the matter again under hisnotice, and repeating the request made ; whereupon a lengthened correspondence ensued between your Council and the Commissioner (which was published in the Report of Council for the quarter ended 31st March last, and which will be found in the appendix of this Report), which your Council did not consider satisfactory ; it was therefore considered necessary that this correspondence should be brought under the notice of His Grace the Lord Lieutenant, and it was accordingly forwarded to the Chief Secretary for Ireland with that object, from whom an acknowledgment of the receipt of the communication has been received.

A complaint having been made to your Council, that, on the 7th of July last, an inquest was held, at which the coroner who held the inquest employed as medical witness a practitioner who resided over twenty miles from the place where the death occurred and the inquest was held ; your Council adopted a resolution detailing the circumstances reported, and requested that the coroner would offer any explanation he thought fit as to his action, which appeared to be a distinct violation of the Act of Parliament ; to which the coroner replied in a very unsatisfactory manner ; and your Council found it necessary to submit a case for the opinion of counsel, comprising not only the question of the meaning of the words "at or near," but also all the other points connected with the qualifications (defined by law) of the medical witnesses to be employed at coroners' inquests. In the case referred to, the complainant stated that he had been notified by the police to hold himself in readiness to attend the inquest, and that, at considerable inconvenience not only to himself but also to his patients, he had done so ; that on the second day following that on which the inquest was held he was casually informed of the fact, and he therefore considered it his duty to report the matter to your Council.

When the case of the Queen at the prosecution of Jacob *v.* Finlay was before the Court of Queen's Bench, the Court expressed their opinion that although a medical witness residing in a town might, by a stretch of language, be said to reside near the place of a death which occurred in the town, yet in the country the case would be quite different.

Mr. Robert O'Brien Furlong was consulted, and he has stated as his opinion—

1. That under the 22nd section of the Coroners' (Ireland) Act, in cases where the cause of death is not apparent (*i.e.*, neither accident nor violence), it is the duty of the police to make inquiry as to the fact of a medical man having been in attendance on the deceased—information on this point being material to enable the coroner to decide as to the necessity for an inquest.

2. The summoning of a medical witness is a matter for the discretion of the coroner; but if he should come to the conclusion that medical evidence is necessary, he is bound to summon a legally qualified medical practitioner being at the time in actual practice at or near the place where the death happened. He is clearly of opinion that a coroner is bound to give effect to the words "at or near" in section 33; and that in the case recited the coroner acted in direct violation of the letter and spirit of the statute.

3. He has no doubt as to the illegality of the coroner's conduct in the case recited, and he does not think the reasons given by the coroner in his letter afford the slightest justification for it. He also states that in the recent case, the Queen (Jacob) *v.* Finlay, the Court of Queen's Bench expressed their opinion that although a doctor residing in a town might, by a stretch of language, be said to reside near the place of a death occurring in such town, yet the case would be quite different in a county; and he is clearly of opinion that the Court would condemn the transaction complained of as illegal if brought before them.

4. He is of opinion that a notice should be served on the Secretary of the Grand Jury, cautioning him, and the Finance Committee, against making any payment for expenses of witnesses except to the coroner, and to him only when the payments are legal; and calling his and their attention to the illegal practice complained of; and that notice should also be served on the coroners cautioning them against any further violations of the law.

5. A coroner is liable to a criminal information, or he may be indicted, for any wilful neglect in the performance of the duties of his office. Section 42 provides that upon any coroner being convicted of wilful neglect of duty, the Judge of Assize before whom he is convicted may direct that he shall be removed from his office, and if so removed he becomes incapable of again being elected as coroner. In the case recited, the coroner certainly acted in violation of the provisions of the statute, and had no authority to summon the medical witness employed; and it might be concluded that this was such a wilful neglect of duty as would render the coroner liable to criminal proceedings.

6. The only remedy open to querists to put a stop to the illegal practice complained of is to apply to the Court of Queen's Bench for a criminal information against the coroner for wilful neglect of duty in disobeying the duty imposed on him by the statute, of summoning a medical witness (if he deemed the attendance of such a witness necessary) in actual practice at or near the place where the death occurred; the granting of such an application is a matter for the discretion of the Court, and would, of course, very much depend upon the particular circumstances of each case.

7. If the accounts of the Grand Jury, in which the payment of the medical witness employed in the case complained of have not as yet been audited, objection should be made to that payment when the audit takes place.

The coroner referred to in this instance is not only a medical practitioner but also a member of this Association; but your Council, although considering that these circumstances tend rather to aggravate his offence, hesitate in view of the result, to apply to the Court of Queen's Bench for a criminal information against him, and trust that by communicating to him this opinion of counsel, and cautioning him against a repetition of the offence complained of, they may be spared the necessity for further action with regard to this matter.

(To be continued.)

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, July* 6, 1878; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, JULY 6, 1878.															
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	25	192	150	28	22	18	...	1	1	5	9	2	5	3	48
BELFAST . .	20,687	182,082	19	126	68	9	9	1	1	3	1	...	...	2	1	1	13
CORK . .	13,816	91,965	14	36	24	3	7	...	2	...	..	...	...	2	2	1	6
LIMERICK .	8,509	44,209	20	26	17	1	7	..	...	...	...	...	..	...	...	...	8
LONDONDERRY .	21,865	30,884	25	14	15	...	6	...	...	..	...	...	1	...	...	...	5
WATERFORD .	17,209	30,626	12	14	7	1	...	...	...	...	...	1	...	...	...	...	1
GALWAY . .	21,358	19,692	26	3	10	1	4	2	...	..	...	...	1	...	1	2	6
SLIGO . .	30,835	17,285	18	10	6	2	...	...	...	..	...	...	...	...	...	1	1

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 24, 1878.

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CURVATURES OF THE SPINE TREATED BY SUSPENSION AND THE PLASTER OF PARIS JACKET.

By LAMBERT H. ORMSBY, M.D., F.R.C.S.,

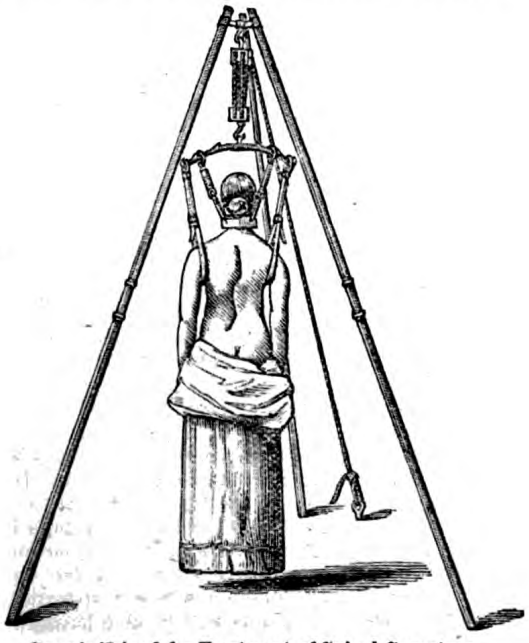
Surgeon to the Meath Hospital and Co. Dublin Infirmary, and to the National Orthopædic Hospital of Ireland.

Some nine months ago I published in the pages of this journal an account of the treatment of spinal curvatures by means of the plaster of Paris jacket in the National Orthopædic Hospital of Ireland (7 Upper Kevin Street). Since that time I have treated over a hundred cases, in hospital and private practice, and have fully considered the method in all its bearings, and for practical purposes I will divide the cases that came under my observation into three classes :—

1. *Cases where the treatment was eminently useful.*
2. *Cases where the treatment was partially useful.*
3. *Cases where the treatment was useless.*

As many of the readers of this journal may not have seen the apparatus, the accompanying wood-cut gives them a very fair idea. It consists of an iron or wooden tripod which stands from 8 to 10 feet from the ground ; from a hook at the top of the tripod, we have a double block and pulley suspended, to which is attached below a horizontal bar made of iron or brass ; from this bar is attached a leather collar well-padded, which encircles the neck, exerting pressure on the chin and occiput ; two straps also pass under each arm-pit, which are attached to extreme ends of the bar.

The patient suffering from curvature of the spine is then secured by buckling the cervical collar, the straps passed under each arm-pit so as to prevent the patient from being entirely suspended from the head and neck. The cord is then tightened by the action of the block and



Sayre's Tripod for Treatment of Spinal Curvature.

pulley, and the patient is then slowly and gently raised from off the ground. The weight of the lower extremities has a tendency to keep the body in a state of perpendicular extension, while the head and shoulders are fixed and stretched by the action of the block and pulley from above.

When the patient is slowly raised from the ground, if the spine is closely examined some curvatures to a great extent disappear, the angularity becomes less and less apparent after a few minutes' suspension. On lowering

the patient to the ground the angularity or lateral deflexion again returns.

Sayre's plan and idea was to suggest something that would keep the spinal distortion immovably fixed in a position it assumes when the body is suspended; for which purpose, in some cases, the plaster of Paris jacket suits admirably.

This, briefly, consists of a tightly-fitting woollen vest put on the body and over the anterior portion of the thorax and abdomen; a small elongated pad is introduced under the vest. Half-a-dozen coarse muslin bandages, about three inches wide, are then completely saturated or dredged with fresh dry plaster of Paris, the bandages are then placed *end* upwards in a vessel of water which must completely cover the bandages. When all bubbles disappear on the surface of the vessel containing the bandages they are completely saturated, and are quite ready for use.

The patient is then suspended by tightening the cord attached to the block. The operator takes the first bandage out of the vessel and begins to roll it round and round the body over the vest, while an assistant assiduously smooths the bandage evenly round the body and rubs fresh plaster into the wet bandages if necessary. Bandage after bandage is thus applied in the same way. When enough bandages are applied, which vary from four to six, the patient is still kept suspended, for a short time till the plaster sets and hardens, and a perfect mould of the body is thus formed. Strips of tin have been recommended to be inserted under the bandage at the back to give support and stability to the mould. These, however, I find are not necessary. Great stress has been laid on the way the patient is to be removed from off the tripod, directions being given that the patient should be grasped by the head and feet by two assistants, and carried in the perfectly extended position and laid on a flat bed or table, so as to allow the mould to set more perfectly. Other surgeons considered this point so particular that they have gone to the trouble of suggesting swinging-doors placed under the tripod so as to accommodate the patient and prevent the possibility of bending the body. These directions I believe not to be at all necessary if the surgeon uses good freshly-ground plaster of Paris. I always heat the plaster before the fire before using it, and I find that the plaster sets in some cases far too soon, and before the jacket is completed the mould is as hard and stable as possible, and the patient may then be gently lowered to the ground without any fear of the mould yielding and allowing the distortion to return.

Such is a brief outline of the manner and application of the plaster of Paris jacket. The muslin, I may mention, can be purchased at any of the large marts at 3d. per square yard, which will make at least six bandages. I find, however, that the jacket is not without disadvantage:

First. In extreme angular curvature this unyielding case frequently produces what are called *pressure-sores* on the prominent sub-cutaneous bony points, which at times give rise to great uneasiness. In one case I put on the jacket one day and had to take it off the next; owing to this fact the patient could not bear it, and when I did take it off I found the prominent bony points in the angular curvature red and slightly abraded, even after a few hours' pressure. The remedy is simple: where you anticipate pressure-sores cover such points with good adhesive soap-plaster, and over that place a small pad of cotton-wool. This, in most cases, will obviate the difficulty.

The second disadvantage is, should the plaster be kept on for a few weeks, as in all cases it should to be of any use, that at the end of a month or five weeks the patient feels very uneasy or itchy, a feeling which, in most cases, is due to the development of myriads of pediculi corporis, owing to the pent-up perspiration and sebaceous secretion, &c. These pediculi I find in all classes of society, where the jacket has been kept on for a period longer than a month or five weeks. For this disadvantage I have suggested a remedy, which I find to be completely effectual: The night before the jacket is used, I steep the woollen vest in a solution of corrosive sublimate, strength 20 grains to the ounce of water, and I find that in no case where I have steeped the vest in this solution, afterwards drying it before applying, were there any pediculi developed.

As regards removing the plaster of Paris jacket, there are many ways suggested—viz., cutting-pliers, &c.; but all such instruments have failed to a great extent, and what I suggest for removing the jacket is very simple, viz, a Hey's saw. I begin opposite the supra-sternal notch, and saw in an even line down the centre of the sternum. The saw cuts the plaster evenly, neatly, and completely in a very few seconds; a piece or strip of lead or tin may be inserted under the mould, so as to prevent the skin being rubbed or wounded by action of saw. Another point in the use of the jacket may as well be mentioned. It is not clearly laid down how long the jacket shall be left on until another is applied; I should say from five to six weeks is the longest time any jacket should remain on. I also would suggest that the patient be suspended for five or ten minutes three times a week, while the plaster is on. By this plan an improvement in the condition of the spine is encouraged, and by means of the next jacket some little may be gained as regards the gradual obliteration of the curvature. In this method it can be easily seen that a progressive improvement is hoped for. In the ordinary methods all that is aimed at is not to cure the curvature, but to prevent it getting worse, while the mechanical spinal supports in general use do nothing more or less. Having paid a considerable amount of attention to this subject, I am surprised to find so many suffering from spinal distortion, lateral or otherwise, particularly in growing girls. All dressmakers know how often they have to arrange the padding in ladies' dresses, so as to make up for want of symmetry at one or the other side. In early stages such distortion can easily be rectified by judicious treatment, but as patients in most cases are not conscious of anything of the kind existing, they seldom apply for treatment until the curvature is considerably advanced, and tell you frequently that they date this curvature to a fall or strain the child received at a certain date, while all the time it has come on gradually and slowly, being in some cases a growth of years, and not really attributable to any fall or strain; but perhaps to obliquity of pelvis, from standing on one leg, or having one leg longer than the other, as in hip disease; continued distorted position, in which the body is kept at certain trades and callings, or debility or paralysis of one set of spinal muscles, or perhaps to carious softening of the vertebræ. Such causes as the foregoing play an important part in the production of such curvatures.

(*To be continued.*)

HYDROPATHY.

By E. MARLETT BODDY, F.R.C.S., F.S.S., Etc.

(*Continued from page* 39.)

It would be next to useless to enumerate the constituents of water, but I must direct the serious attention of the reader to the undeniable fact that in pure water there is nothing of a pernicious nature, and nothing injurious to patients, let their diseases be what they may. However, a few remarks upon the operation which copious ingestion of cold water has upon the urine, will not be irrelevant, so we may as well, before we proceed further, consider the effect it has upon that secretion. The constituents are increased, and its quantity also; sulphuric acid, urea, phosphoric acid, and the chloride of sodium, are severally augmented, the chloride of sodium temporarily, the others permanently. Thus we see the effect which the ingestion of cold water has upon the urine is nothing to speak of, if pure, and consequently is harmless; and as it is an active disintegrator and eliminator, we can come to no other conclusion but that it is a useful medicinal agent, assisting

the elimination of many impurities which collect in the system during disease. We may designate it truly a natural tonic which has been given us by a highly beneficent Providence to slake our thirst in health, and to refresh us while on the bed of sickness.

The following short account of an interesting case will show the health-restoring properties of cold water, and even the nutriment that may be conveyed by it into an enfeebled constitution :—

An old woman, sinking through sheer inanition, had been unable to take any solid food for some time, and at last was unable to retain even liquid, so that she was slowly starving, for everything which she swallowed was immediately rejected. This became incessant, everything which I administered to her medicinally was useless, owing to the vomiting. I now bethought me of cold water, and to it I immediately resorted, and to the patient's great pleasure "it abided down," as she expressed it. Nothing more could this old woman take, and she lived upon it three days over a week, and eventually recovered. Now, in this case cold water was the drink, the food, and the medicine, and I am sure if she had not drunk it she would have succumbed to her distressing and enfeebling malady.

Another case which I will cite shows the efficacy of cold water :—

A young girl, in the last stage of phthisis, could take nothing else for a week previous to death, and she told me it felt so cool and soothing to her mouth and stomach, so fresh and invigorating. In this case, when medicine ceased to ameliorate her sufferings, cold water afforded relief. As for provoking dyspepsia and diarrhœa, it did nothing of the kind; it naturally enough increased the urine, but that was more beneficial than otherwise.

Many authors wrongly suppose that the ingestion of cold water provokes diarrhœa, and consequently weakens the already exhausted system; but my experience has shown me that such an opinion is erroneous. If diarrhœa is set up, drinking cold water is not the provocative, for there is nothing in this fluid—if pure—of that tendency. Diarrhœa sets in either because the intestinal tract is endeavouring to rid itself of some irritating contents, or the constitution is in that weakened condition that the whole length of the bowel is either rendered comparatively powerless, or the mucous membrane is in a state of irritation, consequent upon the presence of disease. I do not for one moment believe that cold water could possibly originate diarrhœa. As for it producing flatulence and dyspepsia, it may do so, but only if taken in superabundance; but at any rate it does not originate them to such an alarming extent as many authors would lead us to imagine. Various other agents will originate them, and so will too great a secretion of gastric juice and indiscretion in diet; but I must confess it seems remarkably strange to me that we should fall foul of this natural element and attribute to it certain qualities which I feel sure it does not possess.

No doubt I shall evoke some surprise and incredulity amongst some when I emphatically state that I have seen more benefit accrue from the cold water treatment of rheumatic fever than from all the other various modes which are so strongly advocated. Salicylic acid has, according to many accounts, signally failed as an antidote. Lime-juice, once thought so much of, has given place to ergot, and that, too, is now almost exploded, though I must own I found it almost superior to lime juice or salicylic acid in he treatment of this fever, but I have since discovered that cold water is quite as efficacious, if not more so, and that it is a beverage palatable and medicinal, and as in all febrile conditions it assuages the insatiable thirst, promotes the elimination of lactic acid through the perspiration, which as a consequence is increased, and also considerably modifies the acute pain in the various joints, and the lithates and purpurine which collect in the bladder are being continually eliminated through the perpetual flow of cold water imbibed by the aching, thirsty sufferer. The blood being of less consistency, the heart as a consequence, is considerably relieved, and there is less chance of that organ becoming diseased. I do not mean to lay it down as a general rule that the heart will escape being attacked, but I do most decidedly think that there is not so much fear of it being affected by the fever. Of course I am presuming that the patient takes proper care of himself according to the usual mode.

In cases of chronic rheumatism I have known cold water applications to the diseased joint speedily produce ease and comfort, and the following hydropathic cure of a case of long standing affecting the knee of a middle-aged woman, is still fresh in my memory. She had been bed-ridden for nearly eight months, and when I saw her she complained of acute pain at times, which after a while passed off, giving place to a dull, gnawing sensation. She could not endure her leg to be touched, and the least movement of the bed-clothes agonised her. I concluded, at first, that it was a case of chronic rheumatic arthritis, and accordingly essayed several modes of treatment, but with no avail, the knee still continuing as swollen and as painful as ever. I now tried constant application of cold wet cloths, not forgetting, of course, a strict attention to her general health; and to my astonishment, in less than a fortnight she was up and going about her usual household duties. Many would have shunned such treatment, or would have looked upon its proposal with the eye of scorn, but subsequent cases which have come under my notice have proved to me that in many instances it is the safest, the most expeditious and the most easy, of being carried out. We are unfortunately too apt to consider cold water as beneath our notice in the treatment of disease, and to place more reliance on various therapeutic agents rather than upon the life-giving qualities of a fluid necessary to health and longevity.

The following are golden rules to go upon in all cases of fever, whether epidemic or endemic—*i.e.*, where there is fever there is unnatural heat; where there is unnatural heat there is an insatiable thirst.

Quench the thirst, *i.e.*, let the patient drink cold water at pleasure, and you must of necessity modify the heat, and by so doing you naturally reduce the fever; in other words, you are simply putting the fire out by the constant imbibition of water; and then at the same time, if you think it advisable to administer a sudorific, you may the more rapidly eliminate the fever poison through the perspiration. However, I have found cold water do more good than all the medicines which may be administered to diminish or overcome the deleterious effects of the germs of febrile disease. I do not mean to exclude the benefits arising from purgation, which is necessary in every kind of disease, both mentally and bodily.

But the most marked effects of the benefits arising from the imbibition of cold water is observable in children when they are suffering from diseases incidental to infancy, and especially so when they are attacked by measles, scarlet fever, &c. The application of cold wet cloths to the head in such cases, so as to keep it cool, is extremely effective, as it staves off delirium, and modifies it when present, and I have never seen in one single instance that its imbibition is antagonistic to the eruption peculiar to the zymotic fevers; my experience has shown me that it tends to its promotion rather than to its retardation.

The hydropathic treatment of local diseases of a scrofulous nature is of great value, for it seems to antagonise the inflammation which gradually destroys the joint, and prevents, if applied in time, the formation of those sinuses which render the limb totally useless to the patient.

In scalds and burns cold water applications are invaluable, for wet cloths spread over the injured part, and kept perpetually moist, tend to a considerable extent to prevent the formation of a superabundance of pus, and keeps down the intolerable heat, and if some of Condy's fluid be added all offensive odour is at once obviated. But in those cases which occur in boiler explosions, and in those accidents which too often take place in iron and steel works, generally so destructive in their results, such a method

of treatment is inapplicable, owing to the great shock which the entire nervous system receives, and to which the agonised sufferer succumbs rather than to the injury itself. The carron oil is to be applied in these extensive, deadly injuries; but minor cases are best treated by the simple applications of cold wet rags, and the more so when such accidents occur in childhood.

In carbuncle, after the pus has been entirely removed, the application of cold wet cloths hastens the healing process in a most marked manner, for it stimulates the somewhat sluggish recovery which is generally noticeable in all cases of carbuncle, whether the result of over- or under-living.

In abscesses, which often follow an attack of scarlet fever, the same treatment is also efficacious, and the rapidity with which the part regains itself after the application of cold water is really surprising; indeed, such treatment is the best, the speediest, and the most judicious course to pursue in all these cases.

I now come to consider the hydropathic treatment of apoplexy and other diseases affecting the brain, and which, at the present day, are so much on the increase, and are produced in too many instances by the wretched practice of too frequent a use of alcoholic stimulants, giving rise to many irritable conditions of the brain, which are extremely difficult to overcome, and especially when excessive alcoholism is the prime cause. In these cases deluging the head with cold water, and at the same time applying hot water bottles to the feet are modes of treatment, of which I cannot speak too highly, for they are as important as the active aperient generally administered. Ice is, of course, in these cases much more preferable if obtainable.

In epileptic and in infantile convulsions the same method of treatment is to be strictly carried out; in any lesion of the brain, whether traumatic or organic, cold to the head, warmth to the feet, and the administration of a searching, active purgative are highly important to the well-being of our patient, and many times I have found them of great benefit when other means have been tried and have signally failed; for by so doing we are simply following out the laws and dictates of Nature. When a person is in full bodily vigour the head is cool, the feet are warm, and the bowels are opened regularly every day; when out of health it is the reverse—the head is hot, the feet are cold, and the bowels confined. Some habitually complain of cold feet; this peculiarity I have noticed to be very common in the female sex, and which, no doubt, depends upon some irregularity of the catamenia.

In that dreadful termination of a prolonged drunken debauch, delirium tremens, or what I think should be termed a drunken madness, cold water to the head constantly applied during the sleep produced by an opiate, tends to diminish the natural heat of the brain, and reduces the delirium when awake, and then the patient must be persuaded to drink as much cold water as possible, so as to accelerate the elimination of any alcoholic fluids by micturition. No harm will accrue; the only difficulty is to get the patient to accede to your wishes, for all those whose taste is depraved by alcoholism have a great antipathy to drinking cold water.

Applying warmth to the head is much to be deprecated, for it is simply conducive to congestion and dilatation of the vessels of the brain, and is just the opposite to what is so necessary to health, and in headaches the application of warmth is always to be avoided, for in these cases like will not cure like. In headache, cold must be invariably applied, so as to constrict the vessels of the brain and prevent congestion, for we must remember that heat dilates and cold contracts, and in any lesion of the encephalon the blood-vessels are, almost as a rule, dilated, but where there is an atheromatous degeneration no treatment is of the least benefit; and the same may be said of embolism, for such morbid conditions, especially the one primarily mentioned, are always more or less present in advanced age, though heart disease in many instances gives rise to an embolus in any period of life; but we may be sure that atheroma is a silent precursor of dissolution.

Headaches arising from some gastric disturbance are also relieved by the application of cold water; but, at the same time, we must not omit to pay the strictest attention to the state of the alimentary canal, for headaches, whatever may be their origin, are always relieved by active purgation.

(To be continued.)

Special Reports.

POISONOUS TRADES AND MANUFACTURES.

ABSTRACT OF A REPORT ON THE MEANS OF DIMINISHING THE DANGERS RESULTING FROM THE EMPLOYMENT OF POISONOUS MINERAL SUBSTANCES, AS MERCURY, LEAD, ARSENIC, &c., IN CERTAIN TRADES, WITH THE EXPERIMENTS TRIED TO REPLACE THEM DEFINITELY BY HARMLESS AGENTS.

Made in the name of a Commission composed of

MM. Bernard, Lavergne, Burcker, Carnot, Gubler, Hillairet, Laborde, Napias.

By MM. GUBLER and NAPIAS. (*a*)

I.—General Considerations.

Legislation.—At the present time questions of professional hygiene have assumed considerable importance. The specific evils of trades and occupations make themselves felt in spite of the ameliorations of modern society, and diseases depending on the means of existence in the struggle for life remain as fatally attached to the workman as the chance of wounds to the soldier.

As the Universal Exhibition will attract to Paris not only hygienists, and as the newest inventions and machinery in the various branches of trade will also be on view, the Congress committee have thought the opportunity a favourable one of considering this very important social question. This report aims at furnishing a basis for the communications and discussion of the members of the Congress. It embraces a wide field, for the employment of toxic substances is not limited, and death each year reaps a rich harvest of victims.

It is difficult to estimate the number of workmen who are exposed to the injurious action of poisonous minerals. The statistics furnished by the Chamber of Commerce, Paris, 1864, are imperfect in classification. In default of precise figures on this point, we can, however, group the trades requiring the use of certain poisonous agents.

Commencing with lead, Dr. Proust in his remarkable work on "Public and Private Hygiene," has placed at our disposal the following useful table:—

Table A.—*Professions or Trades in which lead is employed in some form.*

Turners	Designers
Printers	Lace and silk workers
Lapidaries	Dress-makers
Type-founders	Workers in English alpaca
Crystal polishers	Chemists
Glass manufacturers	Glovers
Potters	Perfumers, cosmetic makers
Manufacturers of Dutch ware	Sword-belt makers
Porcelain makers	Refiners
Looking-glass manufacturers	Lead founders
Glaziers	Makers of lead (toy) soldiers
Pewterers	Forge-foremen
Enamellers	Mechanics
Gilders	Carders of horse hair
Dyers	Copper founders
Painters	Bronze founders
Colour mixers	Cameo polishers
Paper manufacturers	

(*a*) Subject of a paper to be submitted at the Congrès International d'Hygiene de Paris during the sittings from the 1st to the 10th August. This Report, extending to 37 pages 8vo, is of the greatest practical importance, and we trust our English sanitarians will well consider it before attending the Congress.

In this table lead mine workers have been omitted, but it has been shown by Dr. Francisco Jose Bayes that the workmen in such mines are liable to lead poisoning ("De l'intoxication Saturnine des mineurs de la Sierra de Gador. *Gaz. Med. de Madrid,*" 1861), Several other occupations are also omitted.

We can form a more correct idea of the prevalence of lead-poisoning by examining the following tables furnished by Dr. Hillairet :—

TABLE B, *showing occupations of patients suffering from lead colic admitted into Paris Hospitals in* 1876-77.

Profession.	No.	Profession.	No.
Hair preparers	5	Ornamentist	1
Weighers	2	Furrier	1
Apprentice (?)	1	Worker in sulphide of zinc	1
Colour-mixers	4	Worker in metals ...	1
White lead workers ...	195	Porcelain-painter ...	1
Carmen	1	Decorator...	1
Hatters	3	Painters	240
Compositors	2	Potters	4
Commissionaire du Vin...	1	Polishers	14
Chacer	1	Plumbers	19
Forgemen	3	Lace-maker	1
Tinners	5	Chemical workers ...	4
Gilders	5	Porcelainer	1
Enamellers	1	Placeur	1
Plasterers...	3	Ponceur	1
Founders	8	Paper-maker	1
Type-founders	12	Locksmith	1
Florist	1	Crystal-cutters	3
Tinman	1	Dyer	1
Chimney-doctor	1	Varnisher...	1
Desoudeurs de boits de fer blanc	4	Glass-makers	2
Guardien de la paix ...	1	Zinguerer	1
Printers	5		
Gardener	1	Total ...	573
Lapidaries	2		
Looking-glass maker ...	1	Undetermined ...	61
Morocco-leather maker...	1		
Workers in red oxide of lead	2	General total ...	634

TABLE C.—1877.

Profession.	No.	Profession.	No.
Scale-maker	1	Day labourers	11
Stuff-dresser	1	Lithographer	1
Colour-mixers	6	Lapidary	1
Bijoutier	1	Looking-glass maker ...	1
Painters	2	Joiners	2
Boot-stitcher	1	Tawer	1
White lead makers ...	164	Bronze-mounters ...	2
Braziers	9	Mechanician	1
Compositors	2	Painters	284
Wheelwright	1	Chemical workmen ...	3
Hair-cutter	1	Plumbers	15
Cartridge-makers ...	6	Potters	4
Coiffeur	1	Polishers	22
Forgeman	1	Carriage-painters ...	4
Gilders	11	Decorator...	1
Designer	1	Ponceur	1
Enamellers	12	Barer	1
Florist	1	Plater	1
Makers of colours ...	2	Solderer	1
Embossers	1	Dyers	2
Plasterers...	2	Delvers	2
Desoudeurs	3	Stone-cutter	1
Maker of mirrors ...	1	Upholsterer	1
Founders	14	Copper-turner	1
Chimney-sweep	1	Varnisher...	1
Trotteur de plomp ...	1	Glass-makers	2
Wire-drawer	1	Zinqueur	2
Garçons	4		
Homme de peine ...	1	Total	630
Printers	9		

In these tables we find representatives of all the industries signalised as leading to lead-poisoning, though we have a few examples of its accidental occurrence in individuals not ordinarily exposed to such dangers.

Ten deaths are reported in 1876 of the 634 cases—viz., painters, 5 ; lead-workers, 4 ; colour-mixers, 1.

The following tables, after the method adopted by Dr. Proust for lead, groups the employments in which mercury and arsenic are used.

TABLE D.—*Mercury.*

Workmen in mercury mines	Goldsmiths
Workmen who prepare its chemical preparations	Makers of aniline
Looking-glass makers	Gilders
Florists	Telegraph post makers
Photographers	Hatters
Skin preservers	Embossers
	Inlayers of steel cannons

TABLE E.—*Arsenic.*

Lead frame makers	Sellers of colours
Paper makers	Decorative painters
Colour mixers	Florists
Ponceurs	Aniline workers
Sizers	Founders
Imitators of satin	Makers of arsenious acid
Carvers	Makers of green skylights
Painters	Curriers
Makers of colours	Dress-makers

Confining ourselves to lead, mercury, and arsenic, and omitting other poisonous substances, as phosphorus, &c., we see in how many industries workmen employ substances injurious to health.

The attention of legislators has been drawn to these dangers, and various legislative measures have been passed to ameliorate them. We shall cast a rapid glance at the legislation of the principal European Governments. The industries of France have been the subject of various decrees, as those of 1810, 1816, 1825, 1837, 1848, 1852, 1866, 1872, ; but the spirit of our legislation has been more to secure external salubrity, in the way of protecting cultivation and the public, than the individual health of the *employés.*

Our Belgian neighbours, in their codes, pay regard both to the health of the workman and the public, whilst Prussian legislation seems to have similar provisions.

The laws of Denmark, according to her eminent hygienist, M. Schleissner, does not take sufficient account of the interests of her artisans, but there is hope of this defect being soon amended.

The Sanitary Act passed in England, 1866, deals with unhealthy dwellings, manufactories, ventilation, and offensive gasses or vapours most likely to injure the health of the work-people, and gives power to the authorities to carry out all necessary sanitary regulations.

The Swiss law, whilst protecting the public, pays particular attention to the health of the workman. It is the best law of public hygiene we have been able to compare, and we may cite a few extracts, relative to the question of professional hygiene, we are considering.

Art II.—The ateliers, machines, and engines, in all manufactures, should be constructed and maintained in such a manner as to protect as far as possible the health and life of the workman. The rooms should be well-lighted during the hours of work, and the atmosphere rendered as free as possible from dust, and the air be renewed, always in a measure proportionate to the number of workmen. All parts of the machinery and connections should be covered, and all general precautions should be taken to prevent accidents.

Art III.—All manufactures must receive the sanction of Government; the plans, arrangements, &c., must be submitted to the authorities, &c.

Art XI.—After fixing the duration of work, contains the following paragraph :

"The workmen shall have in the middle of the day, at least an hour's rest for their dinner. A suitable place, heated in winter, and apart from the ordinary workrooms, shall be provided for the workmen who partake of their food in the *fabrique.*"

In Sweden a commission has been named and a scheme elaborated to perfect their present system, and bring it more in accordance with the requirements of public and professional hygiene.

M. Le Comte De Suzor, architect, of St. Petersburg, has favoured us with some interesting particulars of the Russian provisions, from which it appears that Russian legislation leaves to the local authorities the power of arranging, that the construction of mills, &c., and the manufacture of goods,

&c., shall be carried out in a manner to satisfy the exigencies of hygiene, in accordance with the special rules existing in other countries. In Italy legislation is imperfect, though the local authorities have powers to supplement the defects in the law, and to secure the health of the workman. In Austrian-Hungary, legislation is silent relative to the protection of the *employés*, whilst in Holland, the code seems to have a greater bearing on the public health than on the individual.

This short comparative study of the legislation of foreign countries may assist us in our investigations.

We are forced to admit that foreign legislation pays greater attention to internal salubrity than our own, and an attentive consideration of the Swiss law in particular, has forcibly convinced us of the defects in our system.

We have designedly omitted legislative action on the employment of children in manufactures, though it is a subject of the greatest importance, not only in an industrial, but in a general point of view, as it affects the physical and moral development of the population. It would require a special and long report. Of late years, in almost every country, the age for children's work has been raised. We know that a certain number of employers have complained of recent legislation on this subject, as affecting commercial interests. This is a mistake we must oppose. Similar complaints have been raised in other countries, but everywhere, and notably in England, the majority of employers have ultimately received these legislative enactments favourably, as they provide for the future of industry, and have a tendency to produce healthier workmen, and a more enlightened class of artisans.

Hygiene is everywhere and always in agreement with commercial interests, "*bien entendu.*"

II.—Hygiene.

The mineral poisons used are dangerous, either by contact with the skin when manipulated in the solid or liquid state, or by contact with the skin or pulmonary or digestive mucous membranes, in a pulverulent or gaseous form. The action may be local on the skin, causing erythema, pustules, or it may slowly induce poisoning.

We need not here describe the various accidents, but we may point out the principal hygienic measures adopted against these accidents, as they refer to the individual, or the industry engaged in.

A.—Individual Hygiene.—This consists of measures to protect the skin or mucous membrane from contact with the poisons, and of prescriptions relative to regimen.

The skin is protected by clothing, gloves, &c. ; the mucous membrane by masks and respirators.

The question of clothing is of the simplest. The operative should change his clothes for work, wear solid boots ; gloves should be used in all cases possible when dealing with poisonous substances. The integrity of the skin will be best secured by frequent ablution, and *les soins de propreté.* We must thus recommend repeated washing of the hands and face on leaving work, either with pure water, or water acid, or alkaline, or containing some neutralising agent. We must confess the workmen manifest a repugnance most difficult to overcome, against these little cares of personal hygiene, and in some establishments where general baths were in use, the workmen would not employ them. They, however, frequent public baths apart from their workshops, and thus the establishment of swimming baths in industrial quarters would be of advantage.

In certain trades brushing the teeth is of the utmost importance ; as the teeth play an important part in phosphoric necrosis, we must allude to the opinions put forward by Dr. Magitot as to its production, and the rules formulated by him in a communication to the Academy of Science. Dr. Magitot blames the teeth as a cause of phosphorous necrosis, and suggests that all individuals suffering from penetrating caries should be excluded until cured.

The mucous membrane of the respiratory and digestive tracts, require masks and respirators for their protection. There are many forms of respirators, that of Tyndall is complicated, Dr. Stenhouse's is more simple.

Convenience and simplicity are indispensible conditions for the popularisation of these contrivances. Masks are of more difficult construction. We have the masks for white lead and acetate of lead workers : the mask designed and patented by M. Paris for enamellers, the apparatus of Poirel, and the mask contrived by Dr. Layet. A very simple contrivance to catch small particles of dust, consists of a simple thin veil of gauze, slightly saturated with glycerine, and M. De Freycinet notices that Mr. Bell, of Washington, near Newcastle, has improved the hygiene of his workpeople engaged on the oxychloride of lead, by compelling them to wear a veil of batiste.

For certain mephitic, deleterious, and poisonous gases, the workmen require some further protection, and various apparatus have been tried, as those of M. Galibert, Denayrouse, De Fayol, Leard, Dr. Archambault, and that in use at Mannheim. The most of these apparati are too heavy and too close, and require precaution and care on the part of the workman.

We must mention the objections made by the operatives against their use ; they ridicule their fellow workmen if they employ them, accusing them of poltroonery.

All these apparati will render greater service when hygiene is popularised, and spread from atelier to atelier, and when the workman realises the dangers he is exposed to, and the value of his health : and then when some inventor has made a light and convenient form, we may be sure it will be speedily and universally adopted. There are many other individual precautions necessary. Food should not be left, or eaten, in the workrooms. In every large establishment there should be an organised system of medical inspection.

We need not dwell on the workman's diet, as it should be based on the laws of general hygiene. Alcoholic drinks should be avoided. Milk has been vaunted as a prophylactic in mercurial and lead poisoning.

The regular use of iodide of potassium affords almost a certain cure, according to the experiments of Dr. Melsens, of Bruxelles.

(To be continued.)

Clinical Records.

DUBLIN ORTHOPÆDIC HOSPITAL.

Abstract of Eight Cases of Spinal Curvature treated by means of the Plaster of Paris Jacket.

(Reported by James F. Baird, Resident Physician).

Under the care of R. L. SWAN, F.R.C.S.I.

Case I.—J—— G——, æt. 9, admitted to hospital Sept. 27, 1877, suffering from Pott's curvature of the spine, the vertebræ implicated in the disease being the 8th, 9th, 10th, 11th, and 12th dorsal and 1st and 2nd lumbar. The history of the case was very clearly given by the father of the child, who states that when the boy was about 6 years old he overbalanced himself whilst sliding down the stairs, and fell from a height of about 11 or 12 feet. At the time he complained of very little pain, but after four or five months had elapsed he commenced to suffer very much from griping pains in the lower part of the abdomen, especially after getting out of bed in the morning. The father also began to notice a peculiarity in his gait, his body being inclined altogether to one side, neither could he stand for any time without resting the hand upon the knee ; he also complained of fatigue after the slightest exercise. From this time he steadily grew worse, the curvature becoming more prominent as the disease advanced. When admitted to hospital he presented all the characteristic signs of the disease—he had paralysis of the lower extremities.

On Sept. 28th, he was placed in the suspension apparatus and a plaster of Paris jacket applied. After two days he was allowed out of bed, and walked up and down the ward without the slightest pain or inconvenience ; he has had the jacket renewed four or five times since, and is improving rapidly. The extremities have regained their normal temperature, the face has also lost its haggard appearance, and the arc of the curve has very perceptibly diminished.

Case II.—M. H——, æt. 2, admitted to hospital Sept. 19th, 1877, suffering from anto-posterior curvature, the 4th, 5th, 6th, and 7th dorsal vertebræ being engaged.

The history of the case was obscure, the first thing that attracted the mother's attention being the peculiar grunting respiration so frequently observed in such cases. She also remarked (to use her own words) a little lump growing on the child's spine, which seemed to be gradually becoming larger. About nine months had elapsed from the commencement of the disease until she was admitted to Hospital.

On Sept. 24th she was put up in a plaster of Paris jacket. Previous to suspension a thin strip of lead was placed along the spinal column and an accurate form of the curvature taken: this was then traced on paper. During suspension the same process was gone through, and it was found that the arc of the curve had decreased very considerably.

She has had the jacket removed several times since with a very favourable result, the grunting respiration having almost entirely ceased, and the curvature is scarcely perceptible.

Case III.—A. Mc——, æt. 6, was admitted to hospital suffering from anto-posterior curvature. The case in many respects was similar to the one previously described (No. II.), the symptoms, however, were more or less aggravated, the disease extending over a longer period.

Two days after admission the plaster of Paris jacket was applied, and the boy was able to leave the hospital after a couple of days. He has been several times at the hospital since its application, and there is a well-marked improvement in his condition. He is now able to walk about without the slightest difficulty, and is free from pain.

Case IV.—H. C——, æt. 4, admitted to hospital, Jan., 1877, suffering from Pott's curvature, in the upper dorsal region of a very aggravated character. The child had been complaining for over a period of two years, and was in a very emaciated condition on admission. At this time the plaster of Paris jacket had not been in use in the hospital, and the case was treated in the ordinary way—viz., the child was kept lying on its back with a well-padded accurately-fitting Hyde's splint, the internal administration of ol. morrhuæ and syr. ferri iod. was also persevered in, together with good nourishing diet. She was improving slowly, but with great distress on movement, when, in the month of July, the plaster-jacket was first applied. She was now able to be up every day and could run about the ward; she steadily improved from this time, and was able to leave the hospital in the December following. She has been at the hospital several times since, and the improvement in her condition still continues.

Case V.—Miss W——, æt. 18, an extern patient, was brought to the hospital some time since. She has been suffering from Pott's curvature for the last ten or eleven years. There was no history as to the cause of the disease; the curvature was in the lower dorsal and upper lumbar region. For the last three years of her illness she has been quite unable to take any exercise whatever, and could not maintain the erect posture for any length of time unless propped up by means of pillows, &c. She was placed in the suspension apparatus and a plaster of Paris jacket applied, and after it had thoroughly set, with a little assistance, she was well able to walk out to her cab.

Although in her case anchylosis had been completed, there was great weakness of the erecta spinal muscles, which explained the inability to maintain the erect posture, but since the application of the jacket she has been able to take plenty of exercise, walking from her own residence to the Phœnix Park daily, a distance extending over two miles.

Case VI.—J. W——, æt. 6, of very delicate appearance, admitted to hospital suffering from Pott's curvature, involving the lower dorsal and upper lumbar region. The disease had been going on for about two and a-half years. The arc of the curve was very prominent, and the boy had partial paralysis of the lower extremities.

A plaster of Paris jacket was applied a couple of days after admission, and he has been improving every day since, all signs of paralysis having entirely disappeared. The boy has been able since to leave for his home in Kilkenny.

Case VII.—M. Mc——, æt. 2, has been suffering for the past eight or nine months from Pott's curvature, the vertebræ implicated being those of the 6th, 7th, 8th, 9th, and 10th dorsal. The curvature was not very prominent, and the child's general health was, on the whole, rather good. The grunting respiration was well marked, as was also the peculiar shooting pains about the thorax and abdomen. She has been put up several times in the plaster of Paris jacket, and the improvement in her condition is very well marked, the symptoms before-mentioned having entirely disappeared.

Case VIII.—M. G——, æt. 3, has been suffering for the past eighteen months from anto-posterior curvature occurring in the lower dorsal and upper lumbar region. The child was in a very emaciated condition on admission, and for the latter six months of its illness was quite unable to walk. She was placed in the suspension apparatus, and a plaster of Paris jacket carefully applied, and in a fortnight afterwards was able to be up and walk about the ward with a little assistance. She has since left the hospital, but is still under treatment, the mother bringing her to the dispensary once a week. She is now able to walk about by herself, and her general health is very much improved.

Special Articles.

DISTRICT MEDICAL BENEVOLENT SOCIETIES.

Charity has ever been a distinguishing characteristic of our profession. Our voluntary services to hospitals and other such institutions, afford public evidence on the point, but this only feebly represents the amount and extent of the gratuitous work done, or of the private beneficence of individual members of our profession, who in their daily round of visits find ample room for the exercise of charity. Society undoubtedly owes us a deep debt of gratitude, and it is some source of gratification to know that this obligation is to a certain extent acknowledged, in the complimentary votes of thanks to our hospitals, staffs, testimonials from grateful patients, and other similar appreciative expressions of thanks.

But a large portion of society forgets how much is owing to medical men, especially to those who are thrown by the exigencies of life into our manufacturing towns and agricultural districts. Ill-remunerated for their professional services, after doing an enormous amount of work, payment for which is neglected, after a life of self-sacrifice and devotion to the cause of humanity, death carries off a large number, who necessarily leave their widows and children if not in absolute poverty, still with narrowed means, and badly provided for the battle of life; others break down whilst engaged in the laborious discharge of their professional duties, and as they have been dependent upon health for the necessaries of life, when health is gone, the means of existence are lost; they have to appeal either to the personal charity of friends, or have recourse to some charitable institution.

In a profession with such traditions as ours, it is not to be wondered at that societies have been established to succour those who are left in indigence as widows and orphans, and to support practitioners disabled either by sickness or old age.

As an instance of how much can be done at a very moderate outlay by united action, we have great pleasure in alluding to the history and progress of the West Riding Charitable Society, whose jubilee was held on Thursday last, as announced in our issue of July 17th.

Fifty years ago, when our profession occupied a far lower position than it does at present, this Association was established by the enterprise and benevolence of a few private Yorkshire practitioners. Since that time it has pursued its career of usefulness, distributing its charity with judgment, discretion, and impartiality, and increasing each year its grants, so that it has been enabled to increase its annuities from £15 or £20, to £60, £80, and even £100.

The funds of the Society amount at the present time to over

£1,300, thanks to the economic and excellent management of the executive. This large sum has been accumulated by the annual subscriptions and donations of the members. When we consider that the annual subscription is limited to £1 1s., the amount of the reserve fund and the annuities granted seem very large, and we do not know of any other insurance or provident society which offers such advantages for such a moderate expenditure. We must, however, take into account that there are no expenses for managers or secretaries, no commissions for collecting subscriptions; that the work of the Society is performed gratuitously by the president, vice-presidents, secretaries, and stewards, the latter collecting in their districts the contributions of the members.

We have not space to explain the organisation of this Society, but should any of our readers desire to obtain further particulars, we have no doubt the courteous secretary, Mr. Wheelhouse, F.R.C.S., of Leeds, will be happy to provide them.

Such work should not be confined to one district; in other parts of England, Ireland, and Scotland, the need for such a society exists, and the example set by Yorkshire is well deserving of imitation.

We need not urge the claims for support of such a society, as they are self-apparent. By a small donation of £1 1s. a year the fortunate and opulent practitioner can participate in charity of the highest and noblest order, as he assists in relieving the distress of his poorer brethren, by succouring their widows or orphans, by helping them to maintain themselves in respectability and comfort, and to bring up and educate their children, so that they may become respectable members of society. We need not point out the favourable nature of the investment to those practitioners who are dependent upon practice for support, and who have reasonable hopes of acquiring a competency if their health be spared. But the latter factor is one not to be depended on, especially in an arduous profession like that of medicine; hence a subscription of £1 1s. per year should be spared to make some provision for those who are dependent on the health of the bread-winners. Such societies are not calculated to discourage provident or saving habits during life; and the success of the West Riding Charitable Society, to a certain extent, must be attributed to the great number of supporters and subscribers it has, who give out of their superabundance, andto the evidently economic habits of the members, so that the claims are not in excessive proportion, and are always made by persons who are deserving of assistance. One great feature of the Society is the privacy surrounding its proceedings, and the considerate manner in which the grants are made, so that the recipient does not feel humbled by accepting eleemosynary aid; so, like the quality of mercy, the charity "is twice blessed—it blesseth him that gives and him that takes."

As to the proceedings of the jubilee meeting on July 18, we may briefly say they were of a most pleasant and useful character—pleasant in the social re-union of representatives from the most important towns in the West Riding; and useful, as eighteen applicants were accorded annuities, varying from £50 to £100. The members subsequently dined at the Great Northern Hotel.

Medico-Parliamentary.

HOUSE OF COMMONS.—July 16.

On the vote for the Local Government Board of Ireland,

Mr. Meldon referred to the insufficiency of the staff of medical inspectors, the spread of small-pox in Dublin, and the fact that the constabulary were not re-vaccinated.

Mr. Gray condemned the Local Government Board as being altogether in a bad way. He compared it with the constitution of the English Board, and showed how useless and inefficient the board was, composed as it was of three commissioners. He moved the reduction of the vote by the amount of the salaries of the commissioners, £4,200.

Mr. Lowther promised inquiry into the question raised by Mr. Meldon.

Mr. Gray said there was one of the gentlemen in the department who had never done anything but sign cheques. The fact was, these gentlemen had remained too long in the office, and were too old for their position.

Mr. Meldon wished the Chief Secretary for Ireland would make a full inquiry into these matters. Under existing arrangements it was perfectly useless to expect the Local Government Board in Ireland to do their duty. If they were in no way to blame he maintained there could be no possible objection to an inquiry being made into the way in which the Local Government Board performed their duty.

Mr. Parnell observed that they obtained great good last year by the inquiry held into the management and operations of the Board of Works in Ireland, and believed similar good would result by an inquiry being held in respect of the operations of the Local Government Board.

Mr. Lowther could not see the way to an inquiry into the board at the present time.

Mr. O'Shaughnessy regretted the challenge for inquiry had not been accepted, and he had no fear but that the board would bear the inquiry.

Mr. Gray insisted upon the importance of the subject.

Mr. Meldon moved that progress be reported.

Sir M. H. Beach defended the Local Government Board and the evidence given by Mr. Banks before the committee last year.

The committee divided — For reporting progress, 32; against, 78. Majority against, 46.

Mr. O'Sullivan then moved that the Chairman leave the chair.

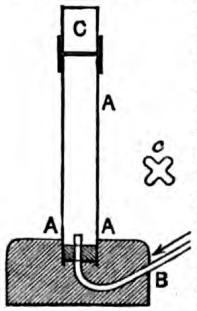
Mr. Lowther appealed to the committee to complete the remaining votes in the class.

Mr. Gray declined to put the committee to the trouble of a division in the hope that next session an inquiry would be granted. He then withdrew his motion, and the vote was agreed to.

Novelties.

A SIMPLE BURNER FOR LABORATORY WORK.

A simple and inexpensive Bunsen's burner has been devised by Dr. P. Edell (*New Remedies*), which may be constructed of ordinary laboratory materials, and which is declared by competent judges to be superior to metallic burners for observing flame re-actions. In a piece of combustion tubing, made of hard Bohemian glass, about 4—4½ inches long, two openings A, A, are blown, the edges of which are melted smooth in the flame. This constitutes the burner-tube proper. Into the lower end is introduced, by means of a cork, the curved glass tube B, the inside end of which is softened in the flame and formed into the shape indicated at *c*. The whole is held upright by being imbedded in a foot-piece made of plaster or cement, and then covered with shellac varnish. Since the upper part of the tube, by repeated heating and cooling, would acquire a tendency to crack, it is recommended to attach a shorter piece to the main tube, by means of a small rubber ring. In case of breakage this may readily be replaced.



The mortality last week in the four principal cities of the United Kingdom was 20 per 1,000 of the population in Glasgow, 21 in Edinburgh, 23 in London, and 23 in Dublin. Of the others, Liverpool gave the highest death-rate, with 29 per 1,000, but the country, as a whole, is in an exceptionally healthy state.

Deaths from small-pox have much declined in London, there were but 15 last week. Dublin, on the other hand, shows an increase of deaths from this cause; 23 having occurred last week in that city. With the hot weather, the deaths from infantile diarrhœa have increased four-fold, in Leicester they reached to 12·0 of the entire number.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 24, 1878.

MEDICAL EXAMINING BOARDS AND MEDICAL SCHOOLS.

IT is somewhat remarkable that, notwithstanding all the talk there has been about medical education, very little attention has been given to the relationship, or rather want of relationship, that has long subsisted between our medical examining boards and our medical schools. Apart from each other, the general conduct, the past and present position, and the practical work of the medical corporations and of the medical schools, have been the subject of repeated criticism, but very little has been said or written with regard to the educational connection of these bodies with each other, and with regard to their mutual co-operation in the cause of medical education.

In our last issue we briefly called attention to the large percentage of candidates, for both the membership and the fellowship of the Royal College of Surgeons, England, who failed to satisfy their examiners; and an important question arises as to what cause or causes these failures are to be attributed. It is evident that the fault must lie with one or more of the three parties concerned in the education and examination of the candidate, namely, the student himself, his teachers, or his examiners. As we have already remarked, it cannot be said that the standard of examination is too high at any of the English, and much less of the Scotch, Corporations. So far is this from being the case, the Medical Council is even contemplating making some of the examinations of a higher standard than they are at present; and we have no doubt that when conjoint boards are established their questions will be a severer test of the student's knowledge than those put by the majority of the existing examining bodies. Besides, that it is not the standard of the examination which is at fault is shown by the great ignorance displayed by a large number of the unsuccessful candidates—ignorance which can only be imputed either to their own folly and idleness, or to the inefficient manner in which medical education is conducted at the schools, and the imperfect control exercised over the conduct of medical students. Nor is the Royal College of Surgeons the only arena in which so many candidates display their ignorance of subjects on which they should be tolerably well informed. There is another examining body which has done much good in its time, and through whose portals a large majority of general practitioners have entered the profession. Owing to the frequency with which the Examining Board of the Society of Apothecaries is obliged by Act of Parliament to hold its examinations, it has not found it convenient to publish the relative number of its successful and unsuccessful candidates. But the examinations which are held every week at the Apothecaries' Hall have never, as most of us will admit, been conducted in a perfunctory manner, and, therefore, it need excite no surprise that the defective training or education of many medical students is as forcibly demonstrated by this examining body as it is at the Royal College of Surgeons. The character of the questions, both oral and written, put by these corporations respectively is well known, and no one who has carefully perused them can say that they are unduly severe, or pitched at too high a standard. With the exception of the more practical subjects, such as medicine and midwifery, the Hall examinations may appear rather below what the standard ought to be, but then it should be recollected that the subjects which the candidate for the Hall licence has to take up are comparatively numerous, and it would be unwise to expect from him so thorough a knowledge of botany, or chemistry, or pharmacy as he should certainly have of anatomy, physiology, and medicine. But in whatever light we regard the primary and pass examinations of the College of Physicians, the College of Surgeons, and the Apothecaries' Hall, it cannot be said that the standard of any of them is too high. On the contrary, if we have regard to some of the subjects on which the candidate is examined, this standard might be raised with advantage without in the least degree taxing the working powers of the dullest student, or expecting more knowledge from him than he has the opportunity of acquiring. There are certain subjects which are, in a practical point of view, of secondary importance, but that is no reason why they should be altogether ignored, and why students, who have displayed the grossest ignorance of them, should be allowed to pass because they have done better in other respects. Take such subjects as medical botany and histology. If there are good reasons for doing so, by all means let them be left out of the primary examinations. But if they are admitted the examination should not be in respect of them a mere matter of form, a certain minimum standard should be fixed upon, and if the student's knowledge does not come up to that standard he should be rejected however well up he may be in other and more important subjects.

But we have to inquire into the reasons why so many candidates are rejected by our several examining bodies, notwithstanding these bodies do not really exact from them more than they should readily know. How is it that, although the general character and scope of the anatomical and surgical questions given by the Royal College of Surgeons are well known to every medical student, and although every facility is given him for acquiring a fair knowledge of anatomy and surgery, yet a large number of those who are rejected make such blunders and show so much ignorance of the subject that it is a painful and disheartening task to look over their papers. How is it, again, that, although the Board of Examiners of the Society of Apothecaries have sent out to the schools one syllabus representing the very moderate amount of botany they would expect from every candidate for their licence to know, and another syllabus representing the equally moderate knowledge of chemistry they require of him, how is it, we ask, that students not unfrequently present themselves before that examining body who do not know a monopetatous corolla when they see it, call digitalis henbane, and henbane aconite ; or who, on the other hand, are ignorant of the most elementary facts in chemistry, and can scarcely write out with accuracy a single chemical equation ? Surely, this is a state of things that cannot be laid entirely at the door of the candidate himself ; and speaking from experience, and after due consideration of the subject, we are forced to conclude that for a good deal of this ignorance the teacher himself is partly responsible. During the period allotted for a course of lectures on either of those departments of knowledge included in the primary examinations, there is often time enough to go over two or three times the great facts and principles of the subject on which the student will be afterwards examined. But too frequently a long course of lectures means a dry and elaborate description of a variety of subordinate facts, and the consideration of certain details on which the student will probably not be asked a single question by the examining boards, or a knowledge of which he could most conveniently and profitably gather by private study. Hence, that absence of sympathy which ought to subsist between lecturer and pupil. The former fails to see the disadvantages under which every student labours who is obliged to gain a fair knowledge of a number of subjects within the short period of three or four years. He fails to put his information in the most concise form possible, to separate the wheat from the chaff, and withal to make it so agreeable and palatable that the idlest of his auditors cannot help taking away from the lecture-room a certain amount of useful knowledge that he will not easily forget. Can it therefore be wondered at that students will not often attend more lectures than they are obliged, that some teachers completely fail in gaining their interest and attention, and that the impression made upon them is often such as even to prevent them from studying in books what appeared to them so uninteresting in the lecture-room ?

Then again, the plan adopted at most of the schools, of the lecturers not signing the student's schedule unless he has attended a certain number of lectures, is no provision against his being about as ignorant of the subject at the end as he was at the beginning of the course. Much better would it be if the signature of the lecturer depended not so much upon the regularity of his attendance as upon the amount of knowledge he displayed on examination. If at the end of a course of lectures a general examination were given to the whole class, and if no pupil's schedule were signed unless he satisfied his lecturer that he possessed sufficient knowledge of the subject to carry him creditably through any of the examining boards, not only would he be forced to give more attention to the subject, either by attendance upon the lectures, or by private study, but he would without any grinding at the eleventh hour, be much better prepared for the final ordeal than he usually is, and we should not hear, so often as we do, of gentlemen knowing nothing about a subject on which their teacher had lectured them for three months. Doubtless, their might be some difficulty in carrying out this suggestion, but in our opinion no difficulty that might not be easily surmounted. It would be no hardship to the student, inasmuch as he would not be long acquiring the minimum amount of knowledge required by the lecturer, when once he found that he could not have his schedule filled up without it ; and the extra labour imposed upon the lecturer would be scarcely taken into consideration by one who was interested in the professional success of his pupils.

But when we have taken into account the defects in certain styles of lecturing, and the relationship that usually subsists between teacher and pupil, we have not fathomed all the reasons why the system of instruction pursued at our medical schools, and the great facilities presented there for students acquiring a thorough knowledge of their profession, should be so out of proportion to the results obtained, as is too frequently witnessed when the candidate presents himself for either the primary or pass examination. A little consideration will show that, although the standard of examination adopted by the several examining bodies is not too high, there are other grounds on which we find them, one and all, partly answerable for the frequency with which candidates fail to satisfy their examiners. And the point to which we would particularly call the attention of the reader, is the fact that the medical corporations have always been as it were more or less divorced from the medical schools. There has always appeared to us to be a want of that harmony, and of that mutual assistance and co-operation, that ought to subsist between two parties who have one and the same object in view, namely the sending forth into the world medical men whose general and professional attainments can claim for them the confidence and respect of the public.

It will be generally admitted that hitherto very little intercourse has been kept up between the examining boards and the schools. It rarely happens that an examiner enters either a hospital or a school unless he is one of the lecturers, or a member of the medical or surgical staff. Consequently, he does not often come into contact with either pupil or teacher. He is ignorant of what is going on at the schools, and seldom thinks it worth while, even if he be attached to a hospital, to see whether the arrangements there made are in every way calculated to give the student a fair medical education, and to make

him fit to practise with credit every branch of his profession.

Thus the teacher has little opportunity of learning from the examiner how his pupils succeed at the primary or pass examinations, and in what respects they have failed. The pupil also seldom gets any advice or encouragement from that quarter whence both advice and encouragement would be most acceptable. Now this relative position of the medical corporations and the medical schools is surely open to improvement, and it would certainly further the interests of all parties concerned, if a closer intimacy were to spring up between the examiners on one hand, and the lecturers and students on the other. If, for example, the examining bodies, or as it will be hereafter, the conjoint boards, find that candidates are constantly coming up to them very weak in some particular subject, why should they not call the attention of all the lecturers on that subject to the fact, so that some step might be taken to remedy the deficiency complained of. Or, if again they find that candidates are frequently ignorant of the several instruments and means of exploring and diagnosing disease, it should be incumbent upon them to visit all the hospitals and schools in order to see whether every student has the opportunity of becoming practically acquainted with the use of such instruments. With regard to the lecturer, we have often thought that if he could be occasionally present at the examinations of the licensing bodies, and witness the ignorance displayed by some candidates, he would be truly astonished, and certainly think that his time had been completely thrown away. Lastly, students would in a moral point of view, reap some advantage by the corporations and schools being more intimately connected with each other than they are at present. They would have more confidence in themselves, and in the justice and suavity of the examiners, while the latter would not be looked upon in that unenviable light in which they are too often regarded by the student.

We trust, therefore, that the several examining bodies will acknowledge the propriety of these remarks, and may think it worth while to carry out some of the suggestions we have ventured to make. For most assuredly it is not by the Medical Council laying down certain rules with respect to the scope and standard of examinations, nor by fixing the courses of lectures to be given at the schools, nor by their delegating from time to time inspectors to visit and report upon the examinations—it is not by such means alone that the medical education of every future practitioner in the kingdom will be greatly improved, much good would be effected by the mutual co-operation of the corporations and schools, by a closer connection springing up between them, and by the former not only insisting that every candidate should come up to a certain standard in respect of all the subjects in which he is examined, but also seeing that he has had every opportunity of gaining the knowledge exacted of him.

THE MEDICAL BILLS.

As the Parliamentary session advances towards the last days of July, the friends of medical reform are beginning to fear that the delays which have occurred may yet defeat the Bill, and that, in view of a general election, and possible ministerial changes, its probabilities of becoming law will be doubtful if the present session passes without a settlement of the question. The most serious difficulties have, it is true, been overcome, for the Government have agreed to recognise a diploma as an essential for registration, and the General Medical Council has half satisfied the direct representationists by voluntarily pledging itself to consider the amendment of its constitution next year.

There still remains a formidable opposition on the part of the Scotch bodies, who are for obstructing or defeating the measure by any means possible, and, in their interest, there are several notices on the paper to reject the Bill, and to refer it to a select committee.

The second reading is set down for the 25th, when there will remain very little time for its consideration in committee, and an insignificant opposition may succeed in defeating it. Within the last fortnight a new amendment has made its appearance on the notice paper, placed there by Mr. Freshfield, the member for Dover, who will move that:—

"Nothing in this Act contained shall extend or be construed to extend to prejudice or in any way to affect the trade or business of a chemist or druggist in the buying, preparing, compounding, dispensing, or vending drugs, medicines, and medicinal compounds, wholesale and retail, but all persons using or exercising the said trade or business, or who shall or may hereafter use or exercise the same, shall and may use, exercise, and carry on the same trade or business in such manner, and as fully and amply, to all intents and purposes, as the same trade or business was used, exercised, or carried on, by chemists and druggists before the passing of this Act."

This clause is a verbatim copy of the section in the English Apothecaries' Act, under which the counter prescribers have been prosecuted, and it has a very innocent appearance, but is, in reality, a complete charter for the prescribing druggists. Under the terms of the Apothecaries' Act the druggist can carry on his business "as fully and amply as the same trade or business was used, exercised, or carried on" before the passing of the Apothecaries' Act in 1815.

The prescribing druggists have striven to prove that counter-prescribing was the habit of the trade before 1815, and have completely failed; and they now seek to move forward the date to 1878, by which means they would, if successful, legalise the unqualified medical practice which, admittedly, has become the habit of the trade within recent years.

If the intention of Mr. Freshfield's motion be made manifest to the Government, we do not think there need be much alarm, lest it should be adopted and made law.

Indeed, we have the authority of the Duke of Richmond himself for the assurance that it is contrary to his policy to legalise unqualified practice. A deputation from the Pharmaceutical Society of England waited on him last week to urge that a clause in the original Bill, which repealed the Apothecaries' Act and protected the counter-prescribers, but which had been struck out subsequently, should be reinstated.

"The Duke of Richmond," we are told, "entered very fully into the question, and promised to give future consideration to the points urged; but he at once stated frankly that the words in the first draft of his Bill, which

had been brought forward as an argument by the deputation, were inserted inadvertently, and that he could not see his way to restoring them. Beyond this, His Grace said the Bill if passed would leave chemists in precisely the same position as that now occupied by them, and he thought under the circumstances the Medical Act would not be the proper channel through which to enlarge their privileges."

We believe that the Government is firmly decided to pass the Bill this session if it can, but it remains to be seen whether it may not be defeated in that intention by the want of time to bring the measure to a third reading.

PUBLIC HEALTH (IRELAND) BILL.

ALTHOUGH the Public Health (Ireland) Bill is not actually law it needs only the Royal Assent, and may be accepted as the statute under which the Sanitary System of Ireland is now working. It has been three years in parliamentary incubation, and has suffered autopsy by a Select Committee, and it may, therefore, be assumed to be as nearly perfect as circumstances permit. We are gratified to be able to say that it contains amendments of much importance and value to the Poor-law Medical Officers of Ireland, introduced into it at the instance of the Irish Medical Association, and acheived by most commendable perseverance exercised by that body. We may advantageously recapitulate these amendments, although many of our readers are aware of thei: 'ature.

In the first place, it has been arranged that the limit placed upon the sanitary salary of the medical officer, by which that salary was not to exceed one-fourth of his dispensary salary, shall be withdrawn, and it is henceforth in the option of the Boards of Guardians or other sanitary authority to give what salary they please, subject to the approval of the Local Government Bo This is a very important concession, for, although the medical officers have seldom received the maximum amount which the Guardians were competent to grant, yet the very fact of the sanitary salary being fixed below a small amount was equivalent to a notification to the Guardians that they were not expected to award any reasonable remuneration, and to the medical officer that he was not expected to do a reasonable amount of work. Moreover, the sanitary duty and the dispensary duty of a district have no relation whatever to each other, and it was manifestly ridiculous to make one dependent upon the other. It will be, henceforth, for the sanitary medical officer to establish for himself a claim for higher payment by exercising activity in the discharge of his duties, and should he do so, the guardians are not limited in their discretion as to his payment.

The second amendment is that by which the title of the medical officer is changed from "Sanitary Officer" to "Medical Officer of Health." This change is not without its value, for it at once raises the doctor to a level above his subordinates, and places him in his rightful position with his Boards of Guardians, and takes him out of the category of relieving officers and nuisance inspectors in which his former title had placed him.

Thirdly, the new Act grants to Medical Officers of Health a recognised fee for attending at sanitary prosecutions. It will be recollected that by their order the Local Government Board had required their officers to "attend and assist in all proceedings in which his attendance and assistance may be required," a requirement altogether beyond the powers of the Local Government Board to impose. It pleased them to consider attendance at sanitary prosecutions as a part of the duty herein set forth, and they endeavoured on all occasions to force the function upon the Sanitary Medical Officers. The clause of the new Act which removes existing doubts is as follows:

Every officer of a sanitary authority shall attend and assist in any prosecution instituted by such authority on receipt of an order from such authority so to attend: Provided always, that if a medical officer of the sanitary authority shall so attend and assist, he shall be entitled to remuneration from the sanitary authority at such rate as the Local Government Board shall approve, unless it shall have been agreed that the duty of affording such attendance and assistance shall be included in his salary, or that his whole time shall be occupied in the discharge of the duties of his office; and such payment shall be deemed to be expenses incurred by the sanitary authority under this Act, and may be recovered as part of the costs of the prosecution.

Under this clause, as will be observed, it will be necessary for Medical Officers of Health to take care that he shall not "agree" to include within their duties the prosecution of offenders unless they are properly paid for this work, for if they undertake such duty it will not be open to them to object at any future time.

There are several other amendments of minor importance, by which the medical officer receives a fee of £1 1s. 0d. for certifying a cause of death, and a special fee for attending on ship-board, and, on the whole, we believe we may congratulate the Poor-law Medical Officers of Ireland on having achieved, through the agency of the Irish Medical Association, a decided improvement in their position.

We regret, however, to have to observe that the chief hope of the Association—that they should secure proper sanitary supervision for Ireland—has not been realised. To this object the Association devoted itself with great energy, and, by the advocacy of a deputation to London, and by the mouth of Dr. Grimshaw, endeavoured, with apparent success, to impress upon the Government the necessity for providing for a proper supervision of the sanitary system in Ireland. These efforts were so far successful that the advisability of inspection was admitted by Sir M. H. Beach and other members of the Government, but the insertion of a clause in the Bill to provide for such inspection was refused on the ground that the Irish Local Government Board already possess the power to make all necessary arrangements, and that, therefore, no amendment of the Bill was necessary to effect that object. When the Bill was at its third reading in the Lower House—

Mr. Meldon said that the supervision in Ireland was totally inadequate for the carrying out of its provisions in an effective manner. The officers entrusted with the sanitary duties were the dispensary doctors, and these gentlemen, however anxious to discharge their duties in a satisfactory manner, were hampered in all directions by local influences. England had a great many more inspectors than Ireland for the carrying out the Public Health Acts. He felt that the medical profession was also of opinion that the question of supervision was an essential question.

The Attorney-General for Ireland, in reply, said the subject had been fully discussed before a select committee

in the previous year, and, while no one underrated the question, yet the whole subject must be regarded from various points of view, and it must also be remembered that the Bill contained powers for supervision, and that the only question was whether these powers were properly put into force or not.

Again, when the Bill reached the Upper House, Viscount Powerscourt put a notice on the paper to move the insertion of the following clause :—

The Local Government Board shall from time to time appoint so many fit persons as the Lords Commissioners of her Majesty's Treasury may sanction, being practising physicians or surgeons, to be inspecting medical officers of health to assist in carrying out the provisions of this Act, and may remove all or any such officers and appoint others in their stead. There shall be paid to such inspecting medical officers of health such salaries as shall from time to time be approved of by the Treasury, out of any moneys which may from time to time be provided by Parliament for that purpose. Within six months after the passing of this Act the Local Government Board shall divide the whole of Ireland into districts for the purposes of sanitary inspection, and every such district shall be subject to the supervision of an inspecting sanitary medical officer of health.

Lord Powerscourt, however, on consulation with ministers, decided to withdraw the clause upon the same ground as that urged in the Lower House.

Thus the Irish Medical Association, while it has achieved much, and succeeded in placing the medical officers of health in a far better position than they have hitherto occupied, has still before it the arduous task of securing the supervision without which the Irish sanitary system must continue to be a sham. We say the "arduous" task, because it must be evident that if supervision is to be obtained, the Irish Local Government Board must be either persuaded or coerced, and it will take continuous and persevering effort, in and out of Parliament, to do this. Our readers already know that since the day the Public Health Act became law the stubborn policy of the Local Government Board has been to neutralise its effects and annul its action. With this object in view the doctors' salaries were kept down to a minimum, energetic sanitary officers and progressive sanitary authorities were consistently snubbed, and the Local Government Board has, in fact, barely consented to tolerate such sanitary progress as it could not prevent.

Looking back upon the interval which has since lapsed, we mark the period not by any act of the Board to put the law in motion, but by occasional manifestations of a desire to prevent anything being done, and we therefore judge it to be the Board's policy to take it easy, and allow the Irish nation to grow out of dirt and insalubrity. We are glad to say that this is not the policy of Parliament, and the Irish Medical Association needs only to appeal—continuously and clamourously—for supervision, and it will get it. Until then the Irish Sanitary System continues to be a mechanism for permitting guardians (who do not want to improve the healthiness of their district) to pay to medical officers (who are given to understand that they are not wanted to do anything) a salary farcical in amount, and intended as a bribe to refrain from giving trouble by undue sanitary activity. The existence of such a system is a disgrace to the Local Government Board, and it will end as soon as the Irish Medical Association makes the facts known in Parliament.

For what the Irish Medical Association has already achieved much is due to the efforts of Mr. Meldon, M.P., and of the members of the Council who took the subject in hand in London. Mr. Meldon was untiring in his interest in the subject, and acted as intermediary with the greatest judgment, and he deserves the best thanks of the Poor-law medical officers for his exertions.

Notes on Current Topics.

The Artificial Feeding of Infants.

During the summer months children suffer from diarrhœa, and as this too often depends on improper feeding, medical men should impress on mothers the great truths established by experience as to the proper dietary of infants. The conclusions of the most experienced observers prove—

1. That milk received directly from the female breast is the natural food for infants. Every other kind of aliment must be regarded as artificial, even that drawn from the breast by mechanical means.

2. The results of artificial feeding are usually much inferior to those derived from suckling; they may be improved, but can never equal the natural source whence the infant should derive its nourishment.

3. During artificial feeding the first rule to be observed is that relating to the perfect cleanliness of all cups, bottles, &c., employed.

4. The value of any artificial food will depend much more on the easiness of digestion than on the quantity of nutritive matter which it contains.

5. In choosing as a substitute animal milk we should select that which in composition and the proportion of nutriment it contains, approaches nearest to human milk.

6. The caseine contained in different kinds of animal milk varies in its degree of digestibility, and the caseine of female milk is more readily digested than that contained in cow's milk.

7. Condensed milk is not to be preferred to fresh cow's milk, when the latter can be obtained from healthy animals fed on dry fodder.

8. The addition of sugar to the milk is liable to promote lactic fermentation, and increase the danger of infantile diarrhœa.

9. Every kind of farinaceous food should be avoided during the first two or three months, because at that age the salivary glands of the mouth digest starch incompletely, whilst those of the pancreas cannot digest it at all.

10. The majority of infants' food contains starch which has not yet been transformed, and hence it is unfit for infant food.

11. Liebig's soup is more easily digested by the infant than sweetened farinaceous liquids, because the fermentive element it contains may assist the transformation of starch into sugar after ingestion of the food.

12. Under an artificial system of feeding infants take in a much larger quantity of nutriment than they do while suckling.

13. In the majority of cases acute infantile diarrhœa is produced by the formation of an acid in the intestinal canal.

14. The green colour of the dejections also arises from the presence of an acid in considerable quantity in the canal.

15. Inasmuch as lactic fermentation may arise from either kind of sugar, this latter, as well as amylaceous substances, should not be employed during the course of infantile diarrhœa, whenever the stools are strongly acid.

The Mathematical Method Applied to Medicine.

In ophthalmology we have an example of the advantages to be derived from the application of the mathematical method, and it is a matter of regret we cannot similarly apply it to other branches of medicine, especially to experimentation with new drugs and remedies.

Inductive inference as to cause and effect at present rests upon a very unsatisfactory basis, and if we examine the treatment of certain diseases—as rheumatic fever, for which such a host of remedies are recommended, we see the desirability of a some more definite method. *Post hoc* is *propter hoc*. Salicylic acid has been administered, recoveries have taken place, *ergo*, salicylic acid is the remedy. (*Q.E.D.*)

Bicarbonate of potass has been used, recoveries have followed, *ergo*, bicarbonate of potass should be our therapeutical agent. (*Q.E.D.*)

There is a difficulty in assigning the true value to the remedy as the factor in causation.

There is a numerical method that might be safely applied in practice, and one which every practitioner can form for himself. For the treatment of the majority of diseases we presume most practitioners have some definite methods of procedure, the value of which they have tested by the results.

Now if, for instance, in any one disease, 90 per cent. of recoveries are afforded by the system pursued, the clearest evidence should be forthcoming that, by altering the treatment, 91 will recover under the new *régime*. But if cent. per cent. are restored to health under the old method, we think the practitioner having thus secured the great *desideratum*, it would be unwise, for the sake of novelty, to try a new remedy. This principle of numbers is illustrated in antiseptic surgery.

A. operates forty times with the best results, his dressings being after his own method.

B. has an equal number of operations, with a similar result. As there are cent. per cent. of recoveries *A.* and *B.* act wisely in adhering to their own plans. But the case would be different if *A.* had twenty deaths, while *B.* had none, for then there would be a legitimate reason to test the efficacy of the system by which *B.* obtained such favourable results.

We might dwell longer on the subject, as it offers ample food both for suggestions and thought.

Exactness in medical reasoning is a great want; the inductive method has assisted us, and there is an improvement in the tone of the papers read at many of our medical societies, but there is yet room for progress, which can only spring from extended education, especially in the principles of science.

Suicide of Dr. Angus Cameron.

A melancholy affair which has caused considerable sensation in medical circles in Bath where deceased was well known and respected occurred a few days ago, by the suicide of Dr. Angus Cameron, Medical Officer of the East Walcot District of the Bath Union. Upon an examination of deceased's room it was found that he had swallowed nearly an ounce of prussic acid. No reason has been assigned for the commission of the deed, but something may transpire at the inquest.

Somnambulism as a Plea in Murder.

It is not our intention now to enter into a disquisition on the various pleas that have been advanced by learned jurists from time to time in extenuation of crimes committed, our present purpose is simply to chronicle the latest phase of irresponsibility in a case of murder which came before the Edinburgh High Court of Justiciary last week. The prisoner, one Simon Fraser, was charged with having, on the night of the 9th of April last, in his dwelling-house in Lime Street, Glasgow, attacked his son, eighteen months' old, by lifting him from his bed and dashing him against the floor or walls of the house, thereby fracturing his skull and causing his death. It was stated that the prisoner was in a condition of somnambulism when he committed the crime, and that he thought when he seized his child he was preventing a wild beast from entering the bed. On several previous occasions he had risen during the night and attacked his wife and other relatives. The Jury returned a verdict that the prisoner killed his child, but that he was in a condition in which he was unconscious of the act he was committing. The case was adjourned till to-morrow, in order to consider what arrangements should be made with reference to the accused. Of course a most serious issue is raised by this case. Somnambulism is certainly not an uncommon affliction, but it is the first time in our recollection that it has been pleaded in extenuation of the crime of murder, and it is not at all improbable now that it has once been successful, that we shall hear more of sleep-walking in our criminal courts.

Poisonous Trades and the means of Diminishing their Dangers.

We have already given the programme of the International Congress on Hygiene which is to sit in Paris on the 10th proximo and following days, and as the deliberations affect equally the profession and public of this country, we have much pleasure in placing before our readers in another column the very valuable Report of a Special Commission "On Poisonous Trades" which is to be submitted to the deliberations of that assembly. At the present time this Report will be specially interesting in view of recent and promised legislations, and the numberless deaths which have been reported amongst employées in various noxious trades, the poisoning of our rivers by the discharged refuse from manufactories so engaged, &c.

Iced-Water at Railway Stations.

THE arrangement which Mr. J. P. Knight, the General Manager of the London and Brighton Railway, has just made with regard to supplying railway travellers with iced water, has attracted a good deal of notice, and probably the practice will be followed by most of the other railway companies. During the hot weather of the summer and autumn months, platform attendants will, on the arrival of a train, pass along rapidly from one end to the other proffering iced water at a penny a glass. But passengers will be requested to drink the water and return the glass with as little delay as possible. We agree with all the newspapers in hailing this innovation as a great boon to the thirsty traveller, and doubtless it will prevent many from indulging during their journey in those stimulants which are neither so wholesome nor so quenching to the thirst as water is. Unless, however, the public partake of this refreshment rather cautiously, it may, harmless though it appears, be attended with some disagreeable consequences, arising from the peculiar circumstances under which the traveller will have to quench his thirst. The short time allowed for indulging in this simple luxury will induce many to drink the iced water with a rapidity that is incompatible with either health or comfort. To drink off quickly a large draught of cold water when the body is overheated is by no means free from disagreeable or even serious consequences, especially if the temperature of the water is much reduced by the presence of ice. Severe gastrodynia, or pains in the stomach, spasm or even inflammation of this organ, and other painful affections of the stomach or bowels, have more than once resulted from taking large draughts of cold water when the thirst has been very great and the body overheated. If, however, passengers make up their mind at once on entering a station whether they will or will not avail themselves of the advantage offered by Mr. Knight, and thereby give themselves time to swallow slowly the grateful draught, no inconvenience can possibly arise, and everyone will have reason to thank the manager of the London and Brighton Railway for supplying what has been long felt to be a great want at all our railway stations.

The Perils of Fashionable Life.

BY a long and able leader in one of the daily papers, the attention of the public is called to the evils often resulting from the fashionable dissipation of a London season. The damage done to the constitution by the round of pleasures, late hours, constant excitement, over-heated and ill-ventilated rooms, exposure to sudden changes of temperature, want of sleep, irregularities of diet, imprudent indulgence in stimulants, are all graphicly set forth in the columns of our contemporary. But what is to be done to remedy the mischief? It would, perhaps, be an easier task to conquer a country than to put a stop to the frivolities and unhealthy pursuits of those fashionable men and women who stand the racket of a London season. Our contemporary wonders that medical men have not protested more emphatically against this mode of life. Singly, we are told "the more eminent members of the profession could do a great deal, while if the majority of the busiest practitioners in the West end were to steadily discountenance our present mode of life, we should very soon see it altered." Doubtless, the profession might do something to check this unwholesome state of existence, but that would not amount to much. Unfortunately, we should be contending with a condition of things over which we can have very little control. In nine cases out of ten the fashionable woman does not come under the notice of her physician until the harm is done. She does not consult him before she incurs the risk, but after she has reaped the penalty of her unnatural and frivolous mode of life. At the same time we admit that the profession have not taken the matter up as they might have done. Public hygiene has monopolised too large a share of their attention to the neglect of private hygiene, and they have witnessed with too much indifference those social abuses and irregularities to which many of the disorders common among the higher classes of society are to be chiefly attributed. If, however, physicians took every opportunity of deprecating in the strongest terms the foibles of his fashionable patients; if a knowledge of the laws of health becomes, as it one day will become, an important element in the education of every man and woman; and if, moreover, some members of the Royal Family were to discountenance some of those unhealthy habits to which attention has been drawn, we should not then meet with so many patients whose nerves have become unstrung, and whose general health has been damaged by the prolonged excitement, fatigue, and dissipation of a London season.

Lime-juice in the Treatment of Rheumatism.

AMONG the many remedies we recently enumerated as having been presented for acute rheumatism we quite forgot to mention lime-juice, although many years ago we saw this plan of treatment tried on a very extensive scale at one of our metropolitan hospitals. It appears from the *Canada Lancet* that Dr. A. H. Chandler has been adopting this treatment with success. He finds that even on the second day the amendment is decided, and the disease in acute cases quickly subsides on the fourth or fifth day of treatment. Opium was given night and morning in order to restrain the bowels, which the juice has a tendency to relax. The effects of this treatment are said to be rapid diminution of the swelling in the joints, diminished perspiration, and steady fall of the pulse, the majority of cases requiring quinine and supporting food about the sixth day. Little reliance, however, can be placed upon lime-juice as a remedy for rheumatism. After a fair trial, some years ago, in several of the London hospitals, it was finally abandoned in consequence of the repeated failures that were met with during its employment. Perhaps the much-vaunted salicylic acid may one day share the same fate, notwithstanding the remarkably good effects which have resulted from the administration of this acid.

Medical Men and Wills.

Ne sutor, ultra crepidam. This old motto should be observed by medical men. Our law courts, however, unfortunately reveal instances of our neglect of this rule, generally to the discomfiture of the medical practitioner. In the *Leeds Mercury* we have an account of a case in

which a medical man, of the name of Henry Allbutt, put his finger into a domestic pie, and Mr. Allbutt's examination will, no doubt, convince him that for the future his better plan will be to mind his own business. We might even go farther, and say that the judge might have justly and seasonably have administered a rebuke to this member of our profession.

As everyone knows, there is a Dr. Clifford Allbutt in Leeds, whose reputation is more than provincial, and though he cannot help another man bearing the same name, we sympathise with him on having it shared by a practitioner whose professional actions do not come up to our standard.

The Flaw in the Adulteration Act.

We noticed last week the judgment of the English law courts, which decided that an adulterator could not be punished for selling a sophisticated article to an inspector for the purpose of analysis, inasmuch as such article could not be said to have been sold "to the prejudice of the purchaser." In order to remedy this flaw in the Act and restore the law to its former efficiency, a Bill has been introduced into Parliament by Mr. Anderson, Sir Wilfred Lawson, Mr. P. A. Taylor, and Mr. Whitwell. It provides "that it shall be no defence to" any prosecution under this section of the Act "that the purchaser having bought only for analysis was not prejudiced by such sale." We observe that in the interest of the shopkeepers Mr. Isaacs, M.P., opposes this Bill, and considering the late period of the session, he may succeed in his opposition, in which case the public will be left absolutely at the mercy of the adulterators until next session.

A Remarkable Case of Morphine Tolerance by an Infant.

Dr. J. L. Little reports (*Am. Jour. Obstet.*, April, 1878) a case where paregoric in small doses was administered to a child three weeks old, for the relief of suffering caused by an inflammation of the knee-joint. The child gradually bore larger and larger doses—the paregoric was changed to tr. opii., and this again to Magendie's solution. Soon the child obtained such a tolerance of this drug that, in a couple of months, from half a drachm to a drachm a day was necessary to quiet it. This state of things continued until *the amount consumed by the child, then less than eight months old, was two ounces of Magendie's solution in twenty-four hours.* The dose was gradually diminished at the rate of about three drops per day, and at the time of making the report, but ten drops were given at bed-time. The child's appearance improved very much; it is intelligent, and weighs eighteen pounds.

English Victims in Turkey.

The *Stamboul* has published statistics of the English medical attendants and nurses who have fallen victims to zeal for the cause of humanity. The Stafford House Committee employed 35 doctors, 11 of whom were dangerously ill, and 2 died. The Red Crescent employed 45, 14 of whom were dangerously ill, and 7 died. The Red Cross employed 14, three of whom were severely ill and one died. The Turkish Compassionate Fund employed 11, three of whom were dangerously ill. The Charity Sisters employed 40, of whom 27 were ill, and 13 died. Total employed 145; severely ill 58; 23 died.

The Irish College of Surgeons and the Dental Diploma.

We understand that two leading committees of the Council of the above body have recommended that the powers under the Dental Practitioners' Act shall be used, and that towards the end of April an examination for the dental diploma shall take place. It is also proposed that a Board, consisting of three anatomical and surgical examiners (who must be Fellows of the College) and of three registered dentists, shall be elected by the Council at large early in the ensuing month. Dentists who can produce evidence of high moral and professional conduct (especially as regards the abstinence from advertising for a considerable period), will be admitted for the license in dental surgery without curriculum up to August 1881. After that period candidates must produce certificates of a very full course of education by lectures, hospital practice, and apprenticeship or assistantship. The College is also about to found a Professorship of Dental Surgery.

Counter-Prescribing.

"One who Prescribes over the Counter," writes as follows to the *Chemist and Druggist*:—

"The *British Medical Journal* congratulates the Medical Defence Association 'on account of its having' vindicated the law and maintained the interests and rights of their own profession and of the *public at large.* I know a town where there is an infirmary at which the dispensing is done by an unqualified dispenser and the *porter* of the hospital. A surgeon in the same town employs an unqualified dispenser; another surgeon allows his coachman to dispense some of his medicine. In another town I know two doctors who employ mere youths as dispensers."

We can assure this correspondent that, if he, or the Chemist's Trade Association will take in hand the abuses of which he complains, and put a stop to the malpractices to which he refers, none will be better pleased than the medical profession at large. We have no power to prevent individual members of the profession sacrificing public advantage to their own pocket interests, and we really do think that the chemists and druggists would occupy their energies more profitably in agitating against doctor-shopkeeping, than in endeavouring to maintain a system of unqualified practice, which, they must feel cannot be defended on any good ground.

Students and the New Medical Bill.

The *Students' Journal* hears that a clause has been inserted in the New Medical Acts Amendment Bill, which exempts students, who may have commenced their professional studies previous to the passing of the Act, from coming under its provisions.

The programme of the fifty-first meeting of the German Naturalists and Physicians (the German equivalent of the British Association) will be held this year at Cassel, from September 18 to 24. This, probably the most thoroughly scientific and efficient of all the Associations, consists of twenty-five sections, ranging from Mathematics and Astronomy to Veterinary Surgery. This year a number of addresses on leading topics by eminent men of science are promised. Among these are the following :—"On the Relation of Darwinism to Social Democracy," by Prof. Oscar Schmidt, of Strassburg ; "On Symbiosis, Parasitism, and Allied Phenomena of Life," by Prof. de Bary, of Strassburg ; "On the Education of the Physician," by Prof. Fick, of Würzburg ; "On the Physician in his Relation to Research and Natural Science," by Prof. Hüter, of Griefswald ; "On Harvey's Life and Work," by Dr. Baas, of Worms ; "On the Colour-sense and Colour-blindness," by Dr. J. Stilling, of Cassel. Many other attractions are promised, including excursions, social gatherings, and the inevitable winding up "Abschieds-Commers." The various German railways will afford great privileges to those attending the meeting.

Several substantial bequests have been received by various medical charities during the past week ; amongst which may be mentioned stock to the value of £2,316 have been presented anonymously to the Leeds Royal Infirmary. The Gloucester Infirmary has received £2,000, under the will of Mr. Charles Walker. The London, St. George's, and Royal Free Hospitals, £1,000 each, under the will of Mr. Powell, of Lime Street, City. The West of England Eye Infirmary the Royal Albert Idiot Asylum, and the Bradford Infirmary have received £500 each, under the will of Mr. Henry Brown, of Rawdon, Yorks.

At the last meeting of the Council of Queen's College, Birmingham, Dr. Sawyer was elected Professor of Materia Medica, in place of Dr. Mackey, resigned ; and Dr. Rickards was elected Professor of Pathology, in the place of Dr. Sawyer. Mr. Eales was elected additional demonstrator of anatomy ; and a vacancy being thus created in the office of medical tutor, it was resolved to advertise for a resident medical tutor, to give his whole time to the work of the College.

In the principal foreign cities the annual rates of mortality, according to the most recent weekly returns, were —in Calcutta 34, Bombay 39, Madras 36 ; Paris 24 ; Geneva 33 ; Brussels 25 ; Amsterdam 32, Rotterdam 31, The Hague 22 ; Copenhagen 23 ; Stockholm 27 ; St. Petersburg 46 ; Berlin 40, Hamburg 31, Dresden 30, Breslau 37, Munich 33 ; Vienna 27, Buda-Pesth 36 ; Rome 32, Naples 36, Turin 27, Venice 25 ; Alexandria 48 ; New York 22.

The external iliac artery was tied by Mr. Spencer Watson at the Great Northern Hospital on Wednesday last for femoral aneurism of eleven days. Antiseptic precautions and Lister's dressings were employed. The temperature has remained normal. Temperature of limb, 95·6.

We understand that of the 118 candidates examined during the last and present weeks, at the Royal College of Surgeons of England, exactly one-half (59) who presented themselves failed to reach the required standard, and were referred for three months' further anatomical and physiological study.

Literature.

A REVIEW OF THE MEDICAL WORKS PUBLISHED IN FRANCE FOR THE YEAR 1877.

(*Continued from page* 17.)

1. "Leçons de Thérapeutique du Professor A. Gubler." "Regueilles et Redigées," par le Dr. Lablanc. 1 vol. 8vo, prix 10f. Paris, Delahaye.
2. "L'Hygiene et l'Education, &c." Par le Dr. A. Riant. 1 vol. 8vo. Paris, Hachette.
3. "Clinique Medicale de la Pitie." Par T. Gallard. Paris et Londres, Bailliére.
4. "Manuel de Medicin Legale et de Jurisprudence Medicale." Par Dr. Letant. 1 vol. 12mo, 740 p., avec figures. Paris, Lauwereyns.
5. "Essa de Psychologie la Bête et l'Homme." Par Fournie. 1 vol. 8vo, prix 7f. 50c. Paris, Didier et Cie.
6. "Leçons sur les Localisations dans les Maladies, du cerveau Faites à la Faculté de Medicine de Paris." Par J. M. Charcot. "Regueilles et Publiées," par Bourneville. 1 vol. 8vo, prix 5f. Paris, Delahaye et Cie.
7. "Traité d'Hygiene Publique et Privée." Par A. Proust. Paris, Masson.
8. "Clinique Ophthalmologique du Dr. De Wecker ; releve Statistique, par le Dr. Masselon. Paris et Londres, Baillière.

1. "Lectures on Therapeutics." By A. Gubler.

The name of Professor Gubler is so well known in connection with materia medica, that his lectures hardly need any recommendation. His classification is based on physiology, a view not generally accepted, and one not always to be relied on in point of practice. In France, as in England, the study of morbid anatomy and morbid symptoms has been made the basis for therapeutical indications ; but though theoretically rational, yet as an actual fact we often derive benefit from the administration of medicines, the action of which bears no physiological relation to the symptoms.

These lectures of M. Gubler are well deserving of a place in the library of the physician.

2. "Hygiene and Education." By Dr. Riant.

This author's name is also known by other manuals on hygiene.

The present work is a valuable contribution to a much neglected subject, and will be acceptable to medical men and teachers. The hygienist's province extends over a wide field, and it could not be better devoted than to the amelioration of the physical, intellectual, and moral anæmias which are so often met with in public schools, colleges, and even universities.

3. "Clinical Lessons." By Dr. Gallard.

The real education of the student may be almost said to depend upon clinical teaching, and we owe Graves a debt of gratitude for his efforts, in connection with the Irish School of Medicine, to establish a sound and practical system, based upon utilitarianism. M. Gallard seems to have had a similar object in view in his clinical illustrations, and his work is an excellent example of the large choice of practical subjects open to the teacher, and the necessity of selecting them.

4. "Manual of Legal Medicine." By Letant.

A useful, complete, and concise work, and one that will be especially valuable to the medical jurist.

5. "A Psychological Essay." By Fournie.

Several other works have issued from the pen of this author, as the "Physiology of the Voice," &c., which have already established his reputation. The present work will prove interesting to the physiologist and thinker, as it is an honest attempt to assist the study of psychology by render-

ing its expressions more precise, and by allying it more closely to physiology.

6. "Lectures on Cerebral Localisation." By Charcot.

The name of M. Charcot has become almost identified with this theme, and we have been able during the year to present our readers with a translation of some of his excellent writings. This work should be read by all who desire to thoroughly understand the subject.

7. "Traité d'Hygiene Publique et Privèe." Par A. Proust.

We have done a great amount of practical sanitary work in England, but it has been insensibly achieved. We have not had such standard works on hygiene as our French brethren, and until the publication of the classic work of the lamented Parkes, the general practitioner did not possess a standard work of reference on sanitary science. Individual monographs and papers we had in abundance, but it remained for the industry and talent of Parkes to condense and epitomise our knowledge, and to enrich medical literature with a work of which, as a nation, we may feel proud. Hygiene has been a theoretically popular subject with French writers, and their works are characterised by an exhaustiveness, and by a thorough grasp of the wide domain over which it extends.

The work of M. Proust—of more than 800 pages—bears ample evidence of this spirit; and English readers will find treated in it nearly every subject conducive to the improvement of man's social condition, and the preservation of his physical and moral well being. It is impossible to devote space to an analysis of a work which, commencing with general anthropology, human ethnography, special ethnogenesis, subsequently includes vital statistics, on the French nation, bearing on rural and urban populations, and their influence on the wellbeing of the nation; marriage, and its effect on mortality, insanity, and crime; and hygiene proper in its relation both to the whole State and individual classes in it.

Military service necessarily has a considerable space devoted to it, and the individual is studied according to age, sex, and professions, and the diseases incidental thereto receive their due consideration.

Chapters are of course devoted to air, water, aliment, clothing, habitations, hospitals, public baths, the prevention of contagious disease, climatology, and the geographical distribution of diseases. We can confidently recommend this work as a valuable addition to sanitary medical literature.

8. "Clinique Ophthalmologique." Du Dr. de Wecker.

This little pamphlet, bearing principally on operations for cataract, will be interesting to the ophthalmic surgeon, as it furnishes statistics of 222 cases operated on by Wecker in 1876, according to the methods he has laid down, and his used both for simple linear extraction, the combined method, and that of Von Graefe.

Literary Notes and Gossip.

THE International Literary Congress, which has been sitting in Paris for the last three weeks, has just concluded its deliberations, and as this country was represented, and its decisions, if carried into practice, affect English authors equally with foreign, we append its principal clauses.

* * *

LITERARY work is as much the property of an author as his house, until he disposes of his right or the laws of the State in which he resides fix a time for expiration of such rights.

* * *

WITH regard to the copying, reproducing, or translation of works, the Congress is of opinion that the author, his heirs, or assigns, should have the power to prevent such reproduction in any country, unless a fair remuneration be paid or guaranteed by the person publishing the work.

* * *

LITERARY, scientific, or artistic works will be treated in each country as if they had been first produced in that country, and the author or publisher first purchasing or obtaining the right to publication in any country, shall have the power to prevent any other issuing or importing such work for sale in that country.

* * *

FINALLY, a committee is to be formed in each country, in connection with, and after the style of, the "Société des Gens de Lettres," with a corresponding member of the International Committee attached to each, through whom all communications between the said committee and his nation shall pass.

* * *

OF course, the work which came before the Congress was of a much more complex nature than we have sketched, but enough has been given to show authors, that what we, in conjunction with all who deplore the piracies of the past, is on the eve of being granted, and that the rights of medical men, as well as others, to their own writings will be acknowledged. To Mr. Blanchard Jerrold and Mr. E. Jenkins, M.P., the best thanks of authors are due for their labours in this direction.

* * *

DR. GRAILY HEWITT'S able lectures "On the Mechanical System of Uterine Pathology," which were delivered before the Harveian Society of London in December last, have been expanded and brought out in book form during the last few days, with some well drawn illustrations showing flexion, anteflexion, retroflexion, &c., of the organs. We were much interested with these lectures when delivered, and have no doubt we shall be still better pleased on reading the book.

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A "CLINICAL Manual for the Study of Medical Cases" is announced as in the press. The editor is Dr. Finlayson, of Glasgow, who has been assisted in special subjects by several practitioners in the same city. The book will be published in London.

* * *

AN interesting production has just seen the light in the United States, under the title of "How to be plump, or talks on Physiological Feeding." By T. C. Duncan, M.D. If we may judge of its merits by the estimate of the reviewer in the *Louisville Medical News*, who describes it as "a book written in the form of a dialogue, one of the parties to the conversation apparently being an illiterate idiot, the other an uneducated lunatic," we fancy the author will lose somewhat of his "plumpness" after this, if he be a man of sensitive gait."

* * *

THE *Clinic* which has been in existence about seven years, and was at all times, a well-informed and useful weekly medical journal among our American exchanges, has now ceased to exist as a separate publication. It has now been incorporated with the *Cincinnatti Lancet*, a monthly of forty years standing, and the two as *Lancet* and *Clinic*, start this month on a new lease of life which we cordially wish may be a long one.

Correspondence.

SUPERANNUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am in the position pointed out in the last Annual Report of the Irish Medical Association, viz., of one worn out in the service and in need of superannuation, but who *cannot calculate on obtaining the required approval of the Board of Guardians* for a retiring allowance, and therefore am obliged to hold on with the prospect (to use a vulgar phrase) of "dying in the harness." In a late interview with a member of the Local Government Board, I was told that when I took the office I had no promise of superannuation, nor any reasonable expectation thereof, and therefore I could not complain for not getting it. This is certainly a fact, and constitutes an unanswerable argument in a logical point of view. In an equitable and moral sense, however, it is surely defective. In country unions, at least, the guardians consider it—and not perhaps unnaturally—to be their chief business *to keep down the rates*, and no man is likely to get a retiring allowance unless—whatever other qualities he may have—he is a good flatterer, and if he gets

by this means the favour of the guardians, you may infer he will require but little else.

Some, whom I could name, are at present in the enjoyment of retiring allowances, who have served less time, and are apparently in much stronger health than myself. You may perhaps say "they are cleverer men, and have been—or still are—more useful to their masters" than I am. Well, I believe this may be, and most probably is, the case. But that they did their duty better, or more efficiently as Poor-law officers, I would deny, which manifestly makes for my argument. I therefore, for want of time and ability to express my sentiments better, must just content myself by re-echoing, with deep sincerity, the words of the second resolution of the late annual meeting of our Association, only altering the construction a little, viz. :—

"That, whilst it would be only an act of justice to the medical officers holding appointments in the Poor-law Service, it would also tend to benefit the public that such of these officers, as through illness or infirmity have become unfit or unable to discharge their public duties, or as have either served twenty years or attained the age of sixty should be entitled to claim superannuation allowance in amount not less than two-thirds of all their official emoluments."

I am, Sir,
Your obedient servant,
A Medical Officer of 28 Years' Service.

DEVIATION FROM PRESCRIPTIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—May I be permitted to make a few remarks on the letter of your correspondent, "An Original Subscriber," in your issue of 17th inst., and your remarks thereon.

The question as to deviating from physicians' prescriptions you say is a breach of trust. I grant that in ordinary circumstances it is, and I think I may say, so far as my pharmaceutical brethren are concerned, never resorted to; but you would hardly expect the following prescription, handed into my establishment, to be compounded, without consulting the writer :—

℞ Mist. acaciæ, ℥iv.;
Acid hydrocyanici. dil., ℥j.;
Morphiæ mur, ℥iv.;
Syrupi. hyd. chloral, ℥vj.;
Aquæ ad., ℥vj.;
Capt. coch. mag. j., tum. urgent.

Another day I was requested to compound the following :—

℞ Magnes. sulph., ℥j.;
Acid sulph. dil., mx.;
Inf. rosæ ad. ℥j ss.;
Fl. haustus, s. s.

I quite concur with your correspondent M.P.S.I. that the title of "Medical Hall" is misleading, but I dissent from "An Old Subscriber" as regards prescribing being practised as a rule by pharmaceutical chemists.

Yours faithfully,
J. T. Holmes, Upper Baggot St., Dublin.

July 17th, 1878.

[It is hardly necessary for us to say that, in our opinion, to withhold a prescribed medicine in case of doubt, and until the prescriber is communicated with, is most proper, and it is quite open to the dispenser to refuse to compound a prescription which seems to him dangerous; but it would not, as we think, be right to alter the prescription without the knowledge of the prescriber, unless in exceptional cases where communication with him was impossible, and where the error was quite obvious. It would be utterly unjustifiable to alter the constituents of a medicine either to save trouble, or to alter the effect upon the patient.—Ed. M. P. & C.]

PRESCRIBING CHEMISTS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—The enclosed advertisement appeared in *General Advertiser* of 29th June. I was not aware that Pharmaceutical Chemists were authorised to visit patients and prescribe for them, as this would lead one to suppose. I thought, as the law stands at present, that they were not entitled to prescribe even in their own shop (although of course they do so), much less at the patient's residence. Kindly state your views on the subject in next week's publication. Yours, &c., * * *

To Pharmaceutical Chemists, or Apothecaries—Wanted by a qualified Pharmaceutical Chemist of vast experience, a situation as Compounder or Manager; *thoroughly competent to visit and prescribe, also extracting of teeth*, well used to putting up proprietary articles, and is the inventor of several valuable remedies.

[No chemist either in or out of Ireland is legally entitled to visit or prescribe. He can do so in Ireland without hindrance, there being no law under which to prosecute him unless he falsely represents himself as being legally qualified to practise medicine. In England he can be prosecuted under the Apothecaries' Act, and it is an anomaly that no such enactment exists in Ireland.—Ed.]

Medical News.

The Cork Maternity.—The work of this useful, if unpretending institution, for the five years of its existence is before us in the form of a report of its working by Dr. H. M. Jones, the Physician to the Institution, and Surgeon to the Cork Hospital for Women and Children, and we are gratified to find that the Maternity is able to answer for itself in the most satisfactory and creditable terms.

Previous to December, 1872, there was but one other institution of the kind in Cork, with its city and surburban population of about 80,000. This opened its door also to the county, and is named the City and County of Cork Lying-in Hospital. Many years since there was a second lying-in hospital for the south side of the city, but it has long ceased to exist. The poorer classes of the city were mainly attended to by ignorant and frequently drunken old midwives, who called in no physician until they had exhausted every traditional and superstitious device to bring on labour and effect delivery. The Lying-in Hospital, imperfectly maintained as it has always been, did its work well, as far as its resources would enable it. It is only necessary to allude to the senior member of the staff, the late Dr. J. R. Harvey, Professor of Midwifery in the Queen's College, Cork, to prove the class of obstetrical work done in this time honoured hospital.

The design of the Maternity, to which we now refer, was twofold. To give efficient aid early in labour, and at any moment, to the poorer women throughout the city, and to train a better class of nurse. Up to the present, with many difficulties, and very slender resources, the Maternity has fulfilled both these objects. During the first five years 1,611 cases have been attended to in this city, and some twenty highly intelligent and competent nurses have been trained. The students of the Queen's College have largely availed of the Maternity to learn practical midwifery, and there is yearly a course of lectures on obstetrics and gynæcology delivered to the class.

Many of our cases, says Dr. Jones, were placed under the most unfavourable circumstances for recovery—poverty, filthy surroundings, over-crowded dwellings, delay, rude and barbarous interference, drunken friends, and little help in times of emergency, were the principal difficulties we had to contend with. Still it is strange that, during those five years, we have not lost a single case from puerperal fever coming on idiopathically, or having a purely septicæmic origin.

Of the 1,611 labours which occurred in the Institution, 108 were difficult, 74 preternatural, and 117 complex, and the total mortality was 14.

The forceps preferred is Simpson's long forceps, with the blades both long and strong. Also the handles are longer and roughened instead of being grooved. Of the 93 forceps cases there was one instance of death from subsequent peritonitis. This was after a very severe and prolonged effort at extraction. Of the 93 cases in which it was applied in our Maternity practice, 7 deaths of the child resulted. As to dilatation of the os, Dr Jones believes that it is essential to the safety of the mother to wait to secure *fair* dilatation, such as will admit of the application of the instrument, but not so complete as that the lips of the os may not be felt,

The further details of Dr. Jones's report are of so much interest to the obstetrician that we regret our inability to reprint them here. The entire report affords evidence of good work done under disadvantageous circumstances, and inspires hope of a future of success for the Institution under Dr. Jones's care.

University of Durham.—The following gentlemen, having undergone the necessary examination, have obtained the degree of M.D.:—William Thomas Fernie, M.R.C.S., L.S.A.; Richard Henry Milson, M.R.C.S., L.S.A.; William Summerhayes, M.R.C.S., L.S.A.—The following, having fulfilled the regulations of the University and undergone the necessary examination, were admitted to the degree of M.B.:—James D. Dixon, M.R.C.S.; — Mahony, M.R.C.S.; Shadforth Morton, M.R.C.S.; Henry E. Price, B.Sc., M.R.C.S.; A. H. Robinson, M.R.C.S.; B. R. Rygate, M.R.C.S. The examination for the M.D. degree is for practitioners of fifteen years' standing.

College of Physicians in Ireland.—At the July examinations the following obtained the licences in Medicine and Midwifery:—

MEDICINE—Samuel Bagley, Edward Bennett, Henry Foster Burnes, James Davison, John Sneyd Hawkins, Arthur Edward Pownall, Robert Leonard Rutherford, Peter Ryan.

MIDWIFERY—Samuel Bagley, Edward Bennett, Lewis Buchanan, Henry Foster Burnes, James Davision, Henry Singer Gabbett, John Sneyd Hawkins, James Bostock Jacob, Robert Joseph Martyn, John Gregg O'Neill, Arthur Edward Pownall, Peter Ryan, Robert Norman Thompson, William Cleland Wilkinson.

Society for Relief of Widows and Orphans of Med. Men.—At the last quarterly court of the Directors of this Society, under the presidency of Sir George Burrows, Bart., a sum of £1,253 was granted to be distributed, according to their circumstances, among 58 widows, 11 orphans, and 3 orphans on the Copeland Fund. The expenses of the quarter were low as usual, and amounted to £51 12s. 3d. Three new members were elected, the deaths of two members were reported. There were no fresh applications for grants.

NOTICES TO CORRESPONDENTS.

MR. MESSENGER BRADLEY'S lecture, "On Intracranial Abscess," shall appear the first week in August.

DR. HERBERT TIBBITTS.—We will look in to see the new hospital when passing.

DR. P.—We are glad to notice that Mr. Councillor W. is always on the *qui vive* to expose the many abuses of authority which, unhappily, seem very prevalent in your town. The case described in the local paper was, in every respect, disgraceful.

HEALTH OFFICER.—The report "On the Suppression of Noxious Gases," &c., will be continued in our next, and will contain the information you require. The experiments and suggestions are applicable to any country or part.

GRATUITOUS MEDICAL RELIEF.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Would you kindly inform me if the following is a fit case for out-door medical relief:—A railway porter in receipt of thirteen shillings a week with perquisites (which, say, are on an average five shillings), and is also a pensioner receiving seven shillings a week?

Yours faithfully,

P. K.

[*** The case is certainly not one deserving of dispensary relief, but, under the terms of the law which leaves it to the discretion of the ticket-issuer to decide who is a "poor" person our correspondent is bound to attend and has no remedy. In metropolitan districts charity relief is usually give to artizans whose net income is nearly as good as the doctors', and who can afford to spend one-half of their earnings in bad whisky.—ED.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The next preliminary examination for the diplomas of Member and Fellow will be held on Tuesday, Wednesday, and Thursday, the 3rd, 4th, and 5th September, at the University of London, Burlington Gardens, W. Candidates desirous of presenting themselves for this examination are requested to apply to the Secretary, Royal College of Surgeons, Lincoln's Inn Fields, W.C., for the prescribed form of application a month before the date of the examination, and return the same to the College not later than Monday, the 12th August.

DR. C. P. KNAPP, Wyoming, will please receive our best thanks.

H.M. NAVAL MEDICAL SERVICE.—Notice is given in our advertising columns that the next examination for candidates in the Royal Navy will be held at the London University on the 12th August and following days. The necessary forms will be supplied on application to the Director-General.

THE ROTUNDA HOSPITAL.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Would you kindly oblige me with the information as to (1) the steps and means necessary for obtaining the L.M. of the Rotunda Dublin, (2) the extent of its use as a qualification, and (3) if it is registerable in the "Medical Directory"?

Yours, &c.,

ACCOUCHEUR.

[*** The diploma from this Hospital is granted to pupils after a period of six months' attendance on the practice of the Hospital, and on their passing an examination before the Master and assistants. It is recognised by the Local Government Board as a qualification in midwifery for all hospitals and dispensaries under their control, but is not registerable. Application for admission as a pupil to be made to the Master, at the Hospital, Rutland Square.—ED.]

VACANCIES.

Birmingham Children's Hospital.—Non-Resident Assistant House Surgeon. Salary, £60 per annum, with lunch and dinner in the Hospital. Application to the Medical Board before August 2.

Bradford Infirmary and Dispensary.—Dispensary Surgeon and House Physician. Salary, attached to each office, £100 per annum. Applications, with testimonials, to the Secretary on or before July 25.

Carlow Union, Ballickmoyle Dispensary.—Medical Officer. Salary, £120. Election, July 31.

Carmarthen Infirmary.—House Surgeon. Salary, £125. Must have a knowledge of Welsh. Applications to Mr. H. Howells, 58 King Street, Carmarthen. Election, July 31.

Devonport, Royal Albert Hospital.—Resident Medical Officer. Salary, £200, with board and apartments. Endorsed "Application for Appointment" to be sent to the Committee on or before August 2.

Manchester, General Hospital for Sick Children at Pendlebury.—Physician. Salary, £300. Occupant of the post may engage in consulting but not general practice. Applications before July 29. (See Advt.)

APPOINTMENTS.

ANDREWS, Mr. W. S., House Surgeon to University College Hospital.

CASE, H., M.R.C.S.E., Lecturer on Psychological Medicine at the Middlesex Hospital Medical College.

EDGINTON, R. W., M.D., an Honorary Physician to the Birmingham and Midland Hospital for Women.

HARVEY, C. A., M.D., Assistant Physician to the Cork Lying-in Hospital.

HAWKES, J., M.D., M.R.C.S.E., Medical Officer for the St. Faith's District and the Workhouse of the St. Faith's Union.

HOLMES, W. H., L.R.C.P.Ed., L.R.C.S.Ed., Physician to the Cork Lying-in Hospital.

MCPHERSON, C., M.B., L.R.C.S.Ed., Medical Officer and Public Vaccinator for the Parish of Creich, Sutherlandshire.

MOONE, J., L.R.C.P.L., M.R.C.S.E., House Surgeon to the Wolverhampton and Staffordshire Hospital.

POWELL, D., M.D., Assistant Physician to the Middlesex Hospital.

PRYCE, E. W., M.R.C.S.E., Assistant Medical Officer to the Woolwich Union Workhouse and Infirmary, Plumstead.

ROBINSON, A. H., M.R.C.S.E., an Assistant House Surgeon to the General Infirmary, Hull.

Births.

DOBBIN.—July 11, at Banbridge, co. Down, the wife of William Dobbin, M.D., of a daughter.

ILES.—July 12, at East Gate, Taunton, the wife of Alfred R. Iles, L.R.C.P., of a son.

Deaths.

ALLEN.—On July 5, at Gorey, co. Wexford, Martha, the dearly loved and only daugoter of John B. Allen, M.D., aged 16.

BERESFORD.—On July 18, at Narborough, Leicestershire, James Wm. Beresford, M.R.C.S.E., L.S.A., aged 62.

COCKS.—On July 10, at Falmouth, W. P. Cocks, M.R.C.S., aged 87.

FOWLER.—On July 4, at Easter-Ord, Skene, Aberdeenshire, John S. Fowler, M.D., aged 37.

FRY.—On July 10, at Frimley, Augustin Barber Fry, M.R.C.S.E., aged 35.

GRAY.—On July 13, at Ashley Road, Aberdeen, John Gray, Surgeon, formerly of Dundee, aged 80.

MUNGALL.—On July 13, at Abbotsford Place, Glasgow, Andrew Mungall, L.F.P.S.G., aged 58.

NOON.—On July 14, at Dublin, Frederick Noon, L.F.P.S.G., of Earlstown, Lancashire, aged 58.

PROSSER.—On June 18, at Tramore, co. Waterford, John H. Prosser, M.R.C.S.E., aged 61.

RUDLAND.—On July 14, at Foleshill, Warwickshire, William Goldsmith Rudland, M.R.C.S.E.

SMITH.—On July 14, at St. Helier's, Jersey, Joseph Smith, M.R.C.S.E., formerly of Wadham House, Lozells, Birmingham.

STUBBS.—On July 1, at Canning Street, Liverpool, Henry Stubbs, F.R.C.S.E., aged 69.

SWAN.—On July 14, at 33 Clarinda Park, Kingstown, Harriet, the beloved wife of Joseph W. Swan, M.D., in her 79th year.

WARD.—On July 7, at Wimbledon, William Ward, M.R.C.S.E., of Horncastle.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

ANNUAL GENERAL MEETING,

Held at the ROYAL COLLEGE OF SURGEONS IN IRELAND *on* MONDAY, THE 3RD JUNE, 1878.

DR. A. O'KELLY NOLAN (Gort.), Vice President for Connaught, in the chair.

REPORT OF COUNCIL FOR THE YEAR ENDING 31ST MAY, 1878.

Continued.

Incorporation of the Association.

As the funds of the Association were not in as flourishing a condition as they would have been if the annual subscriptions had been punctually paid in, your Council considered it advisable that the matter of having the Association incoporated under existing Acts of Parliament should be postponed, especially as that course afforded an opportunity of revising the rules; accordingly your Council will present to this meeting a new code of rules, to the consideration of which they have devoted their most earnest and full attention, and which they believe will, if adopted, provide most thoroughly all that is necessary for the management of the Association; but as a whole year has elapsed since the adoptionat last Annual General Meeting of the resolution authorising the incorporation of the Association, your Council are advised by the Solicitor to the Association that that resolution should be submitted to this Annual General Meeting, when if again adopted and the state of the funds admit of it, your Council think the Incorporation should be proceeded with.

Superannuation to Medical Officers.

THIS very important question has for many yearsbeen the subject of frequent communications made to this Association, and your Council are deeply impressed with its importance, not only from a public but also from a professional point of view. Whilst on the one hand it is essential in the public interest that the sick poor should have the services only of medical officers who are capable of discharging their duties efficiently, it is, on the other hand, only reasonable and fair that the services of medical officers, whose health and years have been almost exhausted in faithful and efficient service to the public, should be adequately recognised. Under the present state of the law, the Boards of Guardians have a discretionary power to grant superannuation allowance to any medical officer who has become incapable of discharging his duties with efficiency—by reason of permanent infirmity of mind or body, or of old age, upon his resigning or otherwise ceasing to hold his office—in amount not exceeding two-thirds of the emoluments of his office. Your Council observe with gratification that the Boards of Guardians are much more considerate now than heretofore in dealing with the question of superannuating worn-out medical officers; but they regret that, owing to the fact that superannuation allowance is at present only permissive, there are too many instances of medical officers utterly worn out and incompetent to discharge efficiently their duties to the sick poor, who, being solely dependent upon the salary and emoluments of their office, and who cannot calculate upon obtaining the required approval of their Boards of Guardians, in the first instance, to the granting of a retiring allowance, are—through absolute want of means to support themselves without it—compelled to hold their appointments rather than incur the risk of having to be supported by charity, in consequence not of improvidence on their part, but rather of inability to make provision for themselves and their families in their old age.

Your Council are of opinion that the State should contribute to the superannuation allowances in the same proportion as it contributes to the salaries of the medical officers in office; and that superannuation allowance should be obtainable as a matter of right by those medical officers who, by reason of age, illness, or infirmity, have become unable to discharge their duties efficiently, as well as by those who have served over twenty years; and that the permissive system at present in force shall be confined to cases which would not come under those heads; and your Council are confident that, if such were the case, the result would be much more satisfactory to the public than the present system.

Your Council have received from "The Louth, Meath, and Drogheda Medical Society" a resolution adopted by its members, urging the importance of this subject, and a resolution thereon will be submitted to this meeting.

Leave of Abcence.

Under the existing regulations a Dispensary medical officer is not entitled to "leave of absence" unless incapacitated by illness or other cause from discharging his duties; in which case he is required to nominate a fit and proper person to undertake his duties; and the practitioner appointed as *locum tenens*, owing to some informality, is occasionally either unremunerated for his services or has to look to the incapacited medical officer for his salary for the time during which he was unable to discharge his duties.

Your Council believe that such a state of matters is not conducive to the well-being of the Poor-Law Medical Service, and are convinced that it would tend to the efficiency of that service, and not materially increase the expenses thereof, if workhouse and dispensary medical officers were entitled to a reasonable period of leave of absence in each year at the public expense. By such an arrangement the medical officers would be afforded an opportunity not only of recruiting their health, but also acquiring information and extending knowledge, which would in turn be advantageous to their patients and tend to diminish the number of instances of incapacitation from

illness. In the various departments of the Civil Service this system exists, and your Council cannot see any reason why it should not be extended to the medical officers of the Poor-Law Service, who certainly do not less require it. Your Council have therefore drawn up a resolution on this subject to be submitted to you this day.

The Parliamentary Franchise (Ireland) Bill.

Attention having been directed, when it was before the House of Commons, to this Bill, one of the clauses of which proposed the repeal of the 111th section of the 13 & 14 Vic., cap. 69 which disfranchises as a voter for Members of Parliament any person who, within twelve months, had received relief under the "Acts for the more effectual relief of the destitute poor in Ireland," your Council took prompt measures to oppose that clause in the Bill, and Communicated with the Attorney-General for Ireland and other Members of Parliament, the result of which was satisfactory.

The Factories' Bill.

The attention of your Council was drawn to this Bill but as it had already passed the Committee of the House of Commons at the time, your Council considered that no action on their part, further than that already taken by them in their resolution of 21st July last, would be of any use, and the Hon. Secretary of the "Certifying Factory Surgeons' Association" was informed accordingly; but your Council are pleased to report that many of the claims put forward by that Association were recognised by the House of Commons, and trust that the resolution above referred to tended, in some measure, to ensure that result, and the thanks of the Certifying Factory Surgeons' Association, for the action taken by this Association have been received.

The attention of your Council having been directed to the retirement from Parliament of Mr. Henley, M.P., they forwarded to him the following resolution, which was unanimously adopted, viz.,

Resolved—"That the Council of the Irish Medical Association, having observed that Mr. Henley, late M.P. for Oxfordshire, has retired from Parliament, and recognising the very valuable and kind assistance given by him towards the passing of "The Medical Officers' Superannuation (Ireland) Act, 1869," desire to express the deep sense of gratitude they feel towards him for his services, and hope he may long be spared, in the midst of happiness, to enjoy the rest from Parliamentary toil which he has sought."

Obituary.

Your Council with deep-felt regret have to report that sixteen members of the Association have, during the past year, been removed by the hand of death.

New Members.

Twelve new names have been added to the list of members during the past year.

ABSTRACT OF THE TWENTY-SEVENTH REPORT ON LUNATIC ASYLUMS IN RELAND.

(*Continued from our last.*)

On comparing the average cost per patient in all asylums in the two years last audited, there is a difference of only 8d., a circumstance displaying a remarkable uniformity of expenditure, and a fixed system of management; although, no doubt owing to incidental circumstances, one institution may be dearer than another. Abstracting the rate in aid £10 8s. from £24 13s. 8d., £14 5s. 8d. would represent the charge on the rates for every lunatic in an Irish Asylum during the whole of 1876, a sum we apprehend scarcely greater—all charges included—than that necessary for supporting the inmates of a union workhouse infirmary.

Before concluding this portion of our Report, we would venture to observe that if the utility of public lunatic institutions be estimated by results, the district asylums of Ireland, tested by the number of cures effected in them, by their average low mortality, by their immunity from the recurrence of fatal or serious accidents, one solitary suicide being the only untoward occurrence that took place within the year in a floating population of over ten thousand inmates, a large portion of whom were admitted as dangerous to themselves or others, as well as by their uniform, humane and economic management, may fairly compete with the best regulated of kindred establishments in other countries.

Workhouses.

In previous Reports we have so fully expressed our sentiments with reference to the unsuitability of workhouses to the treatment of lunatics, that we should only repeat ourselves did we dwell at any length on the subject at present; and we feel the less disposed to do so, as a commission of inquiry was appointed towards the close of last session of Parliament to visit these institutions. We may, however, succinctly advert to opinions which, already expressed by us, have been corroborated by a growing experience and more studied observations. At all times, as places in which cases of acute, dangerous, or complicated insanity could be treated, we have been totally adverse to them, regarding such receptacles as calculated, from their want of proper organisation, attendants, and appliances of management, as more calculated to fix than to alleviate mental disorders, no matter how intelligent the physicians attached to them, or however benevolently inclined the non-professional superintendents. In the absence of asylum accommodation, workhouses have doubless proved most beneficial to many of the insane class, by affording a certain refuge and a safeguard against personal danger, particularly to the idiotic, the epileptic, and utterly demented of the pauper community.

It will require much consideration as to how an amendment can be best secured in the general management of poorhouse inmates labouring under mental disease.

So far back as 1857, and some years prior to the erection of the intermediate establishments of Leveson and Cateram, near London, we expressed opinions, from which we have since discovered no reason to depart; and to the effect:—

"That the most suitable place for every demented person, lunatic, or idiot, dangerous or inoffensive, is an institution devoted to the care of the insane, under the management of experienced attendants well acquainted with the treatment of mental disease in every form."

And further—

"That the question was deserving the considerations of the executive of how far the separation of the insane from the sane would ensure to the former more care and comfort than they can possibly enjoy in ordinary workhouses. By the erection of distinct auxiliary buildings, a desirable object would be obtained, as on the removal of many chronic and incurable inmates, occupying a great deal of valuable room in several district asylums, the latter could be more beneficially devoted to recent or acute cases of larceny, and then efficiently serve as hospitals for the cure of insanity instead of being mere receptacles for the safe-keeping and maintenance of hopeless patients."

The Commission of Inquiry into the feasibility of amalgamating unions, whereby some workhouses might possibly be rendered available for other than their primitive object, has not as yet reported; so far, then, the transferring of an unoccupied workhouse to the lunatic department in each asylum district, should the Local Government Board sanction the procedure, must remain in abeyance.

Private Asylums.

We have to record no alteration during the past twelvemonth in the number of private asylums.

Their inmates, too, are almost the same as given in our Report for 1876, 644 and 636 being under treatment respectively at the close of last year.

As regards the management of these institutes, it has been on the whole satisfactory—many of them being conducted, with due attention to the comfort of the patients, are not inferior to similar establishments elsewhere, in neatness, order, and facilities for amusements, as well as in and outdoor occupations. Three or four certainly stood in need of improvement, the necessity of which we did not fail to impress on the proprietors. They were not, however, in such a condition as to justify an interruption of the license under which they were kept up, for though deficient in their interior arrangements, allowance should be made, not only for moderate stipends, but not unfrequently irregularities and delays in the payments of them by the friends of the insane.

In no instance have we had reason to find fault with the treatment of patients by the owners of private licensed houses—in fact, if any blame is attributable in their regard, it should be put down more to the neglect of relatives than to any other cause.

WESTPORT UNION.

DUTY OF MEDICAL OFFICERS IN CONNECTION WITH OUT-DOOR RELIEF.

THE Westport board of guardians made inquiry of the Local Government Board respecting the duties of dispensary medical officers, and received a reply to the following effect :—

In reply to the question of the guardians of the 27th ult., inquiring as to the duty of the medical officers with respect to visiting persons in receipt of out-door relief under the circumstances set forth in the minutes, the Local Government Board replied that the giving of certificates as to the state of health of applicants for out-door relief or of persons in receipt of such relief in order to guide the board of guardians in determining as to the continuance of the relief, is not a duty which the medical officer is strictly to observe. The duty of inquiring into the case of application for relief and of furnishing the guardians with such information as they may from time to time require in reference to such cases should be performed by the relieving officer. The tickets which the relieving officer is authorised to issue the medical officer are for affording medical advice and medicine to a person needing such aid ; and Article 21, No. IV. of the dispensary regulations defines the circumstances under which he can call on the medical officers for a certificate as to fitness of removal to the workhouse.

COUNTY KILDARE GRAND JURY.

CORONERS' PAYMENTS TO MEDICAL WITNESSES.

Major Borrowes—We should take into consideration how the coroners of this county are to be paid for the current expenses of the various inquests which they may be called upon to hold. Formerly, before the doing away with the Board of Superintendence, the coroners sent in an account of their expenses every month. Now that there is no Board of Superintendence, they want to know by what means they are to be paid their current expenses.

Dr. R. S. Hayes (one of the county coroners) pointed out that there was a presentment of £50 to the court-house committee passed at last assizes, which could be applied to the purpose of meeting these expenses. Since he could not be paid as heretofore by the Board of Superintendence, he had not advanced any money to medical witnesses, but gave, instead, a certificate that they were entitled to so much for attending an inquest.

Major Borrowes—I would like to know if it is legal for the court-house committe to pay this money. I certainly do not think it at all a beneficial system that your coroners are to give certificates to medical men.

Dr. Carter mentioned that he had written to Mr. Galloway, Grand Jury solicitor. asking how he was to be repaid his current expenses. Mr. Galloway, in the course of his reply, wrote :—" It appears from the last presentment made at last assizes that the sums which had been presented to the Board of Superintendence were represented in aid of the county at large, and I think therefore an application made to the Grand Jury when they next assemble, to present under the provisions of the 30th sec. 9 and 10 Vic., cap. 37, may be entertained."

Major Borrowes deprecated the system of coroners giving " I Owe You's" on the part of the Grand Jury to medical men and other witnesses who might be in want of their money.

Mr Rynd said coroners were not bound to give any " I Owe You's."

Dr. Carter said in the early part of his administration he tried the system of certificate. It was a signal failure.

Ultimately, the matter was referred to the coroners' committee, who subsequently reported as follows :—

"The Grand Jury having requested the committee on coroners' accounts to recommend some manner in which the coroners' accounts—*i.e.*, certain monthly expenses on inquests—can be met, suggest that the Grand Jury do appoint the visiting justices the coroners' accounts committee to examine and pay monthly as heretofore money due on inquests, and that a sum of £50 be presented for at each assizes to meet these expenses."

ATHY UNION.

DISINFECTION OF CANAL BOATS.

THE sub-sanitary officer of Athy presented a bill for £3 3s. 2d., the value of clothes and other articles destroyed by him when disinfecting a canal boat from which a small-pox patient, who had since died, had been taken to the workhouse hospital.

Sir A. C. Weldon.—The railway company are compelled to disinfect the trucks. I do not see why boat owners should not be subject to the same law.

Sub-sanitary Officer—I have it on good authority that the man was brought from Dublin suffering from the disease, and that he was kept in the boat from Sunday until Friday.

Mr. Mahony—If that be so the person in charge of the boat could be punished. The section of the Act bearing on this is very stringent ; it says :—Any person suffering from any dangerous or infectious disease who wilfully exposes himself without proper precaution against the spread of said disease in any public place or public conveyance, or any person in charge of one so suffering who so exposes the sufferer, or any owner or driver of a public conveyance who does not immediately provide for the disinfection of his conveyance after it has conveyed such sufferer, shall be liable to a penalty not exceeding £5."

Sub-sanitary Officer—I do not think you could come at the owner of the boat in this instance.

Mr. Mahony—You could ; he is responsible for the acts of his servants.

Sub-sanitary Officer—I can not get people to go into these places and disinfect them without paying them, and it is even difficult to get them at any price. The board should pay me, and look to the owners afterwards.

The Clerk was directed to write to the owner of the boat on the subject.

Mr. Mahony—The following section of the Nuisance Removal Act bears on it :—" Any ship or vessel lying in any river, harbour, or other water, shall be subject to the jurisdiction of the nuisance authority of the district within which such river, harbour, or other water is, and shall be within the provisions of the Nuisance Removal Act, in the same manner as if it were a house within such jurisdiction, and the master or other officer in charge

shall be deemed for the purposes of the Act to be the occupier of such ship or vessel."

The sanitary officer's attention was directed to the section, and they were ordered to attend to the resolution of the board.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING JULY 13, 1878.

Total registered deaths in Dublin and suburbs*	...	...	137
Ten years average of same week	...	...	120
Excess of mortality above average	...	...	17
10 weeks' ratio of deaths Rathmines		19·7 per	1,000
„ „ „ Donnybrook†		23·6	„
„ „ „ Blackrock		12·3	„
„ „ „ Kingstown		16·3	„
„ „ Entire Dublin District		22·6	„
Comparative Ratios—London	...	23·2	„
„ „ Glasgow	...	19·5	„
„ „ Edinburgh	...	20·6	„

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Deaths from zymotic diseases are 1 less than in preceding week, but 13 over the average for the 28th week of the last ten years: they number 38, of which 23 were from small-pox, 4 from fever (2 typhus and 2 typhoid fever), 3 each from scarlet fever and diarrhœa, and 1 each from diphtheria, whooping-cough, erysipelas, and hydrophobia, the last named death being that of a girl aged 5 years, who was bitten by "a rabid dog" on 5th April last and died in Sir P. Dun's Hospital.

Of the 23 deaths from small-pox 4 are chargeable to the North City Districts, 18 to the South City, and 1 to Donnybrook. The deaths from this cause are 5 over the number registered in the preceding week, but there has been a remarkable decline in the number of fresh cases of the disease admitted into hospital, the total for the week being only 51, which is 43 under the number for the previous week, and much less than in any week for some months past. Seventy-four small-pox patients were discharged during the week, and 16 died; 197 remained under treatment on Saturday last, being 39 less than the number on Saturday, 6th instant.

Nine children died from convulsions.

Bronchitis caused 18 deaths, pneumonia 4, and lung disease, unspecified, 2; these 24 deaths are 7 in excess of the average mortality from diseases of the respiratory organs in the 28th week of the last ten years.

Three deaths resulted from heart disease; 4 from apoplexy, 3 from paralysis, 2 from epilepsy, 1 from cephalitis; 1 from jaundice; and 4 from nephria.

Twenty persons died from phthisis, 5 from mesenteric disease, 2 from hydrocephalus, 1 from scrofula and 2 from cancer.

WATERFORD GUARDIANS.

Mr. Elliot, J.P., said the police of Mullinavat came to him and asked him to take the depositions of a woman who was believed to be dying. Hs asked if a doctor had seen her, and they said that Dr. Cane was on leave, and that his substitute, Dr. Evans, was not to be found. He went, and took the woman's depositions. On his way he met the relieving officer, who told him that Dr. Evans, the substitute, had gone to Dublin. At the same time Dr. Cane drove up from Waterford, on his way to Dublin Although informed of the case, he refused to attend, and went on to Dublin also. The result was, the poor woman was left without a doctor all night, and it was only next morning that Mr. Carroll was able to get Dr. Jackman to see her, and he pronounces her life in danger.

Mr. M'Shea—The *locum tenens* had all the responsibility while he was in office, and no one else was implicated.

Mr. Carroll, R.O., stated that he received a letter from Dr. Evans, stating he could not attend, as he had to go to Dublin.

Mr. Elliot—I think that the Local Government Board should be informed that Dr. Cane, although knowing the case, went off to Dublin, and would not attend it.

Table *showing for* Eight Large Towns, &c., *the* Area, *in Statute Acres; the* Population *in* 1871; *the* Annual Rate of Mortality *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, July* 13, 1878; *the Total Number of* Births and Deaths *registered during the Week, with the Number of* Deaths *at certain Ages, and from* Several Causes, &c.

Towns, &c.	Area in Statute Acres.	Population in 1871.	Week ending Saturday, July 13, 1878. Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards	Number of Deaths from Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
Dublin . .	10,050	314,666	23	185	137	22	29	23	...	3	1	1	4	3	4	5	52
Belfast . .	20,687	182,082	20	105	70	14	6	...	...	2	...	...	4	2	...	...	...
Cork . .	13,816	91,965	25	42	45	4	7	...	...	...	..	1	2	1	1	4	1
Limerick .	8,509	44,209	22	25	19	1	9	...	...	...	...	...	..	2	...	...	11
Londonderry .	21,865	30,884	10	12	6	...	2	...	...	..	...	...	...	...	...	...	2
Waterford .	17,209	30,626	27		16	2	4	...	1	...	...	...	...	...	...	...	8
Galway . .	21,358	19,692	26	6	10	...	4	2	...	..	...	...	...	...	...	...	4
Sligo . .	30,835	17,285	12	6	4	...	2	...	...	..	....	...	...	...	...	...	2

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 31, 1878.

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LECTURES ON LOCALISATION IN CEREBRAL DISEASE.

By Prof. CHARCOT, M.D.,

Physician to the Salpetrière Hospital, Member of the Academie de Medicine, Paris; Fellow of the Clinical Society of London, &c., &c.

(*Continued from page* 284, *vol.* xxiii.)

Origin of the Cerebral Portions of the Optic Nerves.

Gentlemen,—I hope I have achieved my purpose of rendering conspicuous the existence of *crossed amblyopia* as a symptom of lesions occupying the posterior part of the internal capsule, or the corresponding radiations of the foot of the corona radiata.

At the same time I have striven to show that De Graefe's proposition—that with the exception of crossed amblyopia, homologous hemiopia would be the only functional trouble of vision which could result from a lesion of one of the cerebral hemispheres. I have tried to show that this proposition is much too sweeping, and that the arguments on which it is founded require complete revision.

I wish to-day to inquire, with you, whether normal anatomy can explain whether this sensorial trouble, this crossed amblyopia, is a frequent or habitual accompaniment of sensitive hemianæsthesia arising from lesions of the internal capsule.

This hemianæsthesia—of common sensation—is explained by a fasciculus of centripetal fibres, called *direct*, because they do not terminate in the grey nuclei of the central masses, but which, on issuing from the internal capsule, form the most posterior part of the foot of the corona radiata.

Is there any convexity—any sort of relation—between this sensory fasciculus and the sensory fasciculi which connect the visual apparatus with the grey matter of the brain?

To answer this, we must first study the deep or cerebral parts of the optic nerves. This is a difficult subject, and has its points of obscurity. Still, I cannot avoid showing you its chief aspects, if only to point out in what direction researches should be made, pathological anatomy affording the principal ground for investigating the matter.

Following the general plan, the cerebral nerves should, before penetrating the brain itself, meet with one or more masses of grey substance, which are usually called *nuclei of origin;* and there are expansions, arising in these nuclei, which would indirectly connect these nerves with the grey matter of the cerebral hemispheres.

A priori, why should the optic nerves be an exception to this general plan? In fact they are not; but their arrangements are very complex, and imperfectly understood.

I. We will first consider certain particulars of the formation of part of the corona radiata of Reil. You will notice especially the posterior cornu of the ventricle, which plays an important part in the topography.

The nucleus caudatus has been removed; its radiating appendage (that is to say, the cortico-striated radiating fibres) has also been removed (fig. 31, FK), so that the surface of the cortico-optic radiating fasciculi is laid open (F T, fig. 31). It is possible, then, in these last fasciculi, to distinguish three groups of fibres.

1. Those in front are called the anterior root of the thalamus, and pass to the frontal regions.

2. Those in the middle are called lateral expansions, or radiations.

3. Those behind, named by Gratiolet (who first described them), central optic expansions, or optic nerves.

The fasciculi last named, which we are now studying, are only separated from the cavity of the posterior cornu by the ependyma and the tapetum, an expansion from the splenium of the corpus callosum.

In this very region, but at a greater depth, are the central expansions of the fasciculus of centripetal fibres, whose lesion brings about sensory hemianæsthesia of brain origin.

Here is, then, well marked association by contiguity between these fasciculi and the optic expansions; and

this association would explain, anatomically, the frequent co-existence of hemianæsthesia and crossed amblyopia, if it were clearly shown that the fasciculi called optic expansions are really prolongations of the optic nerves.

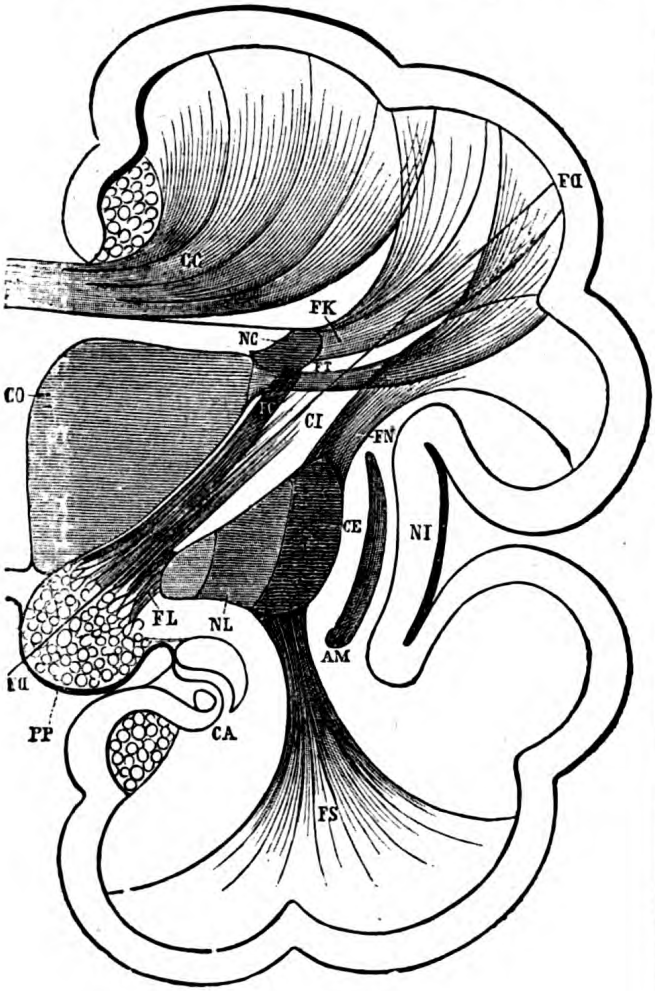

FIG. 31.

NC Caudate nucleus. CO Optic thalamus. NL Lenticular nucleus, with three segments. AM Front wall. CE External capsule. CI Internal capsule. PP Foot of peduncle. CA Cornu of Ammon. IN Island of Reil. FL Fibres of peduncle, destined for lenticular nucleus. FC Peduncular fibres to caudate nucleus. FS Fibres of lenticular nucleus to be lost in the sphenoidal lobe. FN Fibres of lenticular nucleus which go to the periphery. FK Fibres of caudate nucleus which go to the periphery. FT Fibres of optic thalamus which go to the periphery. FD Direct fibres.

II. To examine this last point, it is well to look around, and consider what is known about these grey nuclei—where the optic nerves take their first origin at the base of the brain—in a sense, outside the cerebrum proper. Some data about the external architecture of the parts we are considering must be given first.

Having detached the whole of the isthmus from the brain, and having left the thalami attached, we examine the posterior surface of the preparation thus obtained, and we find as follows :—

1. In front, on each side, are the thalami.

2. Behind, the anterior and posterior corpora quadrigemina.

3. On the outside, the anterior fasciculi, their inner ends in relation with the anterior of the corpora quadrigemina, and the posterior fasciculi in relation with the posterior corpora.

In the same region, on raising the posterior end of the thalami or "pulvinar," we see within, the inner corpus geniculatum, and outside, a little larger grey mass, which is the external corpus geniculatum.

Behind and above these parts is the fillet of Reil, the processus ad Testes, the cerebral peduncles, the restiform bodies, and the middle cerebellar peduncles.

The inner and outer geniculate bodies are clearly the two first grey nuclei, with which the optic nerves form relation in their course to the brain. We know that these nerves behind the chiasma take the name of optic tracts, or bands; and how these last in their posterior two-thirds are divided into two tracts, which may be considered as inner and outer roots.

The outer is the most voluminous and important; it gives off many fasciculi which are connected with diverse grey nuclei.

1. We may trace a band which ceases in the outer geniculate body. This consists of a considerable mass of grey substance, containing stellate or fusiform ganglion cells—of larger size—which are well represented in Henle's book.

2. A second band, placed inside the last-named, passes into the lower part of the thalamus, about twelve millimetres anterior to the extremity of the pulvinar. In a transverse section, such as is figured in Meynert's work, the band in question is placed between the outer geniculate body, and the foot of the peduncle. The existence of this band, as stated by Gratiolet, is also recognised by Meynert, Henle, and Huguenin.

3. A third band, which, according to Gratiolet, is the clearest and best known of the roots of the optic nerve, passes round the outer geniculate body and enters the anterior quadrigeminal body of its own side. Gratiolet's description, confirmed by Vulpian and Huguenin, is perfectly correct as far as most of the mammals are concerned. But in men and monkeys the band requires most careful examination before it can be made out.

From what has been said you see that the outer roots of the optic nerve arise in these grey nuclei, namely—

1. The thalamus.
2. The outer corpus geniculatum.
3. The anterior corpus quadrigeminum (nates).

These are certainly the chief roots of the nerve in man, and the only ones in a great number of animals. These are the conclusions which appear to result from M. Gudden's interesting experiments, consisting of extirpation of the eyeballs of young rabbits.

When at the end of some months the mutilated animals were killed, it was found that the result on the central parts was atrophy of the *anterior* quadrigeminal tubercles, of the thalami, and of the *outer* geniculate bodies. And on the other hand, the *posterior* quadrigeminal tubercles, and the inner geniculate bodies, were unaffected.

Although less important, we must not neglect the internal root of the optic nerves, especially when we are considering human anatomy. It is known that it is connected with the inner geniculate body. This latter containing only rudimentary nerve cells (Henle) cannot be regarded as so important a centre as the outer geniculate body. Whether it is after traversing the geniculate body, or in a straight course, the nerve bands of the inner root ultimately end in the anterior quadrigeminal tubercles. Quite recently Huguenin has shown that the inner root of the optic nerves, at any rate in man, is anatomically related to the posterior quadrigeminal tubercles, either directly or indirectly, through the inner geniculate body. According to that, the posterior quadrigeminal tubercles could not be entirely unconnected with the optic apparatus in man, as they appear to be in animals.

This does not conflict with the indications of certain symptoms of grey induration of the optic nerves. And quite recently, in an ataxic woman, blind for fifteen years, grey induration of the optic nerves could be traced from the chiasma along the tracts as far as the geniculate bodies.

The quadrigeminal tubercles—nates as well as testes—had nearly kept the white colour of health, but they had

both undergone a most manifest loss of size. I have also made many similar observations.

We must inquire how these various grey nuclei are connected with the grey cortical matter of the brain. The relation is effected, as I have hinted, by a system of fibres constituting the most posterior part of the radiating fibres of the thalamus, and which are sometimes named Gratiolet's optic radiations. You can follow the rather complex anatomical details on this point, in the following figure borrowed from Meynert's work (fig. 33) :—

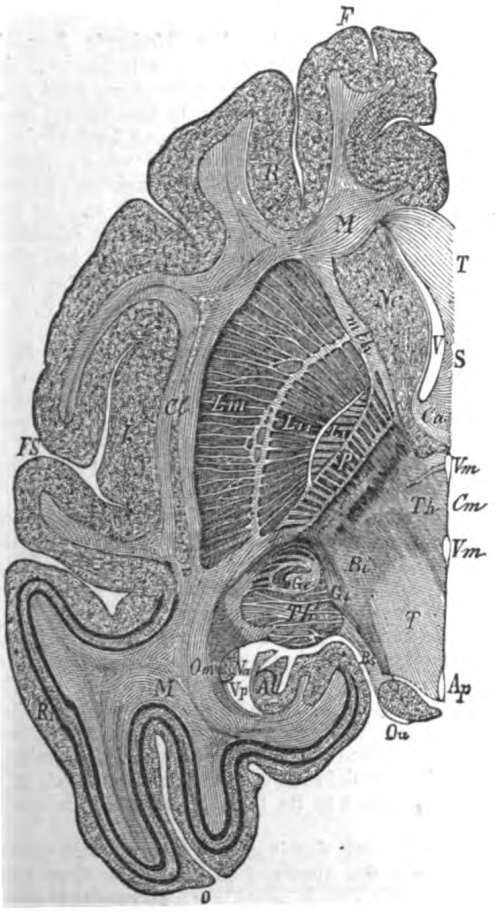

FIG. 33.

LONGITUDINAL AND HORIZONTAL SECTION OF THE LEFT HALF OF THE BRAIN OF THE CERCOCEBUS CINOMOLGUS.

F Frontal extremity. O Occipital region. FS Entrance of the fissure of Sylvius. L The island. CL Front wall. T Corpus callosum. S Septum. Ca Anterior commissure. A Cornu of Ammon. V Anterior cornu of lateral ventricle. Vp Posterior cornu. Vm Vm Middle ventricle. Cm Middle commissure. Aq Aqueduct. L' L'' L''' segments of the lenticular nucleus. Na Head and Nc Tail of the caudate nucleus. Th Part of the optic thalamus situated in front of the corpora geniculata. Th' Optic thalamus, pulvinar. Qu Quadrigeminal tubercles. Gi Internal geniculate body. Ge External geniculate body. P Foot of the cerebral peduncle. Om Medullary fasciculi from the occipital lobe which go to the pulvinar, to the (BS) processes of the anterior quadrigeminal tubercles, to the (BI) processes of the posterior quadrigeminal tubercles, to the corpora geniculata, to the foot of the cerebral peduncle.

The section is a horizontal one of a monkey (*Cercocebus cinomolgus*).

It may be seen in that plate how the fibres radiating from the outer geniculate bodies, G E, and inner G I, from the pulvinar, TH', from the anterior quadrigeminal bodies, Q U (these last indirectly through the anterior band, B S) after running backwards, go to unite with the band, OM, which is the collection of centripetal fibres known as direct peduncular fibres already described, on which depends the common sensation of the whole of the other side of the body.

Doubtless with these bands are mingled the fibres coming from the olfactory tract through the anterior commissure, whose extremities, according to Burdach and Gratiolet, pass backwards into the substance of the occipital and sphenoidal lobes. Clinical facts lead us to suppose that there are also here decussating nerve fibres in relation with the auditory and gustatory nerves. If this arrangement, at present quite hypothetical, should prove to be anatomically correct, we could understand how crossed impairment of smell, taste and hearing, as well as of sight, habitually forms part of the syndrome, cerebral hemianæsthesia.

The cerebral region to which I call your attention, and which corresponds with the hindmost part of the foot of the corona radiata, might be regarded as a sort of cross-road in the substance of the brain, where all the sensitive and sensorial tracts meet in a limited space. It is a cross-road, not a centre ; the true cerebral *centre* must be sought in the cortical prolongation of the medullary fibres—in the grey matter of the occipital and sphenoidal lobes.

We shall have to return to this point when considering localisations in the cortex.

(To be continued.

ON THE PHYSIOLOGICAL ACTION OF THE BARK OF ERYTHROPHLEUM GUINENSE, GENERALLY CALLED CASCA, CASSA, OR SASSY BARK.

By T. LAUDER BRUNTON, M.D., F.R.S.; and WALTER PYE, Esq.

SEVERAL months ago we received from Mr. Monteiro a piece of casca bark, which he had obtained with great difficulty from a native at Bembe during his residence in Angola. This bark is used by the natives as an ordeal, persons suspected of theft, witchcraft, or other crimes being made to drink an infusion of it. If it causes vomiting only, the person is acquitted ; but if it causes purging he is considered to be guilty, and is either allowed to die of the poison or is at once killed. Among some tribes a practice prevails of making the accused, after drinking the infusion, walk in a stooping posture under half a dozen low arches made by bending switches and sticking both ends into the ground. Should he fall down in passing under any of the arches he is at once considered guilty, and, without waiting for a purgative effect to be produced, is at once put to death.

All the natives agree in their description of the effect produced on a person poisoned by this bark. His limbs are first affected and he loses all power over them, falls to the ground, and dies quickly, without much apparent suffering.

The same bark, or one having precisely similar effects, is used as an ordeal in Sierra Leone, under the name of "red-water bark," and in Ashantee under the name of "doom." In both these places the test of vomiting or purging only seems to be employed, and not that of stumbling, as described by Mr. Monteiro ; but according to C. A. Santos, the missionaries describe the bark as causing vomiting, glazing of the eyes, and loss of the power of contracting the muscles throughout the body ; so that, when the poison has fairly commenced its action, the sufferer is incapable of standing or walking, and the head rolls heavily about the breast and shoulders.

Appearance of the Bark.—The pieces given to us by M. Monteiro were from 8—12 inches long, about 4 inches broad, and ⅜ of an inch thick, dark brownish-red in colour, and deeply grooved externally. Their appearance agreed exactly with the description given by C. A. Santos, in the *American Journal of Pharmacy*, April, 1849, p. 96, of the bark which he terms Saucy bark, or Gidu.

Chemical Reactions.—When treated with alcohol it yields a dark brownish-red tincture, and boiling water gives an infusion of a similar colour, which deposits a pale brownish-red precipitate on cooling; but at the same time the supernatant fluid remains turbid from suspended particles, which do not subside, and which are not removed by filtration. It becomes clear when heated, but the turbidity returns on cooling. The tincture, when evaporated, leaves a resinous-looking extract, and when mixed with water gives a pale brownish-red precipitate. The watery solution of either the alcoholic or aqueous extract becomes much darker in colour after exposure to air.

An aqueous solution gives a brownish-black precipitate with ferric perchloride, indicating the presence of some form of tannin. It also gives a precipitate with tincture of galls or tannic acid, mercuric chloride, stannic chloride, gold chloride, silver nitrate, and lead acetate, either neutral or basic. If the precipitate produced by neutral lead acetate be removed by filtration, the addition of basic lead acetate to the filtrate causes very little further turbidity. Platinum chloride causes little or no precipitate.

These reactions closely agree with those given by Santos and Procter.

Santos states that by passing the dilute tincture through animal charcoal, washing, drying, and boiling in absolute alcohol, he obtained a crystalline substance which was poisonous; but Procter failed to obtain a poisonous substance, although he got crystals which were non-poisonous.

From the small quantity of bark at our disposal, we have not attempted to isolate any active principle, as we feared our supply would not be more than sufficient for the investigation of its physiological action.

Professor Liebreich, however, has lately succeeded in separating a crystalline substance which is exceedingly poisonous.

General Action—Its action on the lower animals has been investigated by Santos and Liebreich. The former found that a decoction of the bark caused alternate dilatation and concentration of the pupils, appearance of delirium, violent retching, vomiting, symptoms of tetanus, and finally death. The crystalline principle obtained from the bark by Liebreich caused vomiting and sudden death, without previous loss of consciousness. Death is attributed by him to paralysis of the heart.

In our own experiments on dogs and cats we have observed vomiting, weakness, and death during a convulsion from the effects of the drug, whether introduced into the stomach or injected under the skin, into the peritoneal cavity, or into the veins.

GENERAL ACTION ON MAMMALS.—ACTION ON CATS.

Experiment I.—*Effects of a very Large Dose.*—Four and a half cubic centimetres of a saturated alcoholic solution of casca (*a*) were injected into the abdominal cavity of a half-grown kitten weighing 746 grammes. At three minutes after the injection it began to walk stiffly, and a peculiar jerk occurred in the hind legs each time they were lifted. Respirations 60. At five minutes after injection it seemed giddy, and rolled over on trying to walk. Fæces were passed. Respirations 80, gasping. At ten minutes it was lying on its side with its mouth wide open; respirations 120. At ten minutes thirty seconds the respirations were 160. At eleven minutes it made feeble and unsuccessful attempts to vomit; the respiration became intermittent; there was an oscillating movement of the eyeballs, and the pupils were widely dilated. At twelve minutes the respiration became slower, as well as irregular. At sixteen minutes it was 60, irregular and laboured. At twenty-one minutes the respiration appeared to be entirely diaphragmatic. At twenty-four minutes there were strong, ineffectual attempts at vomiting, followed by sudden stoppage of respiration, and death in a condition of emprosthotonos. The pupils at that time were widely dilated.

On opening the thorax immediately after death, the ventricles were found firmly contracted; but they recommenced to pulsate, and continued to do so for a few minutes spontaneously. They responded by a single contraction to irritation for three hours and a half after death. By this time the heart looked quite dry and glazed, and *rigor mortis* was well marked in the muscles. The lungs were pale.

Experiment II.—*Effects of a Moderate Dose.*—Three cub. centims. of the same alcoholic solution were injected into the abdominal cavity of a cat weighing 2238 grammes. At twenty-five minutes afterwards the animal vomited; and this was repeated at thirty-five and forty-one minutes. At forty-one minutes the cat seemed weak; respirations laboured, 60 per minute; pulse 100, regular. At fifty-five minutes respirations 80, shallow, irregular. At seventy-five minutes respiration deeper and more laboured. At eighty-five minutes the gait was staggering, and the limbs were moved with a jerk at the end of each step; respirations 40, more regular; pulse 100, regular. Four hours after injection the animal was sleepy; when roused it walked feebly; there was no further vomiting. Its condition remained unaltered as long as it was observed; and it died between eight and twenty hours after the injection.

On *post-mortem* examination *rigor mortis* was well marked. The abdomen contained some yellow serum. The stomach contained no solid food, but about two ounces of a greyish turbid alkaline fluid.

Experiment III.—*April* 28—Seven cub. centims. of a similar solution to that used in Experiments I. and II. were injected beneath the skin of a moderate-sized, well-nourished cat. In fifteen minutes the animal vomited for the first time, and this vomiting was repeated four times within the next hour and twenty minutes. During the rest of the day it remained quiet, without further vomiting, and with no paralysis or disturbance of muscular movements. It appeared to be quite comfortable.

On the following day it remained sitting in one position, and refused its food and milk. There was no vomiting, and no urination or defæcation. When disturbed, it would immediately return to its former position in a mechanical manner.

On the following day it passed a very small quantity of fæces; it was not observed to urinate, and, as before, it neither ate nor drank anything. It vomited once, very slightly.

From this time forwards, for a fortnight after the administration of the poison, the cat remained in this condition, neither eating nor drinking, although tempted to do so with milk and meat; and even when a live mouse was placed before it it merely pricked up its ears and looked eagerly at it, but did not touch it, nor did it pass urine or fæces once for the last eleven days.

It sat always in one position unless disturbed, and though it got steadily weaker did not lose flesh in the way an animal starved would have done. The temperature on May 2nd was 38°C.

Five days after the poison was given a subcutaneous abscess formed over the right scapula and ribs. No other lesions were ascertained during life. The abscess did not form at the seat of puncture.

It died, apparently from exhaustion, fourteen days after the poison was administered.

POST-MORTEM EXAMINATION.

Rigor mortis well marked.

Subcutaneous tissue contained a fair amount of fat.

There was a large, sloughy, subcutaneous abscess in the situation mentioned above, and another localised collection of pus a little higher up in the skin of the neck. No other superficial abscesses were found.

The muscles were pale and rather dry. There was general

(*a*) This solution was prepared by extracting the bark with alcohol and evaporating to dryness. The solid extract thus obtained was dissolved in warm alcohol in such quantity that on cooling a deposit occurred. The solution was then filtered and the filtrate employed for experiments.

congestion throughout the body of the larger venous trunks, but apparently not of the smaller ones.

Abdomen.—The omentum contained rather a large quantity of fat.

The stomach was quite empty, pale and contracted.

The small intestine contained a small quantity of bile-stained mucus; it was otherwise empty.

The large intestine contained bile-stained mucus, and in its lower half a considerable quantity of fæces, also bile-stained. The mucous membrane appeared perfectly healthy.

The bladder contained only a few drops of high-coloured urine, but not contracted at all firmly. It had the appearance of a bladder which has been dried when inflated, and the air then let out.

The kidneys were pale, although the renal vein was much distended.

The vagina and uterus contained a large quantity of a greenish smeary fluid, which under the microscope was seen to be mucus-pus. The mucous membrane had here and there patches of injection on it (*vide infrà*); near the orifice of the vagina the secretion had quite the character of ordinary pus, but no abscess existed there.

The diaphragm was pale, flabby, and very transparent (*vide infrà*).

Thorax.—The lungs were congested, but otherwise natural.

The heart was very pale and flabby; all the cavities contained moderate quantities of blood.

MICROSCOPICAL EXAMINATION.

Kidneys: epithelium not degenerated.

Heart: muscle-fibres very granular; in many places hardly a trace of transverse striation could be seen.

Voluntary muscles (rectus abdominis) also granular (well marked, but not quite so much as the heart).

Bladder: muscular coat not degenerated.

Intestines: muscular coat not degenerated.

Remarks on Experiments I.—III.

Experiments I. to III. show the effects of the poison on cats when administered in three decreasing doses.

It will be seen that, during life, the most prominent symptoms of a rapidly poisonous dose were in their order of constancy:—1, vomiting; 2, respiratory difficulty; 3, abnormal muscular movements.

After death the condition of the heart and great vessels and of the lungs are most noteworthy.

Vomiting.—This was a constant symptom in all the cats we experimented on, unless they were placed under special circumstances. The vomit consisted, first, of whatever food might be contained in the stomach, and then of a white frothy mucus. On no occasion did it ever have the appearance of intestinal (fæcal) vomiting.

In Experiment I. no actual vomiting occurred. In this case the stomach was found to be empty of food after death; and the absence of the symptoms in this case was doubtless due to the rapid paralysis caused by the very large dose administered.

Respiratory Difficulty.—This is a constant symptom, except when very small doses are administered.

On reference to Experiment I. it will be seen that at one time the respirations rose to 160 per minute. This, however, was exceptional. From 40 to 60 respiratory movements per minute is probably the average rate after administration of a moderately poisonous dose.

Abnormal Muscular Movements.—These are of two kinds; thus, immediately after the administration of any dose, large or small, there is very generally produced a peculiar twitching of the muscles of the limbs, especially of the hind legs. This is especially seen when the animal is walking.

When large, rapidly poisonous doses are administered, symptoms of general muscular paralysis and loss of co-ordination are developed *pari passu* with the dyspnœa and frequency of the vomiting. The animal rolls and staggers as it walks; its head falls on the ground; and, finally, it falls over on its side and is unable to stand. Death always occurs a very few minutes after the development of these last phenomena.

Appearance of the Heart Post-mortem.—As a rule, *post-mortem* examination of the heart shows a moderately firm contraction of the ventricles, with a somewhat distended condition of the auricles. The ventricles, however, were never found to be completely emptied of blood, and on one or two occasions the heart was found to be moderately distended, the left ventricle containing well arterialised blood.

On several occasions, but here also with one or two exceptions, a remarkable vitality of the auricles was noticed (Experiment I.).

The *post-mortem* appearances of the heart and their physiological value will be noticed more particularly in the section which treats especially of the action of that organ.

The lungs were, in all cases in which they were noticed, found to be pale, except in Experiment III. (see Experiment XXXI.).

One of the most noteworthy phenomena is the action of a small dose upon a cat in causing an utter refusal to take either food or drink, and that, notwithstanding this total abstinence from nourishment, the animal should live such a long time, should show considerable muscular power (being able to jump from the floor upon a chair up to the day before its death), and should have still retained so much of its subcutaneous and omental fat. Another point to be noted is the occurrence of subcutaneous abscesses, none of which were near the point where the poison had been injected.

The long continuance of life and retention of strength seem to us to indicate that the processes of tissue change had been retarded by the poison; and the granular condition of the striated muscles appears to indicate a diminution especially in the processes of oxidation.

(*To be continued.*)

HYDROPATHY.

By E. MARLETT BODDY, F.R.C.S., F.S.S., Etc.

(*Continued from page 60.*)

We must now consider the hydropathic treatment of the various kinds of dropsy, for, as the name implies, it is an abnormal state of the human system consequent upon the collection of fluid in the tissues; therefore, we may think on a first glance that the ingestion of cold water would tend to increase the amount, and, if so, then such practice would be decidedly injurious, whether the dropsy depended either upon kidney disease, morbus cordis, or on a diseased liver.

As the kidneys are the organs which secrete the urine, they naturally, if diseased, perform their functions imperfectly, and dropsy is the result; therefore, on a superficial view, the hydropathic treatment of kidney-dropsy would appear anomalous and unsatisfactory, but I think that I shall be able to demonstrate that such a conclusion is altogether erroneous, owing to the perfect harmlessness of water.

Kidney-dropsy is very generally produced by alcoholism, or, in a few cases, is caused by a sudden chill, or from too early an exposure after scarlet-fever; but that with which we are more acquainted, and which we are more frequently called upon to treat, is the first, *i.e.*, alcoholic; hydropathy, if suitable to this form, is also suitable to the others, which generally pass off and leave the system entire if the patient is treated in time; but the alcoholic, when once it has attacked an individual, leaves apermanent and disastrous impression. As alcoholism is generally the originator of kidney-dropsy, and as those people who are suffering from that form of disease have never drank anything besides stimulants (which pernicious custom has perhaps continued for some time),

and as we may conclude with a degree of certainty that water has for some years never passed their lips unless it has been mixed with spirit in some form or other, and as we see that such habits have acted in a way so detrimental to their health, so we may with equal certainty be sure that its prohibition and cessation is as beneficial to their shattered constitutions as the previous habit was injurious, and we may advise them with perfect safety to resume the natural mode of quenching thirst, *i.e.*, drinking cold water in lieu of drinking spirits; a little stimulant is necessary at intervals in order to prevent the system getting too low; but I am decidedly of opinion that such patients, whether the dropsy be far advanced or not, may drink cold water with impunity.

The kidneys no doubt have been, and are, overworked, but cold water will not by any means augment their duties, for a fluid which is a natural production, when pure, can no more be detrimental to a diseased kidney than its application to an inflamed joint or raw surface; therefore, I say, let the patient drink as much water as he pleases; it is far better than ordering him spirits and water, which practice is so much in vogue at the present day. Water will decidedly decrease the work of the kidneys, and will certainly not contribute towards an increase of albumen, and will, as I have previously asserted, tend to wash away any impurities which may collect in the urinary passages. The great difficulty, however, standing in the way of this practice is the strong aversion which this class of patients (who have accustomed themselves to spirituous and malt liquors) have to water, for they will persist in averring that stimulants are necessary and that water does them harm; this fact alone shows what a remarkable power drink possesses, when once a person is addicted to it, and when completely under its baneful influence. It also shows the insidious and subtle destructiveness of alcoholic stimulants, for the kidneys may be affected by what we may call private dram-drinking (almost a universal custom), as by excessive drinking, the only difference being the length of time which these two modes of alcoholic poisoning take to undermine the system.

Lord Bacon, in his essay "Of Regimen of Health," makes the following philosophical remarks, which this class of people would do well to study and observe as regards their mode and habit of living, and particularly those who have an unnatural and unwholesome craving for drink of a stimulating nature:—

"There is a wisdom in this beyond the rules of physic: a man's own observation, what he finds good of, and what he finds hurt of, is the best physic to preserve health; but it is a safer conclusion to say, 'This agreeth not well with me, therefore I will not continue it,' than this, 'I find no offence of this, therefore, I may use it;' for strength of nature in youth passeth over many excesses which are owing a man till his age."

As we have already noticed the advantages derivable from hydropathy in morbis cordis, and how it relieves the action of the heart, whether the disease be idiopathic or symptomatic, we must now consider the effect it has upon those people who are suffering from a congested state of the liver, or when that viscus is organically diseased. It is as equally beneficial as it is in other derangements of the system, and more so when the individual has disorganised his liver by frequent potations of alcohol and a too free mode of living.

There are very few people at the present day whose livers are what one would consider healthy, and especially in men and women above the age of forty; and all those who are of unwieldly bulk have a congested or diseased liver, which condition is promoted by not exactly intemperate habits, but by too frequent a use of strong stimulants and indulgence at table. To live cautiously and temperately, to gradually decrease the usual quota of stimulants, to drink water instead, and by all means to avoid drinks erroneously supposed to produce appetite, will do much towards improving the functions of an organ which secretes the natural purgative, for we know that when they are arrested constipation is the natural result, and we get an over-loaded state of the transverse colon with its accompanying pain in the back. A little weak brandy-and-water, or sherry-and-water, taken now and then, and at meal-time, is necessary; for these people are far from being healthy on account of their excessive over-living and obesity.

Alcohol is beneficial when necessary, but a poison of a most destructive nature when it is not, and the human organism is like a piece of machinery. What does an engineer do when his steam-engine is a little out of gear? He very carefully pours in a drop of oil here and there, and very soon he has the satisfaction of seeing it work as easily and smoothly as before; he does not treat his engine as a short-sighted human being treats his own wonderfully-made frame; he does not throw his oil hither and thither, careless of where it goes, indifferent as to whether his engine requires it or not, otherwise he would soon see the work of destruction around him, and he himself, perhaps, in a few moments, would be a disfigured corpse. This similitude shows, as I think, in what light we should regard alcoholic stimulants—that they are a blessing when properly used, but a curse when they are misapplied; and, besides, we may be sure that "intemperance is the great and original cause that generally shortens human life."

Those morbid conditions of the blood, such as pyæmia, septicæmia, leucocythæmia, and hyperæmia, and a variety of others only known to the skilled pathologist and histologist, and which are seldom met with, save in the post-mortem theatre of a hospital, would no doubt be modified by hydropathic treatment, unless there were some disorganisation going on in the spleen; all methods of treatment, then, would be entirely useless, for when any internal organ is thoroughly diseased, the case is hopeless and beyond cure; and this is invariably so as regards the spleen, for when this viscus is once involved, and extensively, death is not far off; the great exception to this rule is that condition of the spleen arising from ague, which enlargement is called the "ague-cake."

(*To be continued.*)

Special Reports.

POISONOUS TRADES AND MANUFACTURES.

ABSTRACT OF A REPORT ON THE MEANS OF DIMINISHING THE DANGERS RESULTING FROM THE EMPLOYMENT OF POISONOUS MINERAL SUBSTANCES, AS MERCURY, LEAD, ARSENIC, &c., IN CERTAIN TRADES, WITH THE EXPERIMENTS TRIED TO REPLACE THEM DEFINITELY BY HARMLESS AGENTS.

Made in the name of a Commission composed of

MM. Bernard, Lavergne, Burcker, Carnot, Gubler, Hillairet, Laborde, Napias.

By MM. GUBLER and NAPIAS. (*a*)

(*Continued from page 62.*)

General Hygiene of Mills, Workshops, etc.—Leaving individuals, we must next consider general measures applicable to ateliers, fabriques, &c. The substitution of machine for hand work in certain trades has powerfully assisted sanitation, but we must allude to some general questions affecting our mills and workrooms.

A. *The ventilation* of workrooms is of the utmost importance, and one problem of difficulty presents itself, in what proportion should the air be renewed?

The problem is difficult of solution on account of the number of factors we must take into account, but we may affirm as a general rule that ventilation must be energetic in proportion to the number of workmen employed in a given space, and to the materials employed, as regards their

(*a*) Subject of a paper to be submitted at the Congrès International d'Hygiene de Paris during the sittings from the 1st to the 10th August. This Report, extending to 37 pages 8vo, is of the greatest practical importance, and we trust our English sanitarians will well consider it before attending the Congress.

poisonous nature, texture, &c. Ventilation may be obtained either naturally or artificially. For natural ventilation the windows may be utilised by having them on different levels.

By thus availing himself of some well-known natural laws, Mr. Watson, of Halifax, Yorkshire, has designed an ingenious arrangement which may be applied to all kinds of buildings, and which is well known under the name of "Watson's syphon self-acting ventilator." M. de Freycinet has described it in his "Traité d'Assainissement Industriel."

Watson's method of ventilation is founded on the discovery that in a tube divided longitudinally a double current of air is established, the heated air passing out by one of the openings, and fresh air entering by the other; and thus, briefly described, the apparatus consists of a divided tube or turret, placed generally on the roof, and forming a communication between the ceiling of the apartment to be ventilated and the external atmosphere.

This ingenious and effective system may be modified and adapted according to circumstances and the construction of the building, requiring ventilation.

The present manufacturers and proprietors of the "Watson syphon ventilator," Hill and Hey, of Halifax, after twenty-five years' experience in its construction, have produced some valuable improvements in it, and have also patented a new and efficient ventilator designated the "Excelsior syphon," in which there is no mechanical motion, no down current, and no admission of wet or dust.

From the numerous favourable testimonials from practical and experienced architects in favour of the "Excelsior," it seems as if it were likely to supersede the older form. There are some great advantages in such a natural system of ventilation, viz., that its action is the same in the absence of, as well as when there is, wind; that there are no dangerous or perceptible draughts; and that there is an exchange of good air in all seasons and in any quantity.

There are some other systems of natural ventilation which may be useful in certain cases. Necessity may require for certain workrooms artificial ventilation which may be obtained by three distinct methods.

1. By utilising the apparatus for heating.
2. By establishing a communication between the atelier and an external fire and chimney.
3. Mechanical ventilation, of which there are a great number of kinds.

B. Closed Apparatus.—When vapours are noxious and injurious, the workman may be protected by such apparati as that described by Dr. du Mesnil, in the fabrication of verre mousseline. Mr. Higgins, a workman, has rendered great service to hygiene, and consequently to humanity, by the invention of an "appareil clos" for steeping matches; it is in use at Stratford, near London, where nearly six million matches are yearly made. M. Deschamps, another workman, has designed an apparatus with a similar object of protecting caoutchouc operatives.

C. Neutralisation of Vapours.—In certain industries some vapours may be neutralised, as for instance by essence of terebenthene, on the theory proposed by Dr. Letheby of London. It prevents the slow combustion of phosphorus and the consequent formation of acid vapours. At Saint Gobain ammonia has been employed to neutralise mercurial vapours.

The plan is very simple, consisting of pouring on the floor of the workrooms some liquid ammonia of commerce. These few examples are perhaps sufficient for the development of our programme. The members of the Congress will be able to tell us of new triumphs, and other means of rendering our workrooms and mills sweeter and healthier, will no doubt be communicated in the course of our discussion.

III.—Substitution of Harmless for Poisonous Agents.

All our precautionary measures to preserve the health of the workman must have one aim—viz., to substitute inoffensive for poisonous substances. All hygienists are agreed on this point.

Humanity in general is benefited by general hygiene; by our special provisions for trades and occupations of all kinds the individual gains. We cannot here point out all the attempts made with this object, but we shall select a few examples to encourage investigation and develop our programme.

A. Attempts to suppress Mercury.—We know how many industries are tributaries to mercury. Hatters are very much exposed to the injurious influence of this metal. The operation giving rise to the dangers is known by the name of *Secretage*, as the makers who first used the mercurial solution kept it secret. The solution is made of mercury, nitric acid, and water, in variable proportions for the *secret jaune* and *secret blanc*. It is spread on the skins by means of a brush, and when the skins are dried they are then shorn by the hand or by machinery, the latter diminishing the risks of poisoning. Dr. Hillairet has endeavoured to replace the mercury by treacle. He has related his attempts in a note communicated to the Academy of Medicine, upon which Dr. Delpech has reported.

His method is as yet imperfect, though it has yielded good results. It requires more manual work—compensated, may be, by the difference in price between the solution and the molasses, and by the possible lowering of wages, as the artisans can thus work without danger. Dr. Hillairet calculates 10,000 workmen in France and 23,000 in Europe would be thus removed from the dangers of mercurial poisoning.

Looking-glass makers are also exposed to mercurial intoxication. M. Brossete, Paris, has made happy attempts to dispense with this agent. Surfaces may be silvered by a solution of ammoniacal nitrate of silver and tartaric acid. The method has been perfected, and should be popularised.

The employment of mercury in gilding has very much diminished. There are four different methods.

Gilding with mercury. Gilding *au trempé*. Gilding on wood, and Galvanic gilding. The third method exposes the workman to the dangers of lead-poisoning, as the varnish is composed of white lead and litharge.

Gilding, *au trempé* exposes to nitrous fumes. Gilding with mercury is still more dangerous.

Galvanic gilding should replace all the methods.

B. Substitute of red for white Phosphorus.—This industry will never be truly healthy until this change is made and maintained by law.

Denmark has led the way; the law of 14th February, 1874, interdicts the use of white phosphorus.

C. Attempts to suppress Lead.—All enamels contain lead—40 to 60 per cent. of oxide of lead. M. Constantin, pharmacien, Brest, has obtained an enamel in every way inoffensive by substituting chalk for the oxide of lead, and peroxide of manganese for the minium.

M. de Freycenet praises another enamel used by M. Delloye, Masson, de Bruxelles.

The definite substitution of white zinc for white lead in painting is another desirable step. M. Leclaire, an employer, has obtained as good results with it, and thanks to his exertions, the use of *cerise* has diminished. Custom and routine oppose progress. We may also mention the method of engraving glass by electricity, devised by M. Plante, as it also dispenses with the use of lead.

D. Attempts to suppress Tonic Mineral Substances and particularly Arsenic in Colouring Materials.—The injury, arising from having arsenic in colours, has long been a subject of thought amongst chemists; they have made greens without arsenic, as *vert milory, vert de prusse, vert de chrome, l'ontremer vert*, but though the painter thus benefits, the makers of these colours are exposed to other dangers.

The ideal for an inoffensive colour is to to obtain it from the vegetable world. For greens we have *vert d'herbes, le vert de vessie*. MM. Collineau and Savigny have recently exhibited to the Society of Public Medicine, some curious patterns, obtained from the vegetable colours.

M. Turpin has made some successful attempts with toys in caoutchouc, by a method capable of many other applications. He will exhibit his preparations before the members of the Congress. It would be easy to multiply instances of the substitution of inoffensive substances for toxic mineral agents, as the substitution by photographers of the hyposulphite of soda for cyanide of potassium, the vulcanisation of caoutchouc by the American process, but the limits of this report do not allow any further development.

In conformity with the desire of the committee and our instructions, we have avoided pronouncing on the value of the different methods we have enumerated, reserving our opinions for the subsequent discussion. We have only desired to develop the programme, of the question of professional hygiene submitted to the Congress, and to elicit from the members new methods and ideas for the preservation of the workmen in our various industries, from the dangers resulting from the employment of poisonous minerals.

Clinical Records.

MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. E. S. O'GRADY.

AMONGST the patients in this service whose cases came to a conclusion during the months of May and June were the following:—

Amputation of Ankle [Syme].—The patient, a groom, æt. 44, had long suffered from disease of the right foot; for this the calcis had been in great part excised in another hospital. Extensive incisions traversed the locality of the heel, and it was feared these would interfere with the vascular supply of the flap, which, however, preserved its vitality well, and the case progressed satisfactorily, the resulting stump being all that could be desired.

Severe Injury of Hand from Gunpowder Explosion.—A woman, æt. 22, engaged making cartridges of heavy type, exploded one whilst it was grasped in the hand. The left thumb was blown clear off, disarticulation being effected through the carpo-metacarpal joint. The hand was otherwise extensively and badly lacerated on both palmar and posterior aspects. The treatment consisted in a little paring of the soft parts where specially indicated, with dressings affording gentle support. Limited sloughing occurred, the dead portions were rapidly cast off, after which the extensive wound healed in quickly, the appearance of the resulting hand being remarkably free from deformity. Unimpaired use of the fingers remained.

Excision of the first Metatarsal Bone.—The left foot of a farmer, æt. 22, had become the seat of much disease, consequent on a cow treading on it long previously. The parts were much swollen and deformed, numerous sinuses leading down to dead bone. The metatarsal bone, as well as an irregular and large mass of new structure surrounding it, were necrosed, together with part of the first phalanx of the great toe, thus necessitating the removal of these parts. At the operation it was ascertained that the metatarsal bone had been broken at the time of the accident; its much displaced fragments were surrounded by the extensive diseased involucrum referred to; the local repair was all that could be desired, but the patient developed rapidly advancing phthisis, which, when he left the hospital, with the foot wound nearly healed, seemed likely to run its course quickly. He was further troubled with a large "cold abscess" in neighbourhood of left hip. This burst before his departure.

Gonorrhœa in an Infant.—The affection was typical and accompanied with severe inflammatory phymosis. The age of the child was twenty-six months. No direct history could be obtained from the parents, but enough was otherwise ascertained to confirm the diagnosis. The maladies yielded rapidly to simple treatment.

Operation of Hare-lip in an Infant of Thirty Days Old.—The malformation was single on the right side, and complicated with protruding bone; this, after partial division above, was forced back and retained *in situ* by inter-osseous sutures. Two hare-lip pins effectually supported the soft parts when trimmed. The progress and result of case was eminently satisfactory.

Excision of Elbow was required for necrosis in a delicate girl, æt. 19. The single long dorsal incision was selected. The case did well, the patient leaving the hospital in about six weeks after the operation, a couple of small sinuses still being unhealed, but the general health was vastly improved and there was excellent power and capability of motion in the limb. Subsequent reports were confirmatory of her progressive recovery.

Exceptionally Large "Housemaid's Knee" occurred in a woman, æt. 34. In size the growth fully equalled a large cocoa-nut, the circumference of it and of the limb being *twenty-four inches*. Over the central portion was a patch of indurated and diseased integument, through which the sac was advancing to rupture. Two elliptical incisions included the portion of skin alluded to, and enabled the contents of the growth to be got rid of; these were a quantity of boiled sago-like material, partly adherent around the parietes, but mainly suspended in a dark fluid; the large cavity healed in kindly, the woman being able to leave the hospital in a few weeks.

Ovariotomy.—The patient, a single woman, æt. 40, had had general dropsy on two occasions. This was at the time, she said, considered to have been of renal origin. The secretion of these organs when she first came under observation at Mercer's was scant and high-coloured, but with treatment became abundant, and at repeated examinations was found healthy. A somewhat atheromatous state of the blood-vessels existed, but otherwise the patient appeared to be in fair condition. The operation was done a week after the catamenial period. Only two small and unimportant omental adhesions existed. The wound, however, had to be a somewhat lengthened one to afford passage to a bulky portion, which was of very firm consistence, of the growth. A long and moderately slender pedicle was easily "clamped." At first, progress appeared to be satisfactory, but on the third day this changed, the patient became restless, her facial aspect bad, the temperature rose rapidly, and delirium finally supervened. The patient responded in no way to treatment, and she soon ran down, death occurring on the fourth day. There had been no sickness of stomach, nor could the presence of any fluid in the peritoneum be ascertained. Only an examination of the abdomen was obtainable. It was found that scarcely any effort at repair had occurred; there was but little attempt at adhesion of the opposed peritoneal surfaces, or of the wound. No peritonitis. Scarcely an ounce of normal-looking fluid was present. The kidneys and all the viscera were healthy, except the remaining ovary, which showed indications of commencing disease.

Enlarged Bursa communicating with Knee-joint treated by Incision.—This interesting case occurred in a lad, æt. 18. The character of the fluctuation indicated that a considerable articular effusion and the bursal fluid were in free communication. The bursal trouble was extensive, covering the whole external surface of the region of the knee, and passing it above and below. When the lad had been a short time in the hospital the skin became on the point of giving way, and consent was now obtained to open the collection, which was done freely by a long incision. This had the effect of discharging the effusion which existed in the knee, as well as the bursal accumulation. No constitutional disturbance followed. The limb was kept at rest on a suitable splint; healthy action and repair were soon set up, the patient being able, in a month, to go to the country with the wound healing healthily and nearly closed. The support of a light posterior splint was still continued. Improvement remained progressive, and when the case was subsequently seen there seemed every prospect of recovery with an ultimately unimpaired limb.

Removal of Breast was done on a stout, florid-faced, unmarried woman, æt. 43, who stated her health was good, and that the catamenia had ceased two years since. Both breasts were of large size, the affected (right) one being as large as a cocoa-nut. She had noticed it enlarging for about a year. A tail from the main growth ran into the axillary region, and slight adhesion to the pectoral was recognised. A couple of cysts could be felt beneath the integument, which was much thinned over them. The woman urgently desired to have her chance of benefit from removal. A modified mode of operation, consisting of two elliptical incisions above, meeting a semi-circular one below, enabled the mass and thinned integument to be removed with the least loss of substance; the wound came nicely together without any traction. A little sloughing of the edge of the skin occurred above; after this the case did well, the woman leaving the hospital five weeks subsequent to the operation, the parts having been for some days healed.

Medico-Parliamentary.

HOUSE OF LORDS.—July 22.

WEIGHTS AND MEASURES BILL.

Lord Henniker, in moving the second reading of this Bill, said that it was one of consolidation. It consolidated into one Act a number of enactments which had been found to be obscure in some instances and contradictory in others. The Bill, after being introduced into the House of Commons, had been referred to a Select Committee, which had carefully considered it, and he ventured to say the Bill was in a very perfect state. The Board of Trade had had the advantage of the valuable information procured by the Standards Commission of 1870, and it was worthy of notice that they had been fortunate enough to secure in the counsel who drew the Bill a gentleman who thoroughly understood the subject, not only legally, but scientifically. He thought he might fairly say that it was doubtful whether at any time the subject could have been dealt with mroe satisfactorily than at present. The Bill gave a more scientific definition of the various standards, it provided for the better care of official and local standards, and it laid down strictly and clearly the one principle that only certain standards should be used in trade. Athough it was a consolidating measure, the Bill did not interfere with the old jurisdiction, beyond securing a proper performance of its duties. As to the metric system, it recognised it practically, without making it part of the Imperial system. He thought that those who advocated that system should be content with this. If it were found to work well, their case for its general adoption would be the stronger. He thought the Bill went far enough in this direction for the present. The main object of all legislation on this subject was the maintenance of just dealing between buyers and sellers, while giving to science whatever assistance it might require. This, he thought, was secured by the Bill as far as possible, without unnecessary disturbance of existing customs, and without undue interference with local authorities. He believed it not only placed the law, but also the whole practical system of standards, on a more satisfactory footing.

Lord Colchester urged that the metric system should be put upon a level with the existing system of weights and measures.

Earl Fortescue thought the metric system had rather retrograded than advanced in public favour during the last few years, although other countries in succession, and particularly Germany, had adopted it very successfully. It was a matter of great regret that while the previous Act, rendering permissive the metric system of weights and measures, was embodied in the present Bill, yet practically the metric system of weights and measures could, under that Act, only be verified for scientific purposes, and not for purposes of trade. However, he hailed this Bill as being, on the whole, a valuable one, and would do nothing to delay its passing into law.

The Bill was then read a second time.

HOUSE OF COMMONS.—July 25.

SMALL-POX.

Dr. Cameron asked the President of the Local Government Board whether his attention had been called to the statement that a man named Carter, since dead of small-pox, was allowed, while prostrated by that disease, to lie from half-past seven in the morning till five in the afternoon of the 11th July in the public highway near Hadham Cross, Herts; whether it was a fact, as stated by Mr. Garrett, that a number of children were allowed to congregate round the patient; and whether he would order an investigation to be instituted into the case, and meanwhile direct that the children and others exposed to infection should be placed under observation, and steps taken, as far as possible, to prevent the spread of the disease.

Mr. Sclater-Booth said he had made inquiries respecting this case, and had received from the sanitary authority a report stating that Carter applied to the medical officer on account of some common ailment, the medical officer saw him, and said he had no reason to suppose that anything else was the matter with him. On the following day the man fell down by the side of the road, and remained there for a long time until a vehicle could be procured for his removal to the workhouse, which was five miles distant. The delay arose from the people in the neighbourhood refusing to lend a vehicle for his removal. The officers acted with promptitude and took means to prevent infection. As to the statement that children gathered round the man, it was not known who they were or whence they came. Under the circumstances he did not think it necessary to make any further investigation.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 31, 1878.

THE METROPOLITAN HOSPITAL SUNDAY FUND.

The Hospital Sunday Fund has now reached the sum of £24,500 and upwards, and we are told by the Secretary that there are many more amounts yet to come in, and therefore it is pretty confidently expected that, notwithstanding the unfavourable circumstances attending this year's collection, it will not fall short of that of previous years. During the week just past, however, a morning contemporary, in a leading article of some ability, has thought proper to review the past progress of the movement, and forecast its future. The writer considers that there is an evident lack of public interest in the work, as evinced by the falling off in the amount collected up to the present time. Now we not only dissent from the view taken, but must say we see no cause whatever for looking despondingly on the movement, we have every reason to believe that the result of this Hospital Sunday will favourably contrast with that of its predecessors. At all events when everything is fairly considered there is scarcely room for gloomy forebodings, neither is it just to make invidious comparisons between the Metropolitan Fund and those of the large provincial

towns where the movement has taken deep root, and a better organisation exists for securing the objects in view. In the large commercial centres of industry, as Manchester, Liverpool, Birmingham, &c., the Hospital Sunday is managed by the leading men of those towns, who band themselves into a committee, and who, knowing the exact wants of their several hospitals and dispensaries, aim at making the collection large enough to meet all demands. The clergy and congregations of the several places of worship go in heartily to assist in the work, and the Hospital Sunday Collection is thus made the principal event of the year. In London this is not quite so, and metropolitan congregations are more frequently appealed to to help in other works of charity. We are quite within the mark when we say that at many of the principal churches there are scarcely two consecutive Sundays in the year without an appeal for this or that asylum, orphanage, or local charity.

Our contemporary fairly and properly assigns other very good reasons for a complete success in London, as, that want of harmony and unity of action, the difficulty of penetrating a vast body wanting in a community of emotion for the cause of hospital charity, and also of that local interest which induces the inhabitants of provincial towns to vie with each other in rivalry to place their institutions beyond the pinchings of poverty. Medical charities are also fewer in proportion in the provinces, and their individual wants are better known. It is quite probable, too, that they are, as is asserted, better managed. In London it is said that a want of interest in the hospitals has arisen from a wide-spread impression "that they are not so economically managed as they should be; that the hospital system has several abuses connected with it," and which managing committees are unwilling to look into with a view of bringing about a reform. There are very substantial grounds for stating that in the course of the year a third at least of those who partake of hospital charity can well afford to pay for the medical advice and medicine they receive. But this must be looked upon simply as an admission of the fact that the Metropolitan Hospital Sunday Fund has not yet solved the difficult question of the distribution of medical relief in London. The answer to this charge is that it was not the object for which the Fund was founded. If, however, it has not succeeded in this respect, it has been the means of calling into existence another movement as a counterbalance to the evil. The Hospital Saturday Fund, a sister Fund, has afforded an opportunity to those who participate in the advantages of medical charity to contribute to the fullest extent towards their support, if they will.

The Metropolitan Hospital Sunday Fund has, however, from its commencement had to contend with enemies from within and without. It has been exposed to the craze of a set of people banded together under the name of "Anti-Vivisectionists," and who malign and abuse everyone and everything connected with hospitals; in fact do all in their power to injure the Hospital Sunday Fund. These people are too blind and perverse to see that by withholding help from hospitals, they can in no way influence those engaged in the great work of medical education, and in their obstinate course they violate those Divine laws in the belief of which they boast so much. Their demand is worse than ridiculous, that the Council of the Metropolitan Hospital Sunday Fund shall dictate to a body of educated men as to how they shall become skilled in the art of healing the sick. With regard to those who seek to injure the cause in another way, they profess to see that the work of the Distribution Committee of the Fund is out of joint with the times. One particular clergyman, a Mr. Haweis, described by a medical contemporary as a "popular and powerful member of the metropolitan clergy," it appears, preached for the Fund, and immediately diverted his collection into another channel, a questionable mode of proceeding, to say the least. His reason for taking so unusual a course is stated to be that he has some objection to the rule that guides the Committee of Distribution. The consideration of the "merits and pecuniary needs" of hospitals he particularly objects to, and this quibble he raises that he may hand over the money collected to a special hospital in which he is particularly interested, and which unfortunately, and for very good reasons, was excluded from all participation in last year's fund. It would be quite impossible to devise any principle of distribution which should meet the objections which such people might raise.

Putting such questions aside, there is a more reasonable cause for any falling off in the Fund that may occur this year; a cause which has more or less affected all London charities. We refer to the great depression of trade, and the serious diminution of incomes derived from special services, and which have been greatly affected by the war. We may incidentally remark, that with regard to trade, we learn from competent sources, although failures were unusually numerous last year, that during the first six months of the present year, 1878, they have been as numerous as during the whole previous year, 1877. The rapid wasting away of resources, which so much increases the number of bankruptcies, implies a generally disordered state of trade and credit, and we naturally look for a corresponding inability on the part of the benevolently disposed to assist in any work of a charitable nature. But when it is said that there has not been an actual increase in the amount collected for the Hospital Sunday Fund, it must, at the same time, be taken into account, that it has brought into existence, and been supplemented by, a Hospital Saturday Fund; and it will not be denied that the two funds together have been an immense boon to hospitals and dispensaries. With regard to the work of the Metropolitan Hospital Sunday Fund, it is far too noble and elevating to fear the assault of enemies, and we predict that it will endure long in spite of them.

THE QUEEN'S COLLEGE, GALWAY.

THE first Report of the new President of the College, Dr. Moffett, has been presented to Parliament, and we have to congratulate the learned doctor on being able to submit the most flourishing account of the institution (at least in respect of number of its students), which it has ever fallen to the lot of its President to put forward. In the Session 1876-7, 85 new students entered, and 174 were in attendance on lectures, against 91 and 167 respectively for the Session 1875-6.

The distribution of religious denominations amongst these students affords an interesting comparison of the present epoch with that of twenty years ago.

A comparative number of students per year attending lectures in Queen's College, Galway, twenty years ago (taken on averages of five years) and now :—

	5 yrs. 1856-61.	5 yrs. 1872-77	Increase or Decrease.
Church of Ireland ...	32·4 ...	30·9 ...	dec. 4·6 p. c.
Roman Catholics ...	63·0 ...	77·4 ...	inc. 22·9 ,,
Presbyterians ...	14·2 ...	43·2 ...	inc. 204·3 ,,
Total Students ...	116·0 ...	158·6 ...	inc. 36·75 ,,

From these figures it appears that in the twenty years the College has increased its number of students by 36·75 per cent. ; but the members of the Church of Ireland were fewer in number than twenty years since—the Roman Catholic students have increased in number only 22·9 p. cent., while the Presbyterians have flocked to the College in such numbers as more than to treble the number of students of that persuasion. In fact, of the total increase of students in the twenty years (42·6), three-fourths (29·0) are due to the influx of Presbyterians.

The following return of the number of students in each faculty for the Session 1876-7 is especially interesting :—

Faculty of Arts - - -	54
Law - - - - -	4
Medicine - - - -	107
Engineering - - - -	10
Occasional Students - - -	6
	181
Deduct attending in two Faculties	7
Total individual Students - -	174

This return teaches us, *firstly*, that not much more than one in three of the Galway students undergoes full study in Arts ; *secondly*, that nearly two-thirds of the whole number are students in Medicine ; *thirdly*, that hardly a single one of these medical students (who are destined some day to be enrolled as University Doctors of Medicine) receives any liberal Arts education.

These facts make it sufficiently evident that, if the day ever comes when the M.D. of the Queen's University ceases to be attractive to the students ; when it ceases to be cheaper and easier than the Doctorate of other universities ; when a Degree in Arts is made an essential requirement for the Doctorate in Medicine—on that day the Queen's College, Galway, will cease to exist, for it is obvious that it cannot live upon 54 students in arts, 4 in law, and 10 in engineering.

In the session to which the Report refers, out of the 107 medical students, only seven obtained the M.D., and six of whom took also the M.Ch., and one obtained second-class honours.

The President, however, appears to consider this outcome of the year's medical teaching highly creditable to the College, for he says :—

I feel bound to express my satisfaction at the success of the medical school of the College. During this session 107 students attended lectures in the Faculty of Medicine, being the largest number since the foundation of the College. Since the close of the session the medical school sustained a serious loss in the resignation of Dr. Cleland, consequent on his appointment to the Professorship of Anatomy in the University of Glasgow. Dr. Cleland for fourteen years occupied the chair of Anatomy and Physiology in this College ; and his eminence as a man of science, and his indefatigable labours as a teacher, contributed largely to the progress and character of the school. He has been succeeded by Dr. Pye, who for some years ably filled the chair of Materia Medica ; and the experience of the present session (1877-8) gives promise that the reputation of the school will suffer no decline. The number of students in attendance on lectures at present amounts to 113.

The remarkable progress of the medical school is sometimes made a ground for disputing the success of the College ; it is dogmatically asserted that universities ought not to be places for professional instruction, and that, however numerous students for professions may be, the success of colleges should not be measured by them, but only by such students as pass through the curriculum of the Faculty of Arts. Many students cannot afford to spend their time up to twenty-one or twenty-two years of age in the study for a preparatory degree which is to be the mere foundation-stone of their professional edifice, and I believe it will be generally found that, owing to the constant demand for the services of medical men and the comparative certainty of immediate employment which the profession holds out, students of medicine far out-number students in arts in colleges circumstanced as the Qeeen's Colleges are. It was the original function of universities—never, I trust, to become antiquated—to act as the instructors of all who have occasion for learning, and not merely of the wealthier classes of the community ; and universities must adjust their arrangements to the changed requirements of society, else they will see the modern stream of thought and action flow swiftly past them. It is the power of liberalising the professions that distinguishes universities from technical schools ; and one of the objects with which the Queen's University and Colleges were established was to extend to professional students the status and advantages of a university degree. These bodies fully recognise the principle that liberal culture ought to be the foundation of all the professions, and have constantly endeavoured, so far as has been practicable, to give effect to that principle.

If the President's assertion be true, that it was "one of the objects with which the Queen's University and Colleges were established was to extend to professional students the status and advantages of a University degree," we find it difficult to understand how it has carried out this programme ; nor can we appreciate the value of such a University as an agent for "liberalising the profession," if it only does so by the cheapening and lowering of degrees which elsewhere carry with them "the status and advantages of a University degree." We beg to be informed what it is that the Queen's College, Galway, does for a student ? what "status" does it confer upon him ? what "advantages" does it give him ? other than those placed at his disposal by any ordinary private medical school. The University truly attempts to confer such "status" by dubbing him M.D., though it does not give him the Arts education, which is the price of status ; but as long as M.D. signifies nothing more than ordinary medical instruction, it carries with it no more prestige than does the license of any diploma-giving body in the market.

"Universities must adjust their arrangements to the changed requirements of society," says the President, "because students cannot afford to spend their time up to twenty-one years of age in the study for a preparatory degree which is to be the mere foundation stone of the professional edifice." In other words, the Queen's University must grant degrees simply to suit the demand, and to fit the knuckle of its constituents, and it therefore confers the full Doctorate in Medicine to those who "cannot afford to spend their time" as boys, in the preliminary schooling which is necessary for them as "the foundation stone of the professional edifice."

SPELLING REFORM.

On the last occasion on which we noticed this subject we were unable from want of space to consider what might be said, either in favour of or against the different spelling reforms that have been suggested by Dr. Harley and other writers.

There can be no doubt that the orthography of the English language is, in common with many other languages, far from being perfect; and if it could be made more perfect without clashing with the prejudices and usages of society, the desired reform could excite no other feelings than those of satisfaction. Foreigners often draw our attention to the anomalies and inconsistencies of English spelling, and complain of the difficulties which such faults throw in the way of their easily and correctly acquiring the English language. They cannot understand why such words as "laughter," "draught," "taught," &c., should be spelt so differently from the way in which they are pronounced. If, they say, "d a u g h t e r" is pronounced as though it were written "dorter," surely "l a u g h t e r" ought to be pronounced "lorter," and not "lafter." On account of these and many like inconsistencies in English orthography, it might be desirable to make some change and to base our spelling on some more definite principles than those on which it at present rests. But the question arises, how is this change to be made, and who is to make it? With the exception of a few words which may be correctly spelt in either of two ways, Engligh orthography has become so settled and sterotyped in the minds of all English-speaking people, that it will be difficult to make any innovations in it without jarring with the prejudices of the commumity, or such as would be generally adopted. Any change of this kind, to be popular, must be gradual and very partial. It must be at first confined to a few words, the glaring inconsistencies of whose orthography and pronunciation have attracted general attention; and it must be introduced by some publication or class of publications which, in virtue of their high position, great literary merit, and large circulation, are the leaders of public opinion, and which attract the notice and claim the attention of all classes of society. Once let our leading newspapers—such as the *Times*, *Morning Post*, *Daily Telegraph*, &c.—spell certain words differently to what they are at present spelt, and then the public, by their constantly reading the papers, would get accustomed to the change, sanction it, and adopt it themselves. The great fault of all the spelling reforms hitherto projected, including that of Dr. Harley's, is that they are too "thorough," and aim at acomplishing too much at once. It is no answer to this objection to say, that what would not be accomplished by the passive consent of the community might be effected by the authority and recommendation of a Royal Commission. Such a method of revolutionising English spelling would never be, in our opinion, either desirable or practicable.

The changes proposed by Dr. Harley are not so radical as those which other writers have recommended, but even they are not such as literary men will readily adopt. The spelling of all similar vocal sounds with exactly the same letters of the alphabet, and the total disuse of the employment of similar letters to denote unlike vocal sounds is a scheme which has much to recommend it; at least, it would make the spellIng of such words a correcter index to their pronunciation than they are at present, and it would facilitate the acquisition of the language by foreigners. But the scheme is scarcely practicable, and the opinion of our educational reformers would probably be divided as to the propriety of the proposed change. It might be urged that the spelling of similar vocal sounds such as "draft" and "draught,' with different letters has this advantage, that it is an index to their respective meaning, so that the least glance at the word is sufficient to enable the reader to catch the sense of what he is reading, which would not be the case were they spelt in exactly the same manner.

The most extraordinary and least defensible innovation Dr. Harley proposes to make is the abolition of all duplicate consonants. One of his chief arguments in favour of such a scheme is that it would lead to a considerable saving of time and labour in writing, printing, and reading. Now that which appears to Dr. Harley a desideratum, appears to us a very questionable advantage. There is so much trash and nonsense written, and published, and read now-a-days, that it would be as well if more obstacles rather than more facilities were thrown in the way of both writers and readers. We are already inundated with an enormous amount of worthless literature, and what would be the result if people could not only "run and read," but run and write, we shall leave the reader to imagine. Another objection is that such an innovation would very seriously interfere with the etymology of the English language. Take only, for instance, its Latin roots and derivations, it would be a great pity to erase the noble and time-honoured impress which the literature and learning of the Roman Empire have left upon our language. There is probably no greater monument of the extent and grandeur of that Empire than those relics of its language which still give form and force to the vocabulary of most European nations. And it would be certainly an iconoclastic proceeding to obliterate from our language those marks which show how much we, in common with other nations, have been indebted to the ancient Romans for some of the most expressive and euphonious words we use. Nor can it be denied that more or less effacement of the signs which indicate the formation of the language would be effected were Dr. Harley's scheme carried into practice We have only for instance to take such words as "admitted," "accident," "accede," "occurred," "sufficient," "appropriated," "accelerate," "intelligent," and many others like them, to show how faint the marks of their derivation would become, were their duplicated consonants omitted. The word "occurred," plainly shows its latin origin, being spelt almost the same as the latin word itself; but how different would it be if it were written "ocured," as Dr. Harley would write it? The same may be said of the word "accelerate," which if written "axelerate," would lose half its etymological significance. Take again the words "acclamation," and "inflammation," in which the etymological significance of the single "m" in the one word, and the double "m" in the other is sufficiently apparent. And so we might go on with hundreds of other words, the derivation of which would be much obscured if duplicated consonan ts

were abolished. Nor should it be forgotten that the duplication or not of the consonant is often a guide to the correct pronunciation of the word containing it, and that the pronunciation of words with single and double consonants respectively is, with a few exceptions, guided by rules that must assist foreigners very much in studying our language. Dr. Harley states that the duplication of the final consonants, before adding to them a suffix, appears to follow no known law. But here he is mistaken, and the very words he cites in support of his proposition, show that he is wrong. The words "fit, fan, dig, run, stop, slip," &c., double the final consonant before the suffix "ing," because they are monosyllabic words, ending in a single consonant which is preceded by a single vowel. On the other hand, such words as "fish, work, stand, sling, &c.," do not double the final consonant because there are already two of them; and the final consonant is not doubled in such words as "stoop, real, sleep, &c.," because it is preceded by a double vowel. Again, in words of two and three syllables, it is usual to double the consonant if the accent is upon the last syllable, but not if it is on the first. Thus we write "regret, *regretted*," "refer, *referred*," "annul, *annulled*," "inter, *interred*, and so on; but we write, "differ, *differed*," "offer, *offered*," "enter, *entered*," &c.

It is, however, impossible here, nor is it within our province, to notice all that might be urged either in favour of, or against the changes which Dr. Harley proposes to make in English orthography. We are afraid his scheme will not find many supporters, and that he has much exaggerated both its value and its practicability. "Like the feat of making an eg [we copy his orthography] stand upon its end, skilfuly performed by Columbus, we hope to be able to do something nearly as wonderful, by suxesfuly propounding a useful practical scheme of English Speling Reform, which will not necesitate the slightest change in the fundamental organisation of the language, a feat which only apears (like that of the eg) to be incredible until its *modus operandi* is revealed." The reader will doubtless smile at Dr. Harley's temerity and complacency. Newton's discovery of gravitation, or Bacon's "Novum Organum," was not announced with so much ostenation; but then the feat of revolutionising English orthography will no doubt be found more difficult than that of either Newton or Bacon. However, the feat is not yet accomplished, and until it is accomplished, perhaps the less that is said about it the better.

Notes on Current Topics.

Treatment of Pyrexia of Enteric Fever.

During the last eighteen months, the anti-pyretic treatment of enteric fever has been carried out at the Bristol Royal Infirmary in a thorough and systematic manner, and Dr. J. Greig Smith, medical superintendent of that institution, has communicated the results of this treatment in a paper in the *Practitioner* for the current month. Our experience of the methods available for the reduction of temperature in enteric fever has led to a preference for the combined action of *quinine* and *cold-bathing*." Commenting on other methods of reducing the temperature, he observes that sponging the surface with cold water, or cold water and vinegar is an old method easy of application, and grateful to the patient; but its effect on well-marked pyrexia is very slight and transient. The *wet sheet*, with the body left without any further covering, is a powerful antipyretic agent, and when no bath is to be had, might be employed as one of the best substitutes. If the sheet be rubbed over with blocks of ice, a still more powerful effect is produced, and might be of great value in cases of sudden and intense pyrexia, such as sunstroke. The great objection to the wet sheet, is that it is not a cleanly process, and that it is equally difficult to test the amount of cold applied, and to regulate the effect of its application. "In hospital practice, and for most cases, the *cold bath* is probably the best physical means for the reduction of the pyrexia of enteric fever." A bath is wheeled to the bedside of the patient, who is lifted into it by means of the sheet on which he lies. With regard to the influence of the bath on the system, Dr. Greig Smith corroborates the opinion of Dr. McCombie, who in 1876, remarked that the bath diminishes restlessness and delirium, and produces sleep; and independently of sleep, there is a subjective ease and calm, with a diminution of subsultus, and an absence of carphologia. The effect of the bath upon the heart demands attention. Stimulants, however, observe Dr. Smith, we have never once had to give to a patient in the bath, which may be owing to the fact that the bath is not cooled down after the patient has been immersed, and that quinine is employed if the heart's action be feeble. The system is not prepared for a temperature of 60°, by lowering it from one of 90°, because that plan causes more depression, and certainly more discomfort. Quinine was found to be the best drug for reducing the temperature, but it must be given in large doses. From an adult man, 35—40 gr., for an adult woman, 30—35 grs., given in three or four doses in the course of three-quarters of an hour, will probably have the desired effect. There may be some degree of cinchonism, but there is also a marked improvement in the regularity, volume, and rapidity of the pulse, and often a decided increase of vascular tension and diminution of dicrotism. Free perspiration is common after the administration of quinine in large doses; and once there was marked increase in the urinary secretion. Dr. Smith insists upon the importance of giving the drug in sufficient doses, and "up to the very farthest limits of safety." In the Infirmary, 50 grs. have been given by the mouth to an adult male, and the same amount by the rectum to a girl of eighteen, with no evil result.

Operating Physicians.

We are glad to hear that the Board of Guy's Hospital has decided that in future the obstetric physicians shall not perform the operation of ovariotomy on the hospital patients, but call in the aid of the surgical staff for that purpose. This decision on the part of the authorities at Guy's Hospital will doubtless be approved of by the profession generally. From time immemorial it has never been the custom for a physician attached to a hospital to perform even the most simple operation. If only an

abscess had to be opened, a seton inserted, or the abdomen tapped, it was the duty of the surgeon to do it; and there is no reason why this good old rule should be broken in the case of so serious and difficult an operation as that of ovariotomy. On the contrary, there is every reason why the performance of this operation on a hospital patient should be left entirely in the hands of the surgical staff. It is one of those operations the success of which greatly depends upon the skill and experience of the operator, but how are surgeons to gain this skill and experience if obstetric physicians are to have full liberty to operate upon their patients. Even with regard to the welfare of the patient herself, the impropriety of such an innovation is sufficiently obvious. For surely, unless the operator is an experienced and very successful ovariotomist, the patient will be safer in the hands of a surgeon who is accustomed to perform all kinds of operations than she would be under the care of a physician whose surgical experience had been chiefly confined to the ordinary operations of obstetric practice. It may be said that every one must have their first time of performing any operation, but in the case of so formidable aud dangerous an operation as ovariotomy, it is certainly better that he who performed it for the first time should have had some previous experience in the minor operations of surgery, which very few obstetric physicians can say they have had. That division of labour, in virtue of which the respective duties of hospital physician and surgeon have always been well defined, has been generally found to be work well, and therefore it is to be hoped that the example set by the authorities of Guy's Hospital will be also followed in other quarters.

The Urine in Rabies.

Professor Robin, of Paris, has recently had occasion to analyse the urine of a patient suffering from rabies. It presented the following characteristics:—Diminution in quantity, abnormal density, very marked acidity, abundance of uric acid, diminution of urea and urates. On evaporation, he found crystals of hippurite of lime, margaric acid, leucine, and an enormous quantity of uric acid. The urine also contained bacteria of a special character.

We gladly note this examination, and trust that similar analyses may be made in all future cases. With reference to the bacteria, we might suggest some experiments, as to their action on animals, by injecting some of the urine into the blood, and watching the result. Other observers should look for them. The isolation of new forms of bacteria is an interesting and important subject. Too much care cannot be exercised in microscopical examination, and the actual existence of a special bacteroid in rabic urine, cannot be accepted, unless on the most exact, and most scientific evidence. A number of facts, by independent witnesses are consequently wanted, and judging by the number of rabid dogs reported to be at large, there will be only too much opportunity afforded of studying, not only the urine, but the general pathology of rabies.

French physicians have done much for the literature of rabies. We have acknowledged this, not only in justice but to avoid the reproach of ignorance or jealousy; but we at the same time have not forgotten the labours of English investigators and observers on this disease.

Our contemporary, the *Lancet*, in its issue of July 20th appears to be carried away by its admiration of the efforts of our French *confrères* to elucidate the problem of rabies, certainly to the neglect of English writers. MM. Bouley and Proust have just issued a short report on rabies—a very concise and practical compilation on the subject. The *Lancet* recommends this report as if it were new, and as if nothing of the kind had been previously done in England. We should be sorry to reproach our contemporary with ignorance of the crassest kind, or to insinuate any idea about jealousy. For the credit of English medicine we must, however, point out *that nearly every suggestion in MM. Bouley and Proust's report may be found in our reports on "The Nature and Treatment of Rabies." Still more, the description of the symptoms in the dog corresponds with not only our report, but with the account in Fleming's work, "Rabies and Hydrophobia."*

The appreciation of our work by *Brain*, the *Veterinary Journal*, &c., &c., affords a pleasing contrast, creditable to the scientific spirit of the editors, as they give credit where credit is due.

Sewer-gas and Ear-disease.

Mr. James Patterson Cassells, Aural Surgeon to the Glasgow Royal Infirmary, has recently published a paper read by him before the Glasgow Medico-Chirurgical Society, in which he endeavours to show that many cases of ear-disease are traceable to bad drainage and the escape of sewer-gas into the premises occupied by the patient. Many of the facts he adduces lend some support to his opinion, but still, they are scarcely sufficient to warrant the author in adding another disease to those for which bad drainage is already made accountable. Should, moreover, Dr. Cassells's views prove true, the situation will be by no means a pleasant one. For if disease of the ear may be caused by the escape of sewer-gas, why should not various other diseases be attributed to the same cause? We should then have bad drainage at the bottom of half the diseases that afflict humanity, and the only consolation would be that so many affections being attributable to one cause, by getting rid of that cause we should stamp out all the diseases arising from it. Sewer-gas has been recently made the scape-goat for so much disease, that when once good perfect drainage is everywhere established we may expect to have reached the millenium of good health. This little pamphlet of Dr. Cassells's will, nevertheless, put us on our guard against a possible cause of this class of affections, and should the experience of other aural surgeons corroborate the views above-noticed, the profession will have to thank Dr. Cassells for having been the first to draw their attention to the subject.

The Parkes Memorial Fund.

At a meeting recently held at Netley of the subscribers to the Parkes Memorial Fund, it was resolved—

1. That a prize of £100 in money and a large gold medal bearing the portrait of the late Dr. Parkes, be given triennially for the best essay on a subject connected with

hygiene, to be declared at the commencement of each triennial period, the prize to be open to the medical officers of the army, navy, and Indian services of executive rank on full pay (with the exception of the officers of the Army Medical School during their term of office).

2. That the subject for the first competition for the above-named prize be as follows: "On the Effects of Hygienic Measures in arresting the spread of Cholera."

3. That the essays be sent in to the Committee of the Parkes Memorial Fund, care of the Director-General, Army Medical Department, 6 Whitehall Yard, London, S.W., on or before December 31, 1880. Each essay to have a motto, and to be accompanied with a sealed envelope bearing the same motto, and containing the name of the competitor.

4. That a bronze medal (also bearing the portrait of the late Dr. Parkes) be given at the close of each session of the Army Medical School to the best answerer at an examination in hygiene.

The Utilisation of Sewage.

In a very sensible *brochure* on "The Poetry and Philosophy of Sewage Utilisation," the author, Mr. S. D. Girdlestone, makes the following apothegmatic remarks which, in our opinion, are well worthy of quotation:—"Man, who has received from the plant its noblest, has nothing to yield it in return but his ignoblest. The fruit of a man's life, his thoughts, his works, his love, all the highest products of his life are designed for his Maker, his neighbour, and himself. But the waste product, the vile, the refuse, the rejected, he owes to the soil from which they came, and if he pays not this debt, but casts it into the sea or river, he acts, to say the least of it, unnaturally, shall I not say dishonestly?" It is very possible that this particular paragraph may not be particularly noticed, but the reflection contained therein appears to us remarkably well put, and is in itself a strong argument in favour of sewage utilisation.

Remedy for Infantile Cholera.

Dr. Gross, in the St. Louis *Medical Brief*, says that the very best remedy in his judgment, for cholera infantum or summer complaint in children is calcined radix rhei.

His attentoin was called to it incidentally, during last August, whilst treating a little patient, aged six months, affected with this dreaded trouble, and had used all the reputed remedies for this disease, with little or no effect. He prepared some by putting a portion of the root in an iron vessel and burning it until it was easily pulverised. Of this he gave about five grains; the child became quiet and seemed free from pain, and in about three hours the bowels moved again, passing a changed and even larger evacuation than at any previous time; and from that moment it began to get better, and in a few days was entirely free from the disease. The success attained in this case led to the use of the same drug in a number of similar cases and with the same results.

In the forms of summer complaint incident to debility of the bowels, either when this condition depends upon general causes alone, or is the immediate effect of irritating ingesta or biliary derangement, rhubarb, in this form, is superior to almost every other medicine.

A Schism amongst the Counter-Prescribers.

A correspondent of the *Pharmaceutical Journal* describes the division of opinion amongst the chemists and druggists, as follows—

Events have apparently divided the trade into two camps, which though not in a state of actual hostility are verging upon it. One camp is filled by those to whom counter practice is bread and cheese; they wave aloft their banner of defiance and dare the foe to do his worst. The other camp is occupied by those who from various circumstances are not vitally interested in counter prescribing.

This being the condition of affairs, it follows that the party of defiance is enraged at the seeming lukewarmness in the cause displayed by the party of indifference, whilst this latter section of the trade is half inclined to laugh at the excessive and unwise ardour of their *confrères*, and thus a state of mutual irritation is kept alive between them.

It must be confessed that the desperate efforts of the thick-and-thin supporters of counter practice to retain what they consider to be their rights is but natural, when we reflect that to many of them the discontinuance of the objectionable practice implies the discontinuance of their means of livelihood, or the ruin of their schemes of fortune-making. And, indeed, if one might hazard a guess at the results of recent events upon the future conduct of the business, the prescribing druggists do seem to have good reason to dread that the axe is laid to the root of their most fruitful tree.

The Uses of Boldo.

An article in the trade journal, *New Preparations*, on this novelty, sums up its merits as follows:

From experiments made and the nature of the product, we may now conclude that the boldo is—

1. A most useful and profitable remedy in blennorrhagia.

2. That it produces always good effects in dyspeptic affections, when we recognise as the cause an atony or debility of the digestive organs, or when complicated by bilious disorders.

3. That its administration has been more than once favourable in chronic catarrh of the bladder.

4. That, the boldo, being balsamic and carminative, is an important auxiliary in the treatment of hepatic abscesses, whenever the febrile symptoms have been overcome.

5. That, considering the observations hitherto made in animals, and also a number which have been made in man, it is to be presumed that the boldo is a powerful anthelmintic, which presumption is corroborated by the qualities and the nature of the product.

6. That the decoction of the leaves may also serve very effectively in washing wine casks, to prevent them from souring; a practice followed by the native farmers since immemorial times.

Anatomical Preparations for Museum and Class Purposes.

Mr. L. C. Miall, of the Leeds Museum, writing in *Nature*, refers to many defects of the ordinary fluid-preservatives. Evaporation, blanching, spilling, optical distortion, the cost and inconvenient shape of glass vessels—these are among the serious and apparently inevitable advantages of dilute spirit. He has found it possible to get rid of all these difficulties together by mounting dissections and entire animals in glycerine jelly.

The following directions are his:—Soak gelatine (best quality) in water until it has absorbed as much as it can, melt and add an equal bulk of best German glycerine. Clarify with white of egg, one egg to a pint of mixture, taking care to boil very steadily, without burning. Filter hot through flannel. The jelly should be transparent, and of a pale straw-colour.

The jelly may be diluted with water, with glycerine, or with a mixture of the two. I find one part of jelly to one of glycerine and one of water a convenient proportion. The dilute jelly is apt to run fluid on exposure to the air, owing to the growth of moulds. This may be prevented by using a solution of salicylic acid or thymol in water for dilution. These substances cause opalescence in the medium, but a very minute quantity of acetic acid clears it again.

Lay out the dissection on wax, in a suitable glass vessel and fill up with jelly rendered fluid by gentle heat. When the vessel is full, allow the jelly to cool and set, then pour a little more on the top. After this also has set, lay the glass cover (warmed by immersion in hot water) in its place. As the superficial layer of jelly melts, press the cover down. When cold, cement the edges with strips of cloth smeared with coaguline.

The vessel for mounting may be of almost any size and size and shape. I have tried glass jars, built-up glass cells, ebonite, gutta percha, earthenware, and wood soaked in paraffin. Some of the writer's preparations have lasted five months without alteration. Previous immersion in alcohol, or other preservatives, does not prevent re-mounting in glycerine jelly. He has not as yet succeded with large objects, but mountings with as much as a pint of jelly have done well.

The cost of the jelly is not prohibitive, and when the freedom from loss by evaporation, or spoiling by turbidity and discoloration is considered, this mode of preparation will be found cheapest in the end. Harvey and Reynolds, of Leeds, undertake to supply the undilute jelly at a moderate price.

Antidote to Carbolic Acid.

The *Pharmaceutische Zeitung für Russland* says that on the recommendation of Professor Baumann, Dr. Sanftleben has used sulphuric acid in several cases of poisoning by carbolic acid with the best success, the phenol combining with the acid to form phenyl-sulphuric acid, which is not poisonous. He administered it in a mixture composed of diluted sulphuric acid 10·0, mucilage of gum 200·0, and simple syrup 30·0 grammes, in doses of a tablespoonful every hour.

Medical Superstitions in France.

In several of our previous numbers we alluded to superstitions in America and Ireland, and we published some of the popular remedies. One touch of nature makes the whole world kin, and man's absurdity is not confined to primitive countries, but extends to those who have the greatest pretensions to civilisation.

In France, in the Haute Loire, it is a custom to treat pleurisies, and almost all active diseases of the chest, by applying on the ribs over the seat of pain a gutted cock or a tom-cat if the patient be a male, and a gutted hen or a she cat if the patient be a female. The dead body is supposed to act as a magnet, and subsequently the patients drink some of the blood of the victims.

Consumption is warded off by goose dung and white wine; incontinence of urine by an omelet of roasted rats; peritonitis by cats' blood and menstrual discharge; Tinea capitis, "par uriner quelques jours sur la tête de l'enfant;" and puerperal after-pains are treated by making the woman swallow some of the uterine discharges.

If the curious reader will compare the *menu* of other countries for disease, he will find a singular correspondence between the various dishes or remedies, and that the popular ideas of treatment in countries remote from one another are based on almost the same absurd conceptions, which almost belong to the class of intuitive ideas.

Tarasp as a Health Resort.

This place is not so well known as Carlsbad, though the waters are somewhat similar. It has, however, a phalanx of old admirers who resort annually to it, not only because it is efficacious, but also more economical than Carlsbad.

The waters of Tarasp are recommended in gout, hæmorrhoidal conditions, scrofulous exudations, catarrh of the stomach, bronchial catarrh, diabetes, and tubercles of the lungs, especially when these are complicated with stasis of the portal system.

Tarasp is situated in the lower Engadine, *Canton Grisons*, and is situated 4,000 feet above the sea. The springs contain the component parts of those of Carlsbad, Marienbad, Kissingen, and Vichy, and as Dr. Julius Braun says: "In addition to its other advantages, we may enumerate its high situation, the influence of the rarified air in facilitating the change of substance, and in rendering the necessary vital stimulus more bearable, and in contrast to the complicated social relations of Carlsbad and Marienbad the conditions of a simple existence stimulated by the enjoyment of Alpine scenery."

The two principal springs are those of St. Lucius and St. Emerita.

Tarasp may be reached by way of the Practigau, Davas, Dorpli, and Fleula Pass, by Innspruck, or by Coire.

A melancholy death has recently occurred at Raleigh, in Essex. The deceased surgeon, Mr. Coles, M.R.C.S., Medical Officer of the Raleigh District of the Rochford Union, was on horseback, riding to a distant patient in the middle of the afternoon, when he suddenly fell from his horse and expired from heart disease. His horse, of which deceased was very fond, stopped instantly, and was found by the side of the body when assistance arrived.

Transmission of Syphilis by Tatooing.

UNDER the title "An Unsuspected Means of Syphilitic Inoculation," the *Lyon Medicale* tells us that a vagabond has been arrested in Pennsylvania who had given syphilis to a great number of artisans. His trade consisted in tatooing, and as his needles required to be moistened from time to time, he wet them with his saliva, his mouth being at the time full of specific ulcerations. The data in connection with this case are unfortunately insufficient, and, though of great interest, have received no scientific interpretation The subject has, however, been fully dealt with in a communication addressed to the *Progrès Medical*, in which some new facts as to the etiology, the incubation, and cicatrisation of extra-genital syphilitic sores are given.

The International Hygienic Congress

WILL commence its sitting on the 1st August in the Trocadero Palace, and a great number of visitors from foreign countries have notified their intention to be present. The Sanitary Institute of Great Britain, the Belgian Society of Public Medicine, the Communal Council of the City of Brussels, and many public departments have nominated delegates to represent them at the Congress, and the Paris Municipal Council has manifested its interest by a vote of 5,000 francs.

Abuses under the Artisans' Dwellings Acts.

A CURIOUS and somewhat discreditable story has come to light during the last sitting of the Metropolitan Board of Works, which explains why the Artisans' Dwellings Act for providing better homes for the poor is not carried out, or when carried out is done at such an expense to parishes, that the rents of the poorer classes are enormously increased. It appears, that in May of 1873, Mr. Storey became a member of the Vestry of St. Luke's, and in the same year he purchased one house in Chequer Alley, in that parish. From that date he continued to acquire property in the same locality. Improvements were in prospect, and on the 26th November, 1875, Dr. Pavy, the medical officer of the parish, made his first official representation with respect to the area comprised in the Whitecross Street scheme. The same month witnessed the preparation of a draft agreement under which Mr. Storey acted with Messrs. Smith and Gale in purchasing more land and houses. At the end of the year, Mr. Storey secured a certain property for £4,000, which fifteen months later he sold to Mr. Smith for £8,000, and on the 23rd of April last, this was transferred to the Vestry of St. Luke for £12,300, the sum asked being £15,300. Mr. Storey was then, and still remains, chairman in the improvement committee which made this purchase. The circumstance which has brought these instructive details to light, is the fact that Mr. Storey and his partners are now claiming from the Metropolitan Board of Works no less than £47,052, for some property required for the Whitecross Street improvement scheme, under the Artisans' Dwellings Act. Mr. Storey has recently been elected a member of the Board of Works, and a committee of that body has just declared that the public duties of the new representative are in complete conflict with his private interests. This Mr. Storey fails to understand, and as he refuses to resign, the matter is made public.

Popular Health Lectures.

THE managers of the Royal Polytechnic Institution have done wisely in inducing Dr. Croft to again take the reins of management of this popular place of scientific amusement; while he in turn is to be congratulated upon the way he has set about to retrieve the waning fortunes of an institution which has hitherto done good public service in popularising scientific subjects, and teaching its unscientific visitors the simple lessons of health, social economy, and those which abound unheeded "by the common herd" in everyday life, by the wealth of resources which it presents. Dr. Croft has now added to what should be considered its attractions a series of popular lectures on "Life, Health, Disease, Food, Cooking," &c. At the first of these, on Wednesday last, Dr. Richardson, F.R.S., presided, and congratulated the managers that the important subject of sanitation was included in their programme. We would, however, caution Dr. Croft to at once put his veto upon lecturers making their discourses a vehicle for advertising proprietary articles; popular lecturers are too apt "to do a friend a good turn," and many is the worthless article or medicament which has been foisted upon the public by these means.

IN the principal foreign cities from which returns are received by the Registrar-General the rates of mortality were—in Calcutta 33, Bombay 36, Madras 40; Paris 23; Geneva 21; Brussels 30; Amsterdam 24, Rotterdam 29, The Hague 25; Copenhagen 24; Stockholm 22; St. Petersburg 48; Berlin 52, Hamburg 29, Dresden 30, Breslau 32, Munich 35; Vienna 30, Buda-Pesth 39; Rome 28, Naples 39, Turin 26, Venice 21; Alexandria 55; New York 23 per 1,000 of the population. It will thus be seen that Berlin and Alexandria have now the highest death-rate in the world.

THE annual death-rate from the seven principal diseases of the zymotic class in the large towns of the United Kingdom last week was 7·0 per 1,000 of the population. Measles and whooping-cough showed fatal prevalence in Sunderland, whilst in Leicester, London, and one or two other large towns, diarrhœa may also be said to have been epidemic. In the latter city no less than 349 deaths occurred from this cause, the rate being only 23 for weeks previously.

OWING to the prevalence of infantile diarrhœa last week, the mortality in some of the large towns was very high. In Glasgow the death-rate reached 29 per 1,000 of the population, in London 26, which is excessive for the latter city, whose mortality is generally so low. Dublin gave but 23 per 1,000, and Edinburgh 20. In Sunderland the epidemic figure of 35 was reached, the next highest being Manchester, with 30 per 1,000 of the population.

THE Annual Meeting of the Irish Graduates' Association will be held in the Board-room of the Mineral Water

Hospital, Bath, on Friday, August 9, at 4 o'clock in the afternoon. President: B. W. Foster, L.K.Q.C.P., &c., Birmingham. President-elect: W. MacCormac, F.R.C.S.I., &c., London. The annual dinner will take place afterwards at the York House Hotel at 5.30 p.m.

In different parts of Costa Rica grasshoppers have appeared in alarming masses, particularly near Herodia, Alajeula, and Atenas, one of the most cultivated and fertile districts of the whole country. The coffee crop for this season has been nearly all destroyed by the plague.

Small pox caused 13 deaths in Dublin last week, and 19 in London. Of this latter number 8 were certified as unvaccinated, 2 vaccinated, the remaining certificates ave no information as to vaccination. There was also one death from this disease in Birmingham and in Liverpool.

The jubilee of 50 years' practice in the town of Jarves, Aberdeen, was held last week, when the profession of that place and neighbourhood met to receive and congratulate Mr. John Irvine, M.R.C.S., at a dinner given in honour of the occasion.

The profession will hear with regret of the death of Professor Rokitansky, which occurred at Venice last week. Of foreign physicians he was probably the best known, if we except Claude Bernard, during the present century.

The widow of Hahnemann, the founder of homœopathy, died recently, at the age of seventy-eight years, at the house in the Rue du Faubourg St. Honore, Paris, which had for a long time been her residence.

Literature.

SHORT NOTICES.

1. "Medical Etiquette." By a Licentiate of the Royal College of Physicians. London: Baillière, Tindall, and Cox. 1878.

2. "Phosphates in Nutrition." By M. F. Anderson, L.R.C.P.E. London: Baillière, Tindall, and Cox. 1878.

3. "Handbook of Uterine Therapeutics." By Edward John Tilt, M.D. London: J. and A. Churchill. 1878.

4. "Vichy." By Dr. Durand-Fardel. Published at Vichy by A. Wallon. London: Ingram and Royle.

5. "The Soldier's Manual of Sanitation." Adapted for Officers, Non-commissioned Officers, and Privates of the Active Forces, Malitia, Yeomanry, and Volunteers for Home and Foreign Service, In Peace and in War. By Surgeon-General Charles Alexander Gordon, M.D., C.B., &c. Second thousand. Baillière, Tindall, and Cox, London. 1878.

1. The inner life of the profession is rendered happier to its members, and more advantageous to society, by the observance of professional rules, and by the strictly honourable conduct of one practitioner towards another. Unfortunately in the struggle for existence, unworthy influences are at work to disturb the balance of justice, and self interest, supported by the lust for gain, prompts competitors to avail themselves of every means to catch the tide of public favour, and to secure patients, even to the injury of some brother practitioner. As, therefore, some are apt to forget the rules of medical etiquette, this publication is opportune, and the rules laid down by a Licentiate of the College of Physicians should meet with the approval of all those who have the interest and honour of their profession at heart.

2. During the last few years, the therapeutic action of phosphorus in its various forms and preparations has been more deeply studied and applied, and we have only to point to Parrish's chemical food as an instance of the growing feeling in favour of this agent, as a useful and necessary adjunct to the diet of delicate children. Easton's syrup, composed, as supposed, of the phosphates of iron, quinine, and strychnia, forms another popular and favourite method for restoring tone to debilitated systems.

This preference for mineral food has undoubtedly arisen from the chemical theories of disease, and we have in this work a further contribution to the value of the phosphates, based upon the theory that as certain mineral constituents are necessary to plants, and animals in health, all these mineral ingredients should be supplied in diseases of impaired nutrition, as starvation, fatty degeneration, rickets, scrofula, consumption, leprosy, cancer, and scurvy. The author tells us in his preface, that his conclusions have arisen from and grown from his investigations, and that from his record of a series of experiments he has formed the interpretation presented to his readers. There is much that is novel in his method of treating his subject, and in the explanation which he offers as a cause of certain organic diseases; though starting with no theory, he has yet managed by the force of circumstances, to drift into one.

The hypophosphates have been largely advocated for the treatment of consumption, and numerous cases are on record to establish their efficacy, but though the treatment has met with a certain amount of success, Dr. Anderson considers that it might be rendered much more successful by following his theory of supplying all the mineral ingredients of nutrition. This he has done "after some laboratory investigations;" he has made a "tissue phosphate, containing all the mineral ingredients which analysis has shown the coats of the aorta, and the different organs examined contain." (p. 168).

With this preparation he has treated successfully some well-marked cases of phthisis. We quote this as an instance of the tendency and seeming aim of the book.

We may safety say this *brochure* is characterised by a considerable degree of original and painstaking work, and we can recommend it as a useful contribution to the literature of the phosphates in reference to nutrition.

3. When a work has reached a fourth edition, it almost places itself beyond the pale of criticism, for it has thus achieved success, and established a claim to consideration and respect. The necessity for a new and enlarged edition of this book, almost conclusively proves that the study of the diseases peculiar to women in England, is receiving increased attention from the general practitioner, and thus one of the great objects of Dr. Tilt's efforts, the diffusion of a better knowledge of the diseases of women, is being accomplished.

The introduction is well worthy of the attention of students, and in the majority of Dr. Tilt's recommendations and advice, we heartily coincide. His convictions are forcibly and honestly expressed, though the following remarks are too sweeping and self-assertive.

It may be we want a check or break on uterine surgery, but we must have better evidence than the *ipse dixit* of one man, before we can become convinced of the necessity of "stamping out dangerous gynæcological tendencies, as in France." Dr. Tilt says:—"Uterine surgery soon took to leeching and to caustic treatment; thus Simpson set men to impale the womb on a fixed stem, and to deeply cut through the cervix to cure sterility. The mischief done by Simpson, and by the routine practice of his pupils, was limited to women in want of children. But Dr. Marion Sims pretends that by lateral cutting of the cervix, sterility is not only cured, but dysmenorrhœa, uterine displacements, and chronic inflammaof the womb. It is really difficult what to admire most in Dr. Marion Sim's *Notes*, the author's surgical ingenuity, or his profound ignorance of pathology." . . . .

"In England the womb is still under the reign of the knife, and it seems to be the same in America." (p. 6).

We think this page might be justly and advantageously toned down, or even pruned or excised. We cannot agree with our author on the subject of the examination of married women. The rule that we should always insist on the presence of a third party, is a wise one in general practice, though consultants in London, Dublin, or Edinburgh, may afford to

disregard it; the arguments in favour of it are stronger than those advanced by Dr. Tilt, who advises to let patients do just as they like. We heartily sympathise with Dr. Tilt's regret on the loss of faith in drugs, evinced by too many practitioners, and on the necessity of young men prescribing after the method of some of the old masters. He well says: "Those who from sheer idleness, order Vin de Baudon, Pilules de Blancard, Pilules de Vallet, &c., teach quackery to their patients, for these patent medicines are wrapt up in a flaming account of the number of complaints to be cured by some one remedy." (p. 21).

The general arrangement of the work is good, and in its present enlarged and improved form, will become a useful and practical hand-book for the general practitioner, though he will have to guard against the evident personal predilections of the author, and take some of his observations *cum grano salis*.

4. This little work from the well-known pen of Durand-Fardel, may be taken in the first instance as a guide to this popular health resort. It gives the topography of the place, the means and capabilities of the thermal establishment; its springs, the uses of its baths and douches in the various disorders of the stomach, liver, bladder, &c.; the seasons for vichy; analyses of the various springs, opinions of medical authorities, and lastly, as Vichy at home, when our patients, unable from one cause or another, to drink the water as it wells out from the rocks, formed by the calcareous deposit of unknown ages, are compelled to console themselves with "the next best thing," to drink bottled Vichy, or swallow Vichy salts and *bonbons* in their own homes. It is with this latter phase the profession of Great Britain and Ireland are most interested. Probably, not one patient in every hundred for whom we prescribe Celestins, Hauterive, Grand-grille, or Hôpital, is able to go through the course at Vichy; hence the rapid transport of the bottled waters in the present day is a desideratum of immense importance to the physician, as he is sure of almost daily supplies of the fresh article, which he can increase, diminish, or change whilst the patient is under his immediate notice. To all who are in the habit of prescribing this water—and who is not—this little book of about 250 pages will be exceedingly useful, especially as a guide to treatment; and though its "get up" is not what we are accustomed to see from English publishers, the information is none the less valuable, or the book less worthy of commendation.

5. We anticipated for this little work a wide circulation, and we gladly notice that it has reached a second edition. It is a most useful and practical manual, and as the instructions are simple and scientific, they should be read not only by medical men who have the charge of our regular and auxiliary forces, but by the officers, non-commissioned officers, and privates.

The preservation of the health of the soldier is a matter of importance to the state, to the medical officer, to the commanding officer, whilst to the soldier himself, it has an individual value even greater.

Ignorance of the ordinary rules of health is most deplorable in its results, and there can be no excuse at the present time for such ignorance, when the means of remedying it are placed within the reach of those most interested.

Army medical officers are now doing good work in extending a knowledge of the requirements of the soldier, and by teaching how to afford assistance to the sick and wounded.

The formation of ambulance corps in connection with the volunteer service, is another step in the right direction. The lectures given by the army medical officers will teach much, and be of the greatest practical assistance, and when these lectures are supplemented by reading such a book as Dr. Gordon's *Manual*, we may reasonably expect a wide diffusion of the laws of health, not only amongst our military, but civil population.

Medical News.

University of London.—The following is a list of the candidates who passed the last Preliminary Scientific (M.B.) Examination,—*First Division*,—Back, H. H., Bailey, C. F., Berry, J., Ellison, J. C., *Hoffmeister, G. B., *Overend, W., *Samways, D. W., St. Bartholomew's Hospital; Beevor, H. R., Porter, G. D., King's College; *Bourne, A. G., Collier, J., Croft, E. O., Dingley, E. A., *Fletcher, J. J., B.A., Syd. Forrest, J. R., Frankland, P. F., *Halliburton, W.D., Knight, F., Penrose, F. G., Pike, C. J., Tunzelmann, E. W. von, Wilkinson, W. C., B.A., Syd., Worthington, S., University College; Brogden, R. W., Champ, J. H., Dashwood, E. S., Hart, W. H., Lever, F., Price, J. A. P., Roberts, E., Starling, W. E., Stedman, C. R., Sutton, A. M., Guy's Hospital; Cooper, G. F., Dillon, J. P. C., Evans, C. S., Wells, A. E., St. Thomas's Hospital; Maye, J., London Hospital; Hichens, J. H., *Robbs, C. E., Epsom College; Rogers, J. M., Scott, B. C., Middlesex Hospital; Woollett, C. J., Charing Cross Hospital; Brown, J. G., Liverpool School of Medicine; Moore, H. C., University of Edinburgh; Onions, E. J. B.A., Private Study; *Ridsdale, J. G., Queen's College, Birmingham.

Second Division.—Batten, R. D., Bertram, B., Campbell, H., Carter, T. E., Hall, B., Hewer, J. L., Hoyland, S. S., Marsh, N. P., Walton. G. A. T., St. Bartholomew's Hospital; Brooks, W. T., Kelly, J. W. G., King's College; De Cordova, R. F. F., Downes, H., *Evans, W. H., Hoar, C. D., Irvin, F. D., Mason, A. H., Parry, J. M., Walker, J. E., Whish, M. S., Whitaker, J. J., B.A., University College; Cuff, R., Davies, W. T. F., Jackson, P. J., Guy's Hospital; Bruce, R. M., Dreaper, J. B., St. Thomas's Hospital; Beard, J., Beverley, J. M., Carnelly, M., Crowther, J., Gordon, E., Parkinson, C. J., Owens College; Dembski, F. E., Williams, A. J., Private study; *Maughan, J., Wilson, A. H., Liverpool Royal Infirmary School of Medicine; Clegg, W. W., Mayo, F. H., Yorkshire College; Smith, T. H., Welpton, J., Leeds School of Medicine; Herbert, C. A., Westminster Hospital; King, A., University of Edinburgh; Langridge, F. W., University College, Bristol; Little, E. M., St. George's Hospital.

*Passed also in the Mathematics of the first B.Sc. Examination.

Royal College of Physicians of London.—The following candidates having undergone the necessary examinations were admitted Members of this College on July 25th:—

Allbutt, Thomas Clifford, M.D. Csmb., Leeds.
Caton, Richard, M.D. Edin., Liverpool.
Cook, Henry, M.D. St. And., Shaldon, Teignmouth.
Cullingworth, Charles James, Manchester.
Moullin, J. Alfred Mansell, M.B. Oxon., 80 Porchester Terrace, W.
Osler, William, M.D. McGill Coll., 7 Savile Row, W.
Owen, H. Isambard, M.B. Camb., 41 Gloster Gardens.
Rose, Caleb, Ipswich.
Valcourt, Jules E. T. de, M.D. Paris, Cannes, France.

The following were admitted Licentiates on the same day:

Bamber, Charles J., St. Bartholomew's Hospital.
Chapman, Herbert Frederick, Richmond, Surrey.
Clark, Charles A. Dagnall, Cross Deep, Twickenham.
Francis, Ernest George, Sutton, Surrey.
Hammond, Thomas, 22 Stanley Place, S.W.
Hunter, Christian Bernard, 15 Grafton St., W.C.
Jones, L. Middleton Bowen, Gwarmacwydd, Llanfalteg.
Kitching, Walter, Heworth.
Lowdell, Charles George Walton, Wadhurst.
Morgan, Edward Smith, Swansea.
Norman, Alexander Stewart, Southsea.
Pearce, Charles Worth, 823 Commercial Road, E.
Rose, James, Royal Infirmary, Liverpool.
Sheppard, Charles E., 7 Addison Gardens South, W.
Sylvester, Geo. Holden, St. Bartholomew's Hospital.
Takaki, Kanehiro, 62 Fentiman Road, S.W.
Walker, Basil Woodd, London Hospital, E.
Weiss, Hubert Fobeaux, 7 Church Row, Fulham, S.W.
Wilson, Edmund Monkhouse, 4 Gilstone Road, S.W.

Royal College of Surgeons of England.—The following gentleman, having passed the required examination, received the diploma of M.R.C.S., at meetings of the Court of Examiners on the 23rd and 24th inst.:—

Aitken, E. M'Gruer, Glasgow.
Barton, G. Henry, Market-Rasen.
Birch, R. Charles, Manchester.
Casement, R. N., M.B. Dub., Ballycastle.
Cheetham, W. Henry, Horsforth, Yorkshire,

Child, W. Long, Belsize Park.
Chisholm, J. Merritt, M.B. Ed., Edinburgh.
Clarke, H. Joy, M.B. Ed., Doncaster.
Coleman, G. Edward, L.R.C.P. Ed., Pontefract.
Dixson, Craig, M.B. Ed., Sydney, New South Wales.
Guillemard, B. J., M.B. Ed., Hythe, Southampton.
Handford, H., M.B. Ed., Atherstone, Warwickshire.
Jackson, Arthur, L.S.A., Grays, Essex.
Jones, Robert, Liverpool.
Keep, C. Henry, Calcutta.
King, H. William, M.B. Ed., Bury St. Edmunds.
Knox, Charles, L.S.A., Birkenhead.
Langley, P. W. Leslie, M.D. Dub., Waterford.
Leak, Hector, Winsford, Cheshire.
Lloyd, G. Jordan, L.S.A., Birmingham.
Lofthouse, John, Rochdale.
Moore, J. Wesrwood, Birmingham.
Mouritz, A. Albert, Runcorn, Cheshire.
Newton, R. Arthur, L.S.A., Birmingham.
Nixon, T. Ayrton, Middleborough-on.Tees.
Osborn, W. Henry, Birmingham.
Pughe, T. W. Owen, Liverpool.
Rennie, S. James, Cumberland.
Rowe, G. Herbert, York.
Stone, A. William, Knottingley, Yorkshire.
Swann, Alfred, M.D., Bradford, Yorkshire.
Walter, E. William, L.R.C.P. Ed., Broadstairs.
Wheeler, W. Henry, Clifton, near Bristol.
Williams, M. Melbourne, Chorley, Lancashire.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

A. WALLACE.—Your communication will appear in our next.

LOCAL NEWSPAPERS.—We have to thank correspondents for sending us copies of local newspapers containing matters of medical interest. At the same time they would be more certain of receiving attention were the articles to which our attention was intended to be drawn, marked in some way; as, in the necessarily hasty glance through the large number of journals which come before us, we often fail to notice a particular paragraph.

MR. B. S., London.—Your communications are too much of the nature of an advertisement, and cannot be inserted except as such. Please communicate in future on these matters to our publisher.

DR. HOLMES is referred to the notice to Mr. B. S., London.

MR. J. L. B. will find the subject referred to in our editorial columns of the present number.

A GOOD PRESCRIPTION.—The late Mr. Justice Byles, says our contemporary the *Leisure Hour* for August, had a most shrewd and ingenious manner of adapting stern and unyielding facts to the most clever theory of science. We recollect the conviction before him at Exeter of a lady who was perpetually stealing trifling articles from the shops she patronised. Being "called upon" for judgment, her counsel argued that she was the victim of *Kleptomania*. "Kleptomania!" asked the judge, in the most innocent manner; "What *is* kleptomania?" "A disease, my lord," said her counsel, "the subject of which is uncontrollably addicted to larceny." "Oh, I see," said the judge; "and a disease, sir, which the judges are sent on circuit, as physicians, to cure. *My* prescription on the present occasion is twelve months' imprisonment with hard labour!"

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. W. Goodell, Philadelphia. Dr. C. P. Knapp, Wyoming, Pennsylvania. Dr. E. Skeate, Bath. Dr. P. H. Colmer, Yeovil. Dr. Harley, London. Dr. French, Portland. Mr. Hills, Guy's Hospital. Dr. Kelly, Rotherhithe. Dr. Farre, London. Mr. Messenger Bradley, Manchester. Dr. W. Curran, Mussore, India. Dr. Langdon Down, London. Mr. Swan, Dublin. Dr. Leeson, Wharfedale, Yorks. Prof. Tichborne, Dublin. Mr. John Gay, London. Mr. Cotterell, University College Hospital. Dr. Drewry, London. Dr. Hamilton, Colnbrook, Bucks. Mr. Heather Bigg, London. Mr. Marlett Boddy, Camberwell. Dr. Molony, Dromahair. A Medical Student. A Candidate for the Fellowship M.P.S.I. Dr. de Fonmartin, Greenwich. Mr. Scott, Edinburgh. Dr. Dolan, Halifax. Mr. Blackett, Society for Relief of Widows of Medical Men. Dr. Ormsby, Dublin. Dr. Owens, Long Stratton. Mr. C. Redmond, Waterford. Dr. Balmanno Squire, London. Dr. Stretch Dowse, Hornsey. Mr. F. Lanchester, London. Mr. Rose, Finsbury. Mr. Ilderton, Manchester. Dr. Liveing, London. Dr. Thorowgood, London. Mr. Stott, Disley. Dr. Holmes, London. Mr. W. Starr Whatford, Brighton. Mr. Norris, Paris. Dr. George Beard, New York. Dr. M. Thomas, Glasgow. Dr. J. R. Chadwick, Boston. Dr. Carpenter, London. Mr. Jabez Hogg, London, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Laws of Therapeutics. By Joseph Kidd, M.D. Loudon: Kegan, Paul, & Co.
Mechanical Dentistry. By Chas. Hunter. London: Crosby, Lockwood, & Co.
A Case of Vaginal Ovariotomy. By W. Goodell, M.D.
Transactions of the American Gynæcological Society. Vol. II.
Aneurism of the Aorta treated by the Iodide of Potassium. By Byrom Bramwell, M.D.
Syllabus of Materia Medica. By Drs. Harvey and Davidson. London: Lewis.
The Water-cure: a Plea for Hydropathic Dispensaries. By R. Metcalfe, F.S.S.
Vaccination Pro and Con. By Dr. Wyld and Mr. Wheeler.
Fifth Annual Report of the London Temperance Hospital.
The Inter-Medical Note-Book. By a Practitioner.
The Westminster Review. Vol. CVII.
The Functions of the Anal Sphincters. By J. R. Chadwick, M.D.
Brain. Part II.

VACANCIES.

Braintree Union, Essex.—Medical Officer of Health. Salary, £35 per annum. Applications on or before August 10 to the Clerk of the Union.
Carlow Union, Ballickmoyle Dispensary.—Medical Officer. Salary, £120. Election, July 31.
Clayton Hospital, Wakefield.—Resident Surgeon. Salary, £120. Applications to the Hon. Sec. on or before August 12.
Devonport, Royal Albert Hospital.—Resident Medical Officer. Salary, £200, with board and apartments. Endorsed "Application for Appointment" to be sent to the Committee on or before August 2.
Kenmare Union, Tuosist Dispensary.—Medical Officer. Salary, £100. Election, August 8.
Narberth Union.—Medical Officer for No. 2 District. Salary, £35, with fees extra, and £10 additional as Health Officer. Applications to the Clerk of the Union.
Omagh Union, Omagh Dispensary.—Medical Officer. Salary, £100. Election, August 10.
West Riding Asylum, Wakefield.—Clinical Assistant. Board and residence, but no salary. Applications to Dr. Herbert Major, at the Asylum.

APPOINTMENTS.

BARKER, W. H., B.A., M.R.C.S.E., Junior Assistant Medical Officer to the Southamptonshire Lunatic Asylum, Knowle.
BOULSON, A. E., M.R.C.S.E., Medical Officer for the Horncastle District and the Workhouse of the Horncastle Union.
BOWES, W., M.R.C.S.E., Assistant Medical Officer to the Ipswich Lunatic Asylum.
BOYD, S. B., L.R.C.S.Ed., Medical Officer, &c., for the Ballymoney Dispensary District of the Ballymoney Union, co. Antrim.
FORSTER, F., L.R.C.S.I., L.R.C.P.Ed., Medical Officer, Medical Officer of Health, &c., for the Roadford Dispensary District of the Enniskymon Union, co. Clare.
HEARD, C. G., M.R.C.S.E., Medical Officer for the No. 3 District of the Bridlington Union, Yorkshire.
JACKMAN, W. T., M.R.C.S.E., Assistant Medical Officer to the Greenwich Union Infirmary.
MACDONALD, Mr. D. S., House Surgeon and Apothecary to the Northern Infirmary, Inverness.
MORTON, A. C., M.R.C.S.E., House Surgeon to the Great Yarmouth Hospital.
NEWTON, J., M.R.C.S.E., a District Surgeon to the Salford and Pendleton Royal Hospital and Dispensary, Manchester.
RUSSELL, W., M.B., C.M., House Physician to the Wolverhampton and Staffordshire Hospital.
RYGATE, B. R., M.B., Resident Accoucheur to the London Hospital.
TODD, J., M.R.C.S.E., Medical Officer for the No. 2 District of the Lunesdale Union, Staffordshire.

Births.

HAMERTON.—July 31, at Sutton-in-Ashfield, Notts, the wife of M. F. Hamerton, M.B., M.Ch., T.C.D., of a son.
PRESTON.—At Kilkeel, co. Down, the wife of Eyre Preston, M.D., of a daughter.

Deaths.

ASHTON.—On July 18, at Burscough, Ormskirk, Thomas M. Ashton, M.D., aged 66.
COLES.—On July 13, at Rayleigh, Essex, Richard Coles, M.R.C.S.E., aged 45.
DARTNELL.—On July 22, at Ardenville, Leamington, George Russell Dartnell, M.R.C.S.E., Inspector-General of Hospitals, aged 78.
DOWNEY.—On July 12, at Sileby, Leicestershire, Patrick Downey, L.R.C.S.I., aged 66.
DRIVER.—On July 11, at Cheltenham, William Edwin Driver, M.R.C.S., aged 69.
LANE.—On July 6, at Rockfort, Bandon, co. Cork, William Beamish Lane, L.R.C.P.L. aged 39.
LOWDER.—On July 20, at Ryde, Charles D'Oyley John Lowder, M.D., aged 73.
MILLAR.—On July 24, at Penrhos, Carnarvon, Charles Millar, M.D., aged 68.
SCOTT.—On July 6, at Lauriston Place, Edinburgh, Alexander Scott, Surgeon, aged 82.
STEEVES.—On July 17, drowned at sea, Howard Douglas Steeves, Surgeon, aged 28.
WEBSTER.—On July 20, at Camberwell, Henry Webster, M.R.C.S.E., late Surgeon, Madras Army, aged 46.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 7, 1878.

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Clinical Lectures.

ON INTRA-CRANIAL ABSCESS.

By S. MESSENGER BRADLEY, F.R.C.S.,

Surgeon to the Manchester Royal Infirmary, and Lecturer on Practical Surgery, Owen's College.

Gentlemen,—We have recently had two cases of intra-cranial abscess under observation, which I think are sufficiently instructive to form the material for a clinical lecture. Let me first draw your attention to the case of the man now present. He is, as you see, a fairly strong and healthy-looking man of about 45 years of age. Six years ago, he informs me, that he had a small tumour removed from the right side of the forehead, and believes that the bone was injured at the time. What he is quite sure about is that the scar never firmly healed, and after some months, matter began to exude in a small but continuous stream. This state of things has continued from then to now. At times the matter ceases to escape, and then his head begins to ache, relief always ensuing upon the re-opening of the abscess. Beyond the occasional pain, however, there never have been any symptoms whatever. His memory and all his psychical functions have remained undisturbed, his temper is unchanged, he has never suffered from convulsions or affections of special sense, or from any form of paralysis. On examination, I found that a probe led directly backwards through the small sinus in the skull for two inches and a half, apparently passing into the substance of the brain. The withdrawal of the probe was followed by a free discharge of matter. This matter was perfectly odourless, and under the microscope was found to be free from bacteria. A week after admission I exposed the outer cranial opening of the sinus, and applied a trephine around the margin. The button of bone removed measured half an-inch in thickness, and was very dense (sclerosed.) On withdrawing the piece of bone a large quantity of matter, estimated at about four ounces, escaped from the wound. This matter rose and fell synchronously with the systole and diastole of the heart, and as we subsequently demonstrated, and now show you, was remarkably affected by respiration, a deep inspiration causing a marked increase of brain pressure, and consequently a considerable overflow. The abscess cavity being washed out, we could see the dura mater beneath separated from the bone, and forming the posterior boundary of the pus cavity. The probe further showed that this separation extended for about 1½ inches round the opening in a circular manner. The man has suffered no inconvenience whatever from the operation; the cavity is washed out every morning with No. 40 solution of carbolic acid, and, as you see, the granulations are springing up from the bottom, and will ere long entirely obliterate and fill up this large hole. The headaches have quite ceased.

Now consider, gentlemen, the sequence of events in this interesting and instructive case. The operation six years ago was followed by ostitis, which in its turn led to a localised meningitis. No necrosis or pyæmic infection followed, as so often happens, but the pericranium was stripped off for a certain distance, and an abscess formed between the membranes of the brain and the skull cap. The French say "it is the unexpected which always happens," and truly here what did happen no one would have foretold, for the pus, according to its wont, making its way out, bores a channel, not in the line of least resistence, *i.e.*, towards and into the brain itself, but perforates the thickened sclerosed bone and escapes externally. Probably the absence of psychical disturbances in this case was due to the gradual way in which the brain underwent compression, allowing it to adapt its functions to its altered circumstances, or may be by permitting the opposite hemisphere to take on vicarious action. As a matter of collateral interest in this case, I would further draw your special attention to the circumstance that in spite of the long contact with the atmospheric air, the pus remained perfectly aseptic and free from bacteria.

Let me now, gentlemen, contrast this case with another

of cerebral abscess, which ran a very different course ; and having done so, I will say a few words as to the symptoms and prognosis of intra-cranial abscess generally.

About four months since a strong, healthy, young fellow, twenty years of age, was brought into the infirmary suffering from a compound fracture of the occipital bone, the result of a blow given in a street row. There was no depression of bone, and he informed me in strong Doric that "nowt ailt him." He certainly experienced little or no pain. The scalp wound soon healed, and contrary to orders, he left the hospital in about a week. He was brought back two or three days later by his friends, who stated that while at home he had had a fit. He was now somewhat lethargic and vacuous in manner, his temperature rose, his tongue was thickly coated, and his pupils were unequal. Encephalitis being diagnosed, a smart purge was administered, and cold was applied to the shaved head. He remained in much the same state for ten days; the temperature, generally normal in the morning, rose slightly towards evening. He had no pain, or sickness, or convulsions, but he became more and more lethargic, and died on the eleventh day following the onset of encephalitis, and the fifteenth after the injury. On *post-mortem* examination an abscess was found beneath the seat of fracture, deep in the substance of the occipital lobe, measuring one inch in diameter. The membranes above were quite healthy.

These cases sufficiently illustrate some general features of intra-cranial abscess to serve our purpose. First, as to the *causes* of the affection—in the first case a scratch with a knife, in the second a compound fracture of the skull acted as equally efficient agents—and so we find that all sorts of injuries, from the most trifling to the most severe, serve to set up suppurative inflammation within the skull. Next as to *locality:* the abscess in the first case was situated between the bones and the brain membranes ; in the second, deeply in the substance of the brain. Besides these situations the matter may form between the membranes and the brain, or within the cavity of the arachnoid, and may be placed either immediately beneath the site of original injury, or at any part of the encephalon, even being formed, by the action of *contre-coup*, at a spot directly opposite the one struck.

As to date of occurrence, this too, is subject to wide variation. There may be no perceptible interval between the receipt of injury and the onset of encephalitis ; or weeks, or even months, may elapse. As a rule, the quicker the advent, the acuter is the encephalitis, and the more rapidly fatal. Meningitis, again, ensues more quickly than cerebritis, which, indeed, is often very slow and insidious in making its attack. Next, gentlemen, let us speak of the *symptomatology.* The ordinary symptoms of pain and pyrexia "go without saying," though they both differ in different cases. Thus, the pain ranges from a dull trifling pain to acutest agony, and the pyrexia from a slight evening rise in the temperature to the highest note in the thermometric gamut. In the meningeal inflammation, as elsewhere, the symptoms are more acute, in the visceral more masked and obscure ; but it is rather to the special symptoms that I wish to invite attention. Now, in regard to the special symptoms, they will manifestly depend upon the locality of the abscess—in a word, we are entirely guided by our knowledge of the localisation of the cerebral functions in making our diagnosis of the position of an intra-cranial abscess. If situated along the course of the Sylvian fissure there will probably be some convulsion, or paralysis of certain muscles, or groups of muscles, of an arm or a leg ; if involving the anterior cerebral lobes, we should expect psychical manifestations—loss of memory, it may be—or some aberration of intellect, dementia, or phrensy ; if the third left frontal convolution be destroyed, aphasia would probably follow ; if the angular gyrus or the upper tempero-sphenoidal, or the hippocampal convolution were invaded the special senses of sight or hearing, or the common sensation of touch might be lost ; if the cerebellum be partially destroyed we should be aided in our diagnosis by a want of harmony in the muscular movements ; while the functions of organic life, of respiration, and circulation, would be interfered with were the medulla the seat of the abscess ; and, lastly, some mental disturbance, but not any paralytic affection, would probably attend invasion of the occipital lobes. By way of confirmation of this latter statement, I may adduce the case of a man who died from a large abscess in the occipital lobe, and whose chief symptom consisted in his getting out of bed, removing his shirt, and urinating in the middle of the ward ; yet this man answered questions coherently enough, and in all other respects seemed a staid, respectable fellow. There are cases, it is true, where symptoms do not accord with what is known of the localisation of the cerebral functions, but these may be understood without falsifying our present views. I once saw a case of complete destruction of the third left frontal convolution by a gummatous tumour, and yet there was no aphasia ; and, again, in the first case mentioned to-day, we have a large abscess pressing directly back upon the right cerebral hemisphere, and with a complete absence of any cerebral symptoms, but in both these cases the nervous pulp was slowly invaded, and either vicarious action was taken on by the opposite hemisphere, or the brain adapted itself to the pressure. Similarly, Goltz, in his celebrated experiments, produced a monoplegia, or a convulsion of certain muscles, by washing away certain parts of the brain, but after a time the functions of the brain were restored, and all went on as if nothing had happened. Such results, however, only follow when the abscess is slow in forming, and not often then ; when suppuration is rapid we may always expect pressure-effects, which as we have said, will directly depend upon the part of the brain pressed upon. (*a*)

Perhaps sufficient has been said to show how doubtful in many cases our diagnosis must be, and hence our *treatment* must often, indeed, generally can only be, of a tentative nature. Of course, if we have undoubted evidence of pus, as we had in the first case, then, no matter where it be situated, our duty is to evacuate it, but it does not often happen that we have sufficient evidence to enable us to positively diagnose its presence. We can, in fact, only get as far as the encephalitis.

Think again, for a moment, of our first case ; had there not been the sinus the only symptom we should have had would have been headache — persistent headache for six years—hardly enough to warrant us in trephining a man's skull ; yet nothing short of this would have cured his cephalalgia.

If, following an injury, the periosteum leaves the injured skull and forms a puffy tumour (Pott's puffy tumour) ; if we have, along with this, a rigor, or rigors ; if we have much pyrexia, and if the symptoms remain at a certain point without much change, we should have enough to guide us in diagnosing pus, in warranting us in trephining the skull, and in laying open the membranes, or if the pus were not there, in incising the brain itself ; but these "ifs" are uncommon, and not often associated. So long, then, as the diagnosis of intra-cranial abscess remains obscure, so long must treatment be uncertain, but when once we are able to satisfy ourselves that pus is present within the skull, no matter where the symptoms lead us to infer its location, we should trephine, and seek to evacuate the matter, certain, as we must be, that no other treatment can possibly succeed, and knowing that this may very probably save the patient's life.

(*a*) The phenomena attending embolism graphically illustrate the effects of *sudden* interference with the nourishment of the brain. Thus an embolus blocks the left middle cerebral artery, and aphasia, facial palsy, and rigid hemiplegia ensues—though but a passing giddiness perhaps follows the ligature of the left common carotid artery. In the former case the collateral circulation is weak, only taking place over the brain cortex, and the effect proportionately severe. In the latter, the free anastomosis at the base of the brain saves the organ from all consequences.

Original Communications.

ON THE PHYSIOLOGICAL ACTION OF THE BARK OF ERYTHROPHLEUM GUINENSE, GENERALLY CALLED CASCA, CASSA, OR SASSY BARK.

By T. LAUDER BRUNTON, M.D., F.R.S.; and WALTER PYE, Esq.

(*Continued from page* 81.)

General Action on Birds.

Birds are affected very readily by the poison, and the symptoms produced in them are similar to those observed in mammals. This will be seen by the results of the following experiment.

Experiment V.—A full-grown pigeon had nearly 1 cub. centim. of the solution injected beneath the wing. In ten minutes a quivering motion of the wings was noticed; in a quarter of an hour its wings were puffed out, its gait was staggering; twenty-four minutes after injection it began to vomit. This was repeated four minutes afterwards more violently, and several times subsequently. Forty minutes after the injection it was unable to stand; and from that time to its death, one hour and thirty-five minutes after injection, it lay flat on the table, occasionally attempting to vomit unsuccessfully. For the last forty minutes its respirations were hardly visible, but it moved when roused. Violent expiratory movements came on just before the respiration finally ceased.

General Action on Fishes and Frogs.

In fishes and frogs there is but slight susceptibility to the poison, and the effects produced by it are similar in the two classes. The most obvious general symptoms are muscular paralysis and cessation of respiration, preceded by spasmodic movements. It will be seen later, however (Experiment XVIII.), that the particular action of the heart is well shown in frogs.

Experiment VI. February 21.—One-third of a cub. centim. of the solution was injected beneath the skin of a medium-sized frog. In two minutes slight tonic contraction of the limbs was observed; in four minutes it was jumping rather actively, but fell over on its back; in twelve minutes the respiratory movements had become almost imperceptible; and from this time the reflex movements of the limbs on irritation gradually got weaker and weaker, and finally ceased thirty-three minutes after the injection. After death the ventricle was found firmly contracted, the auricles and venous trunks engorged.

Experiment VII. February 21.—Experiment VI. was repeated with double the dose. The frog was slightly larger than the one first used; but reflex action ceased within a few seconds of the same time after injection. The general effects were almost the same as in Experiment VI., save that five minutes before reflex movements ceased there were four spasmodic inspirations.

Experiment VIII. April 18.—The effect on fishes was tried. First, 55 cub. centims. of a $\frac{1}{100}$ watery solution of casca were added to three litres of water in which a gold-fish weighing three ounces was swimming. At the end of three hours no effect was produced on the fish. 1·3 cub. centim. of the alcoholic solution were then injected into the side of the fish, a little in front of the tail. In five minutes it began to roll from side to side; the respirations were catching. For the next ten minutes it lay chiefly on its side, occasionally swimming about actively. At the end of twenty-five minutes it appeared to have nearly recovered itself, and one cub. centim. more of the alcoholic solution was injected. In three minutes from this time it lay completely over on its side, having spasmodic twitchings of its fins; in five minutes the respirations again became rapid and gasping; in ten minutes the reflex movements were very weak, but respiration and reflex action did not cease before thirty minutes after the second injection.

General Action on Invertebrata.

The drug exerts very little, if any, poisonous action on the invertebrata.

Effect on the Development of Bacteria. Experiment XIII.—This experiment, which was repeated on two other occasions, shows that a weak solution of the alcoholic extract possesses the power of hindering the formation of bacteria, a property not shown by the watery extract, as is shown in Experiment XIV. This difference in the properties of the two extracts does not show itself in the general action of the drug on animals; but the power of the alcoholic extract to prevent the development of bacteria, while it is without action on them after their development, is interesting, as substantiating the results of Buchholz's experiments on the subject with other drugs. (*a*)

Three pieces of fresh muscular tissue were placed in bottles on March 22nd. The first contained a watery solution of the alcoholic extract of casca, the second a one two-hundredth solution of sulphate of quinine, and the third distilled water. On March the 29th the bottles were opened; and while the bottle containing water was very offensive, and the water was crowded with bacteria, neither the quinine nor casca solutions contained any bacteria at all.

The bottle containing the casca solution was again examined on May 14th, and was found, as before, quite free from bacteria. Long before this a thick crust of *Penicillium* had formed on its surface.

Experiment XIV.—A piece of fresh cat's liver was placed in a solution of casca of the same strength as that used in the preceding experiment; but the watery extract was used instead of the alcoholic. At the end of two days the liquid was found to be crowded with bacteria.

This experiment was afterwards repeated with muscular and other tissues with the same result.

Effect on the Life of Bacteria—The effect of the drug on the life of bacteria when developed was tried in Experiment No. XV. For this purpose an infusion of hay was made, and found to contain many rod-shaped bacteria. To a drop of this infusion a drop of one-twentieth solution of both the alcoholic and the watery extracts of casca was added at different times, and the movements of the bacterians carefully watched under the microscope. They did not, however, seem in any way affected by the addition.

For the sake of comparison a one-hundredth solution of quinia sulphate was added to the hay infusion. The bacterian movements were found to be instantly stopped.

Effect on Red and White Blood-corpuscles.—In Experiment XVI. the action on the red and colourless blood-corpuscles of the newt was investigated. The effects produced by the addition of dilute solution of casca to the blood were cessation of amœboid movements and rounding of the white corpuscles, with an irregular shrinking of the nucleus, and general crenation of the red ones. These effects were probably due to the action of the tannic acid contained in the extract.

Action on the Digestive System.

One of the most prominent symptoms of poisoning by casca is the violent vomiting which it produces; and, as has already been noticed, its occasional purgative action is used as a test of innocence or guilt. The emetic or purgative action is supposed by some to depend on the administration of a pure infusion, or of one containing the drugs in suspension, and innocence or guilt are thus supposed to be practically decided by the priests, who have it in their power to administer either one or the other to the accused.

In order to test this, an infusion was given to one cat, B (Experiment XXI.), and an infusion containing a quantity of powder to another. The latter, however, contrary to expectation, recovered, whereas the former died. The experiment, however, was vitiated by the fact that the infusion was made from the finely pulverised bark, the only kind we had at our disposal at the time, and consequently

(*a*) Archiv f. exper. Pathologie u. Pharmakologie, iv. p. 1.

contained a quantity of it in suspension, which would not have been the case if the infusion had been made from a coarsely pounded bark.

In order to ascertain whether the vomiting and purging were due to the local action of the drug on the stomach and intestines, or to its action on the nervous system after its absorption into the blood, a comparison was made between the effects of the poison when introduced into the stomach and when injected under the skin. Our experiments show that whereas vomiting was invariably produced by the casca in whatever manner introduced into the system, purging only occurred when the poison was given by the mouth, and was never observed after subcutaneous injection. The purgative action is therefore due to the local action of the drug on the intestines.

The following is a brief account of two experiments we made in investigating the action of the drug when injected into the stomach.

Experiment XXI.A. May 10.—Ten cub. centims. of an infusion of the watery extract of the bark, with the dregs which were deposited when the infusion cooled, were injected into the stomach of a large cat. It appeared quite well for forty minutes, and then vomited. Within the next two hours and a half it vomited five times. A little more than five hours after the exhibition of the drug it passed some solid fæces with great forcing, and from that time recovered.

Experiment XXI.B. May 10.—Ten and a half cub. centims. of a cold aqueous infusion of the pounded bark, containing numerous fine particles in suspension, were injected into the stomach of a small ill-nourished cat. Vomiting came on thirty-five minutes afterwards, and free purging an hour and a half after the injection. During the rest of that day and on the next it was very feeble, but showed no special symptoms, and it died quietly on the morning of May 12.

In order to ascertain whether the vomiting was due to the action of the drug upon the sensory nerves in the stomach itself, after it had been conveyed to that organ by the circulation, or to its action upon the nervous centre in the medulla oblongata regulating the movements of vomiting, the vagi were cut, and the chief sensory nerves of the stomach thus divided, before administering the poison. By this procedure the retching and vomiting were either completely prevented or very greatly diminished, the dyspnœa rendering it rather difficult to decide in some cases whether some convulsive movements were due to it or were movements of retching. The vomiting is therefore chiefly, and in all probability entirely, due to the action of the drug on the sensory nerves of the stomach itself, as the retching, if indeed really present, might be due to irritation conveyed to the medulla through the splanchnics after the vagi had been divided.

Action of Casca on Respiration.

Powdered casca, when inhaled, acts as a violent sternutatory. All the men employed by us in grinding or pounding the bark suffered severely from the violent and irresistible fits of sneezing which attacked them; and in one instance these were accompanied by great faintness and tendency to syncope.

When injected into the circulation casca greatly accelerates the respirations (Experiments I., II., XXXIV.).

This acceleration appears to be due to stimulation of the pulmonary branches of the vagus, and not to any action of the drug upon the respiratory centre, as no acceleration is noticed when the vagi are divided before the injection of the casca (Experiments XXIII. and XXIV.).

Action of Casca on Circulation.

Experiment XXVII. *Preliminary Experiments on Frog's Heart.*—A watery solution of the alcoholic extract and a standard salt solution were prepared; the hearts of two frogs of about the same size were then removed, and placed for a minute or two in ·75 per cent. salt solution. When they had recovered from the shock of removal, and were beating regularly, one was placed in the casca solution, the other in the salt one. At the commencement of the experiment the heart, A, placed in salt solution was beating at the rate of 6 per 10 seconds; the heart, B, in casca at the rate of 75. Both hearts became weaker and their pulsations slower; at the end of 50 minutes the heart in casca stopped entirely, that in salt solution pulsated feebly at the rate of 3 per 10 seconds. In 15 seconds more it stopped.

In Experiment XXVIII. we repeated the foregoing experiment with a much stronger casca solution. The hearts at the commencement of the experiment were beating at the rate of 4 per 10 seconds. At the end of 30 minutes the heart, B, in casca, which had previously got very slow and weak, stopped, while the standard heart, A, was still beating strongly and regularly at the rate of 4 per 10 seconds.

Experiment XXIX.—The heart of a frog whose cerebrum had been destroyed was exposed. Pulse 72 before injection.

h m
11 40. Injected 2 cub. centims. alcoholic solution beneath skin of back.
11 50. Pulse 60; regular.
12 2. Pulse 48.
12 10. Pulse 60. Clonic convulsions.
12 15. Ventricle stopped in systole, firmly contracted in its greater part, with a pouch-like dilatation of a small portion. Auricles still contracting.
12 27. Ventricle firmly contracted. Still partial contraction of auricles. Respiration and slight convulsive movements continue.
12 50. Removed from frog-board. The ventricle is not so firmly contracted. Still respiring and occasionally convulsed.
1 0 P.M. Ventricle relaxed. Slight movements of it have recommenced. 1·4 cubic centim. alcoholic solution again injected.
1 7. Ventricle again firmly contracted. No respiration. Slight reflex movement.
1 30. Died with heart in same condition.

Experiment XXX. May 10.– The heart of a frog was exposed, and a little extract of casca placed on in. Pulse 34 per minute.

It had no apparent action.

A watery solution of casca was then poured into the thorax. The pulse became slower,=24 per minute.

The ventricle then expanded irregularly; the diastole at the base being later than that at the apex.

Then the distention became imperfect, the ventricle seeming wrinkled.

The heart then stopped in systole, having two pin-point dilated pouches on it.

These experiments show that a very weak solution of casca applied to a frog's heart, when removed from the body, slows its pulsations, while, after the application of a stronger solution, the pulsations become slow, then the systolic contraction ceases to take place instantaneously over the whole surface of the ventricle; lastly the heart stands still in systole.

When the heart of a frog is exposed, but not removed from the body, and a solution of casca is injected beneath the skin, the heart's action is slowed, and is eventually stopped in systole; previous to its stopping, however, pouch-like dilatations are formed; in this respect the action of casca is similar to that of digitalis and other cardiac poisons.

Experiment XXXI. April 27.—A cat was chloroformed; a canula placed in the left jugular vein and one in the trachea. Artificial respiration was commenced, and the thorax was opened. The heart was beating regularly, but it was difficult to count the pulsations. They were counted by one person as 90, by another as 180.

10 cub. centims. of a saturated watery solution of

watery extract of casca were injected into the jugular vein. No apparent effect was produced.

7 cub. centims. more were injected in the course of a few minutes. Within about a minute of the last injection the ventricle no longer contracted as a whole, but became pouched, the upper half seeming to overlap the under half so as to produce a transverse fold.

A few seconds afterwards, the lungs, which had hitherto been rosy, became white, and almost immediately the motions of all cavities of the heart completely ceased. On irritation of the ventricle no movement occurred.

Both vagi were divided, but without effect on the heart.

It was noticed that the rosy colour of the lungs returned, although the heart did not again beat. No pulsations were noticed in the pulmonary vessels. The heart was perfectly firm, and seemed to be in systole; but on tying a ligature round the base so as to include the large vessels, it contracted to about one third of its former size.

The action of casca on the mammalian heart is seen from this experiment to be similar to its action on the heart of the frog.

Action on Secretion of Urine.

The action of the drug on the secretion of urine is seen to be very marked and characteristic, and the dependence of the secretion on the blood-pressure is well shown.

Thus the average rate of urine secreted before administration of casca being 5 minims in 10 minutes, an increase of 50 millims. in the blood-pressure caused by the drug brought the rate of secretion of urine up to 25 minims. When the action of the drug was further pushed there was first decrease and then total suppression of urine, the blood-pressure at the time of suppression being 200 millims. of mercury.

Subsequently as the blood-pressure fell the secretion of urine recommenced.

The physiological explanation of these successive phenomena appears to be that the primary increase of blood-pressure produces arterial fluxion to the kidney; but that if the action of the drug is pushed, the renal vessels become contracted so as to prevent the blood reaching the kidneys, notwithstanding the high pressure in the arterial system. It is worth notice that the urine collected after the secretion had recommenced did not contain albumen.

In this respect the result of this experiment differs from those obtained by Mr. Power and one of us in our experiments on the action of digitalis; it coincides, however, with those experiments in its general results.

Action on the Pupil and Lacrymal Gland.

In order to see if the drug exerted any local action on either of these organs, we placed some drops of strong watery solution of casca in the eye of a cat, but with purely negative results.

Effects on the Nervous System.

The drug seems to have no effect upon the nervous system.

CURVATURES OF THE SPINE TREATED BY SUSPENSION AND THE PLASTER OF PARIS JACKET.

By LAMBERT H. ORMSBY, M.D., F.R.C.S.,

Surgeon to the Meath Hospital and co. Dublin Infirmary, and to the National Orthopædic Hospital of Ireland.

(*Continued from page 58.*)

Having given a brief *resumé* of this mode of treatment in the first part of this paper, I shall now consider:—

1. *Cases where the treatment was eminently useful.*

Those who are at all conversant with spinal curvature will find that the two common varieties are: 1. Pott's angular curvature. 2. Lateral or rotatory lateral curvature; the varieties anterior and posterior occurring in a few isolated cases. From this I may fairly state that the majority of curvatures we will be called on to treat will be either lateral or Pott's.

In the early stages of either form I believe the method by suspension is an excellent plan of treatment, this suspension to be practised every day for five or ten minutes under the careful supervision of the attending surgeon. In both cases the super-incumbent weight of the head and shoulders is thus taken off the spine, the weight of the lower limbs tends to keep the body perfectly erect and extended, and this practice continued every day for some weeks tends to strengthen and bring into action the debilitated spinal muscles. In this way, after some little time, a gradual improvement will be apparent to the surgeon and friends, as well as to the patients themselves who will frequently inform you they are much stronger and able to undergo fatigue much better.

I am greatly in favour at the present time of this form of exercise, viz., suspension alone, without having recourse to the plaster jacket. The former plan can easily be practised in the private study of the medical attendant; the treatment may appear long and tedious, but in a number of cases I have treated in my study by this method in cases of lateral curvature, I can truthfully say the improvement was most marked, which I doubt very much any other treatment would effect in the same given time. When patients live at a distance and do not find it convenient to visit me so constantly after they have practised some time under my supervision, I recommend them to get the block and pulley, with the cervical collar and arm straps complete, fixed to a hook in the ceiling at their own homes, in order that they may practise self-suspension themselves. In slight cases of lateral and angular distortion, seen plainly when the patient stands on the ground, on suspension the curvature completely disappears; this will be quite apparent to anyone trying the experiment.

And if I am not greatly mistaken, the value of this treatment is mainly due to suspension, and not to the plaster of Paris, which has its disadvantages, as before mentioned. However, I am ready to admit that in lateral curvature the immovable plaster of Paris corset prevents the distortion resuming its abnormal position when the patient ceases to be suspended. Patients in summer weather complain of the heat, and the uncleanly habits it induces. If the surgeon had time in hospital practice, I think the jacket ought to be removed, and immediately re-applied after a good ablution of the back and chest at the end of every three weeks, so as to ensure moderate success in the treatment. The following case is a good example of the first class:—

Miss A., æt. 13, a young lady, residing in the north of Ireland (kindly sent to me by my friend and colleague Mr. Porter) suffering from right lateral curvature.

History.—The mother states that the girl was always healthy till some three years ago, when she got a fall, and she noticed one shoulder getting gradually raised (left), and the other gradually depressed, and by degrees the deformity appeared to be getting worse.

On examination of the spine I found a lateral curvature commencing from about the first dorsal and ending about tenth dorsal vertebra, the convexity looking to right shoulder, the concavity to the raised left shoulder. Two compensatory or secondary curvatures were apparent, one above, and the other below the great curve. I may mention here, that the examination of the spine whether, male or female, should be conducted in the most careful manner, and that all garments should be removed. A Catholic clergyman, suffering from slight lateral curvature, consulted me a short time ago, and informed me that he had been previously examined, with his coat and waistcoat on, by a leading surgeon, who, it is needless to say, failed to find any distortion, although it was quite apparent when the coat and shirt were removed. On detecting lateral curvature in this young lady, I suggested the suspension plan for a month, at the end of that time I

applied a plaster of Paris jacket, and two days afterwards I applied the suspension again with the jacket on, and I kept on doing this three times a week, for ten minutes each time, for a month; I then removed the plaster jacket and put on another, keeping it on for the same time. At the end of the fifth jacket, the treatment having continued for the space of five months, the young lady was allowed to return home, the improvement was nearly complete, the shoulders were perfectly even, and without very great observation it would be difficult to notice that anything had been ever wrong with her spine. The foregoing is a typical case of a number I have treated like this in hospital practice.

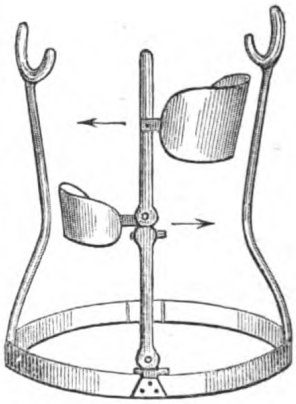
2. *Cases where the Treatment was partially useful.*—Such a result in patients suffering from more advanced spinal curvature is all that we can expect to obtain in the majority of cases, and even this is something, for many persons merely come for treatment, not that they expect complete cure, as they say, but to prevent the deformity getting worse. The following case is typical of this class:—

Miss M., æt. 17, a young lady, residing in the co. Dublin (kindly sent to me by my friend Dr. W. J. Hepburn), suffering from Pott's angular curvature, which had been coming on since the young lady was four years old, and which was supposed by the parents to have been the result of a fall. Treatment (which consisted in the wearing of leather corsets) was immediately adopted at the time, and carried out more or less up to the beginning of this year. When I saw her for the first time, she appeared very stunted in growth, complained of great difficulty of breathing, chest very prominent, or what is termed *pigeon-breasted*. The curvature extended from the first dorsal to about the fourth lumbar vertebra, the most prominent point being about the spine of the sixth dorsal vertebra, which represented a very good example of the angularity that exists in an extreme case of Pott's curvature. The girl's health was not the best, she said she had not energy for the slightest exertion. She never had psoas abscess. Head and neck appeared buried in the thorax, and the chin rested on the upper part of the sternum, the dorsal muscles at each side of spine were flabby and ill-developed. Such was the state of the young lady when I began treatment. She visited me three times a week, and I placed her in the suspension apparatus (which had been erected in my study for the convenience of patients) for five to ten minutes on each occasion. At first she complained of the strain, but afterwards became accustomed to it, and could endure being suspended for a much longer period. After carrying out this practice for about three months, I then decided to put her up in the plaster of Paris jacket, which I did on one Saturday. However, on the following Monday she returned to me, complaining of great uneasiness, and said she would not wear the case another hour. I therefore had to remove it, and it perhaps was as well I did, for even in so short a time there was evidence of great pressure on the prominent bony points, which would have formed extensive pressure sores in the course of a very few hours. She would not allow another plaster of Paris jacket to be applied, and said she would be quite satisfied with the suspension alone. This line of treatment was accordingly continued for three months more, and the young lady's condition improved very much in the time, the dorsal muscles developed, she could hold herself up much better, the chin could be kept raised from off the sternum, and she could take long walks, which she could not do for years. In a letter I received from her mother some weeks ago, the following observation occurs: "The improvement is so great that it has quite exceeded our expectations." I recommended her to continue the suspension, as she purchased Sayre's tripod and apparatus, in order to carry out daily the plan of treatment at her own home.

3. *Cases where the Treatment was useless.*—I have, as a matter of course, met with many cases where I have been obliged after a certain time to give up this treatment—sometimes because I found no improvement whatever, and on other occasions because I found the exercise and strain of suspension had a tendency to produce active disease, or else to set up active inflammation afresh in the bodies of vertebræ previously diseased. In cases where there is actual disease going on in the bodies of the vertebræ I would consider this treatment highly inadmissible. Also in cases of psoas abscess the treatment would not be useful. When the patient has reached 25 or 30 one could hardly expect a great improvement, for in most cases we find the disease commences as a low form of inflammation affecting the anterior portion of the bodies of a number of vertebræ and contiguous inter-vertebral substances, the bodies are softened, and break down anteriorly, causing the spines to divaricate posteriorly, and in so doing produce the angularity. The disease at this stage may advance, and is soon followed by psoas or lumbar abscess, which opens and discharges, and the patient finally sinks with hectic fever and exhaustion. In other cases, however, the disease may have been very active, and, perhaps, has reached a considerable extent, when it suddenly subsides, bony fusion of the bodies occurs, all irritation ceases, and a spontaneous cure takes place as regards the irritation and inflammation, but the patient is subject to angular curvature for the rest of his life. To meddle with this kind of case, I think, would be bad practice. However, you will be asked, What are you to do in such a case? The patient is getting worse. To prevent this I would then recommend a proper mechanical spinal support.

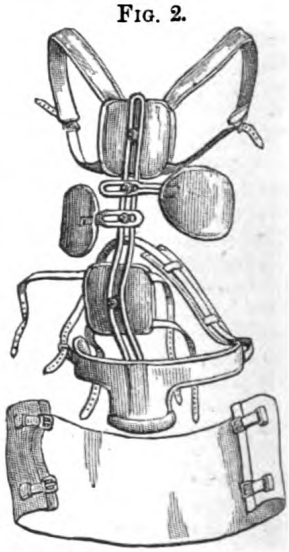
The following case is a good example of cases where I have found the plaster of Paris jacket useless. Charles M——, æt. 10, living in Dublin (kindly sent to me by my friend and colleague Mr. Smyly). This boy was suffering from extreme angular curvature of very long standing, resulting, as the parents said, from a fall down stairs. I placed him in the suspension apparatus, which he bore badly at first. I, however, put five plaster of Paris jackets on, keeping each on for five weeks, and at the end of six months I could not see any improvement in the case. I therefore decided not to apply that line of treatment any longer, and I recommended a spinal support—not that I looked for a cure, but merely to prevent the boy getting worse. Now, as regards the spinal supports in use, I find that few clearly understand the form, the time, and the mode of application of such supports, leaving the matter in

Fig. 1.



Spinal Support with Crutch Handles.

Fig. 2.



Spinal Support, correct in principle, used by Author.

detail to instrument makers. Fig. 1 depicts the ordinary support in general use, with crutch handles, &c., in which no provision is made for the gradual improvement, or the development, it may be, in a growing child. The crutch handles have a tendency to raise the shoulders up, cause the chest to fall in, and thereby induce further debility.

The principle and application of this form of support is, in my opinion, perfectly erroneous. If supports must be worn, Fig. 2 represents the proper form, which is adapted for the lateral or angular form of curvature. The plates are made to slide, and there are no crutch handles attached; the shoulders are therefore free, and by their weight are drawn downwards and backwards; the chest, by this means, has a better chance of improving its form; the two lateral supports also slide in two directions. It is easily applied, and is not at all irksome to the patient; the band is buckled round the body, and keeps the whole appliance in perfect apposition. This apparatus costs from £2 15s. to £3.

Mr. Chance, of the City Orthopædic Hospital, Hatton Garden, London, is strongly in favour of this form of support, which can be adapted, with slight modifications, to all varieties of curvature, and, in his extensive practice, he finds far better effects resulting from its use than from any other kind of support, besides giving ease and comfort to the wearer.

HYDROPATHY.

By E. MARLETT BODDY, F.R.C.S., F.S.S., Etc.

(*Continued from page* 82.)

In cases of nervous irritability, nervous debility, paralysis-agitans, locomotor-ataxia, paraplegia, hemiplegia, and other diseases devolving upon some lesion of the spinal cord or brain, hydropathy offers many great and peculiar advantages; for cold water applications to the head and back does much in delaying the advances of nervous diseases, and they counteract the disorganisation which is gradually undermining the functions of the spinal cord. As an adjunct to this mode of treatment, the application of one of Pulvermacher's chain-bands is of great efficacy, for both seem to stimulate, when so combined, to a greater degree than when resorted to separately, and especially when persevered in.

I shall not enumerate *ad seriatim* the many varieties of nervous complaints (I shall leave that to the "cymini sectores"), for they are all of the most obscure nature, and as a rule arise from some lesion of the nervous system very difficult to diagnose, very difficult to treat, and very unsatisfactory in the end; for such patients seldom recover, being altogether unamenable to treatment; the only method which seems to keep in check all nervous complaints is cold applications to the spine, and galvanising the same, and even then the chances of cure are very remote and uncertain.

In spinal meningitis there is more likelihood of a successful termination of the case from hydropathic treatment than from any other method, but all lesions of the spinal cord, whether produced by injury or are the result of disease, are unhappily remediless. These remarks will also apply to that disease popularly called the "spinal complaint," but which more often than otherwise depends upon some weakness of the vertebræ, or the ligaments which hold the vertebral column together, rather than upon any disorganisation of the spinal cord. Complete rest of the back, combined with frequent applications of cold to the same, is the only treatment which is of any benefit.

In some cases, applying a cold wet rough cloth after it has been well wrung out, and rubbing with a steady friction up and down the back as long as the patient is able to bear it, will do much towards imparting an increased vitality to this important part of the human frame.

I shall now proceed to discuss the superior advantages we derive from cold water in certain diseases and injuries to the eye, and its unrivalled antiphlogistic properties in wounds, whether incised, punctured, contused, or lacerated.

I do not intend to contrast the merits of cold water with other agents which are considered to be equally antiphlogistic in their operations, but merely to confine myself to some general practical observations, and which are thoroughly based upon my own experience; and I shall endeavour to be as concise and succinct as is consistent with the importance of my subject; neither do I intend to assert that the cold water treatment of wounds is equal, or superior to the antiseptic method; for who can essay to destroy those germs which are disseminated so widely and rapidly about us? Vain is the hand of man against such minute destruetive organisms, for if they are floating unrestrainedly in the atmosphere, ready without the slightest warning to scatter the seeds of disease and death broadcast, so must they be present in a fluid absolutely necessary to life; and if so, then is the hydropathic treatment of disease both medically and surgically a complete fallacy, then the ingestion of cold water even in health is fraught with manifold dangers, and we drink the germs of disease, laying up for ourselves some future calamity, and which may at any moment stretch us on the bed of sickness—of such fatality are the germs of disease; when they will cease developing it is difficult to say.

The diseases and injuries to the eye to which I shall now advert will be those which are commonly met with; those requiring operative treatment do not come within the range of my subject.

The only functional disorders of the eye amenable to hydropathic treatment are those appertaining to the retina and optic nerve, necessarily excluding those obscure lesions observable by the ophthalmoscope, for any organic disease of the retina is not very easily overcome, and if any disorganisation is going on in that part of the eye it generally ends in vision becoming permanently impaired. When the retina is strained through excessive use, or from looking at minute objects, or when it is secondarily affected through some functional disturbance of the brain, we may with great advantage advise the patient to keep the head as cool as he can, and to apply cold water to it every morning, and as many times during the day as possible, and at the same time to put his face into a basin of cold water, and to open and shut his eyes in it; this will cause him some discomfort at first, but as the eyes gain strength by becoming inured to it, he will be able to do so with greater facility, and finally he will find it of such benefit that he will not willingly refrain from it.

Why are cold applications to the head and front part of the eye so beneficial when the disease, or rather the weakness, is situated at the back part of that organ? The reasons are obvious and easily comprehensible, if we take into consideration what I have previously stated regarding the condition of the brain when any lesion is there present; the arteria centralis retinæ is over-dilated, in order to supply blood to the retina, and the accompanying vein is congested, consequent upon its weakened condition; this state of the retina is caused by its increase of work, and if this morbid condition lasts too long, the sight gradually decays. In order therefore to counteract this over dilatation of the blood-vessels we apply cold to the head and eyes, so that we may promote their constriction and strengthen the already weakened retina; the patientat the same time must abstain from using his eyes, sit with his back to the light, never sit under gas, and avoid gazing at near objects, and never have the glare of a lamp in front of him.

In any injury of the eye-ball or eye-lids, hydropathy is by far the best treatment to pursue, for it tends to keep down the inflammation which is always produced by an injury, and it also accelerates the absorption of blood should any hæmorrhage take place in the anterior and posterior chambers of the eye; extreme quiet, of course, should be imposed, for any movement of the eye-ball or of its appendages retards recovery. The eye should be closed, and a cold wet rag constantly applied. By this simple method of treatment the organ has a greater chance of recuperating itself and overcoming the effects of the wound. For inflammation arising from injury, the treatment most efficacious is the application of cold; bu in inflammation which is the result of disease, hot appli

cations are advisable, and in all wounds and diseases of the eye this is a method of treatment which may be thoroughly depended on.

The following hydropathic cure of a severe wound of the eye is unique, not only regarding the peculiarity of the injury, but the surprising rapidity with which the organ regained its power of vision. A middle-aged woman on suddenly getting out of bed came into violent contact with the gas burner, which projected at right angles from the pipe which hung from the centre of the ceiling, causing it to penetrate the external canthus of the right eye with great force, so that she was with some difficulty extricated from her painful and perilous position. On seeing the woman two days after the accident, I found her in a high state of fever, and complaining of an excruciating pain in both eyes, and especially in the injured one. On removing the hot poultice I found the eye-lids of both eyes tremendously swollen, red, and exquisitely tender, the right much more so than the left, and from which was oozing some thick viscid pus streaked with blood, somewhat similar to what we see in a bad case of purulent ophthalmia, the whole face being at the same time swollen and covered with an erysipelatous blush.

I at once forbad the application of hot poultices, and immediately soaked a handkerchief in cold water and laid it across the forehead and eyelids, and ordered her to keep it constantly applied; my injunctions were strictly carried out—for this simple reason, the woman soon found that cold water gave her more relief than the hot poultices, &c.

At the end of three weeks all the inflammation had disappeared, the eyelids resumed their normal size, matter ceased to ooze from the injured eye, there was no pain in either organ, and the woman was able to open both eyes with comparative ease when the room was a little darkened, and her sight was unimpaired.

On making an examination of the injured organ I found that the sclerotic had been much bruised and was very painful on pressure, and there was a slight cloudiness on the outer edge of the cornea, but it did not interfere with vision; the movement of the eye-ball was complete, showing that the external rectus and the external oblique muscles were fortunately uninjured. The eye of course was weak, and tears would fall plentifully if it was exposed to a sudden glare of light.

This simple treatment, considering the peculiarity and severity of the injury, and the great importance of the organ injured, combined with its extreme delicacy of structure, would have been regarded by a great many as altogether inadequate to the exigencies of the case, and even if adopted would most likely not have been persevered in, especially when pus had once made its appearance; but it shows what can be achieved by cold water, how, even when pus has formed, its application tends to prevent an increase, and with what celerity a dangerous injury to an important organ can be cured, when such treatment is carried out to the letter.

In epiphora (overflow of tears), when it does not depend upon a blocking up of the lachrymal sac or duct, the same treatment is equally advantageous.

In ptosis (dropping of the eyelid), when not arising from syphilis, cold applications are beneficial, but when once the eyelid is so affected it is generally permanent, for it points to some severe lesion of the brain and indicates mischief of a serious nature.

In weakness of the eye depending upon scrofula, we must altogether dispense with cold water, and use hot applications instead. I mention this in order to show that scrofula, when it shows itself in this most important organ, must be treated differently than when it shows its disfiguring features in other parts; but then, in this semi-diseased state of the constitution, judicious medical treatment combined with nourishing diet is what is really necessary.

Strabismus (squinting) is also benefited by opening and shutting the eyes in cold water, for it tends to strengthen the muscles. This treatment is most advantageous when the disfigurement is slight; however, it is good in all cases of weakness of this organ and its various appendages, when unaccompanied by any external irritation.

There are other diseases of the eye, of which my readers are doubtless aware, beside those mentioned above, but I have only enumerated those morbid conditions which are amenable to hydropathic treatment.

I must here make a few remarks upon epistaxis (bleeding from the nose), which so often occurs to young and old alike. In the majority of cases it is a natural relief of the vessels of the brain, and when such is its origin, it is to be considered beneficial rather than otherwise, for it often saves the person from a fit of apoplexy, and, consequently, it should only be stopped when the bleeding is in excess, which only occurs when there is any lesion of the heart or lungs. Cold water to the head, or ice to the bridge of the nose, is generally sufficient to stop the hæmorrhage when it is in excess; if this fails, which is very seldom, plugging the anterior and posterior nares with lint soaked in strong perchloride of iron is sufficient for the purpose.

In this treatise I have purposely avoided all reference to those hydropathic extravagances and absurdities, such as wrapping the patient in a cold wet sheet, putting the feet into cold water, &c., which have done so much to prejudice the minds of many against the cold water treatment, so that they have regarded it as an unpractical theory, and have accordingly given it an indifferent and partial consideration; but I think I have clearly demonstrated to all unprejudiced minds, that apart from its multigenerousabuses, which have disfigured and deformed its extreme simplicity, that cold water is a thoroughly reliable agent in the treatment of disease.

I have also abstained from indulging in "all precarious *conjecture*" and "hypothesis dressed up in the form of *certainty* and *demonstration*," for there is not the slightest doubt but that "there will not be any great and considerable advances made in the art of healing till all hypothesis and mechanical reasoning is out of vogue, and till men are come about again to the ancient method of pure experiment and the common obvious reasoning entirely from thence."

Special Correspondence.

THE INTERNATIONAL CONGRESS OF HYGIENE.

[From our Special Correspondent].

Paris,
Aug. 2nd, 1878.

The Congress was inaugurated on the 1st by M. Teisserenc de Bort, Minister of Agriculture and Commerce, in the grand hall of the Trocadéro Palace. The room was crowded by the home and foreign associates. On the right of the Minister M. Bouchardat, Hon. President of the Congress; and on the left were Professor Gubler, President, MM. Emile Trélat, Durand-Claye Lionville, Lacassagne Napias, Martin, and other members of the Committee.

The Minister declared the Congress open. He thanked the Committee, and welcomed the home and foreign associates to this re-union.

This was acknowledged by Professor Bouchardat.

After the reading of a letter from General Renaud, Minister of War for Belgium, Dr. Lory-Marsh read, in the name of the Duke of Northumberland, President, the following

ADDRESS OF THE SANITARY INSTITUTE OF GREAT BRITAIN AND IRELAND.

"The President, Vice-President, and Council of the Sanitary Institute of Great Britain feel greatly honoured by the invitation to take part in the Congrès International d'Hygiène in Paris during the month of August, 1878.

"The President, Vice-Presidents, and Council, desire to offer their congratulations to the President and Committee of Organisation of the Congrès International d'Hygiène, for the distinguished services they have conferred upon hygiene, by

availing themselves of the auspicious occasion of the International Exposition in Paris, to invite to their capital the most distinguished and earnest workers in the cause of Public Health of All Nations.

"The meeting of an assembly so distinguished, to discuss subjects of such vital interest to the well-being of mankind, cannot fail to result in the advancement of that science which has for its object the prolongation of human life and the well-being of the whole human race."

He was followed by Professor Gubler, who, in a speech characterised by eloquence, thanked the foreign members for their attendance. He drew a picture of the conquests of hygiene in the prophylaxis of diseases, and insisted on the social aspects of the science of hygiene; to assure the present and provide for the future, such seemed the *rôle* of re-unions of this kind.

After M. Lionville, General Secretary, had read the programme, and announced that the number of associates were 1,018, Professor Crocq, Senator of Brussels, addressed the meeting. He drew a brilliant parallel between the misfortunes of war and the benefits of sanitary science.

In the absence of M. Palaciano, of Naples, Professor Pacchianti, of Turin, spoke, as a delegate from Italy, of the advantages obtained in Turin by the adoption of hygienic precautions.

The sitting closed at a quarter to six.

The Palace of the Tuilleries was the place of meeting for the 2nd August.

To facilitate the transaction of business there are three sections, officered as follows :—

Section I.—President — MM. Thulie, Felix, Roumania. Vice-Presidents—Dr. Drysdale, England, M. Ciure, Roumania. Secretaries—MM. A. Robin, Fabre.

Section II.—Presidents—MM. Giraud-Teulon, Velasco, Spain. Vice-Presidents—Dr. Lory-Marsh, England, M. Strohm, Russia. Secretaries—MM. Drouineau, Chassagne.

Section III.—Presidents — MM. Léon Colin, Masana Meada, Japan. Vice-Presidents—MM. Boeckstal, Belgium, Polychronie, Roumania. Secretaries — MM. Boulanger, Manouriez.

The following papers were in the programme :—

Section I.—Dr. Roth (London), "On the Popular Teaching of Hygiene." Dr. Groof (Buda-Pesth, "On the Organisation of Public Hygiene in Hungary." Dr. Drysdale (London), "On the too rapid Increase of Population in England and France." Dr. Kuborn (Belgium), "On Public Hygiene in Belgium."

Section II.—Dr. Javal (Paris), "The Hygiene of Sight in Schools." Dr. Goyan (Paris), "The Influence of Tobacco on the Development of the Organs and Functions."

Section III.—M. Bouley, a member of the Institute of France, and a well-known authority on hydrophobia, spoke on the prophylaxis of rabies, and M. Bonjean also read a paper on the same subject.

I shall allude again to these communications.

Though 500 foreign associates have given in their names as adherents, England is not well represented, and, as Mr. Smith said in his letter to the *Daily News* before the meeting, it is a matter of some regret that we have not a larger contingent here. Before the 10th our number will be increased. The voluminous reports already issued by the committee are indices of the energy and ability of the organisers of this congress. They will be found most useful by medical officers of health. All the proceedings of the Congress will be published in full, and may be obtained on payment of eighteen francs, so that those who have not been able personally to attend will have advantage of being able to read full reports of the discussion.

Science can only advance by collecting the experiences, not only of our own country, but of the world, for science has no limit or nationality. Hygiene has an universal interest and application. It is but yet in its infancy. The triumphs of the past and the present should stimulate us to further exertions, and hence we must wish success to all reunion and congresses having such aims in view as the diminution of suffering and death and the promotion of the welfare of the human race.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 7, 1878.

THE PROSPECTS OF MEDICAL REFORM.

WE may with most authority describe the chances of the passing of the Medical Bill by quoting the words of Lord George Hamilton, speaking in the House of Commons last week.

In reply to Dr. Playfair and Mr. Mills,

Lord G. HAMILTON said—In consequence of the opposition by certain members to this Bill its chances of becoming law this year daily diminish. My amendments were put upon the notice paper to make clear to the opponents of the Bill the course we intended to take, in the hope that their opposition would be then removed, and until I know the effect of my amendments I am unable to give a definite answer as to the fate of the Bill.

We understand that the Government feels that, at this period of the session, there is no hope of passing the measure if the second reading is opposed, and has, therefore, deferred taking that stage of the Bill from day to day, in the hope that consultations and concessions may remove the opposition of certain parties. If this be so, it may be taken for granted that we shall have no medical reform this year, for it is quite certain that the Scotch Bodies and the Queen's University will *per fas aut nefas* resist progress, and no amount of persuasion or concession will remove their antagonism. We are, however, not without a relic of hope that the Government may yet find itself strong enough to get the Bill through in the teeth of the North British and South Irish opposition, and we are quite well aware that the Duke of Richmond and Lord George Hamilton will avail themselves of any and every chance to effect this purpose.

In preparation for the contest, and that the Govern-

ment programme may be made public, Lord George Hamilton has "tabled" his amendments. They are as follows :—

1. To extend the time for the operation of the Bill for twelve months, so that the Irish and Scotch Bodies may have leisure to concoct their schemes of Conjoint Examination, and that the Medical Council may have time to revise those schemes.

2. To ensure that a degree or diploma (in addition to a Conjoint Examination Certificate) shall be necessary for registration, and at the same time to provide that women or other persons who are refused such diploma shall be registrable without it.

This is infinitely the most important proposal of the Government, for it is by it that the maintenance of the Licensing Bodies is made compatible with absolute freedom of entry to medical practice. It is as follows :—

In clause 4, p. 2, line 22 of the Bill, at beginning of clause, to insert, "A person who has obtained a qualifying certificate under this Act from a medical board for any part of the United Kingdom shall, for the purpose of registration, obtain, except in case of such refusal as hereinafter mentioned, some medical diploma or diplomas, whether degree, membership, associateship, or other, from one or more of the medical authorities for the said part of the United Kingdom :

Any such person may apply to one or more of the medical corporations for the said part of the United Kingdom for such diploma or diplomas (each of which is in this Act referred to as a registration diploma), and if refused such diploma or diplomas, either without any ground being assigned or on the ground of, sex or on any ground except non-compliance with a scheme under this Act, or on some ground which would justify the erasure of the name of such applicant from the register, shall be entitled to be registered in the medical register without obtaining a registration diploma :

Nothing in this section shall oblige any corporation to grant a registration diploma to any applicant as aforesaid, and a person obtaining a registration diploma from a medical corporation shall not, except so far as the medical corporation otherwise in their discretion provide, be entitled to any share in the government, management, or proceedings of that corporation, or to any rights or privileges in connection with that corporation."

The sense of this clause is obvious. If a woman desires to become a medical practitioner, she passes the Conjoint Examination, and then addresses to one of the co-operating licensing bodies her demand for its diploma. If she be refused she will suffer no loss, because she can at once register without it, and will not be obliged to pay for the license in question ; if the diploma be granted to her, she pays for it and enjoys all the privileges attaching to it.

Had we not been taught by experience how insatiable are the ladies in respect to their rights of citizenship, we should be quite confident that this clause will satisfy their pretensions. Remembering how unbending they have hitherto proved themselves, we must await their gracious decision before we venture to calculate upon the passing of the Bill.

The difficulty of subjecting them to an examination exactly equivalent to that imposed upon male students, is proposed to be got over by the adoption of the following amendment :—

Clause 13, page 8, line 2, leave out from "and" to end of line 4, and insert, "may make such distinctions (if any) as may be judged proper between the cases of men and women, so however that the examinations of men and women be in all general respects equal."

The remainder of the amendments deal with matters of detail, and are of secondary importance ; and it is provided that the form of the Medical Register shall be altered so that the "Registration Diplomas," or legal qualifications to practice, shall appear in one column, and the "higher diplomas" in another.

We understand that the Council of the Irish College of Surgeons has—upon report of their Parliamentary Committee—unanimously approved of these amendments and has expressed to the Lord President its opinion that th Bill, as so amended, ought to satisfy every reasonable requirement of the profession. It will be greatly to be regretted if the scheme of medical reform which is embodied in it—a scheme well thought out, generally approved and thoroughly matured—falls to the ground in consequence of obstruction by a small minority of persons whose interest lies in the continuance of old abuses, and by a few troublesome women whose vanity is hypertrophied by the undue importance which has been given to their demands.

Since the foregoing was in type, the Government has announced its intention *not to proceed with the Bill* this session.

THE CORONER'S MEDICAL WITNESSES IN DUBLIN.

It will be in the recollection of our readers that, when we last reported upon this subject, the Irish Medical Association had brought under the notice of the authorities of both the provincial and metropolitan police in Ireland, the judgment obtained by the Association from the Court of Queen's Bench in the case of Jacob *v.* Finlay, to the effect that the coroner was in all cases bound, as set down by the Act, to employ a "medical practitioner in actual practice at or near the place where the death happened." The request preferred by the Association was that the police authorities should "issue instructions to the police that they shall, when giving the usual notice to the coroners, inform them of the name and address of the legally qualified medical practitioner (if any) who was in attendance upon the deceased shortly before, at, or immediately after the occurrence of death—or of a legally qualified medical practitioner in actual practice at or near the place of death, in order that such medical practitioner may be summoned to give evidence at the inquest in accordance with the provision of the law." This request was based not only upon the words of the Act above quoted, but upon the 9th and 10th Vic. cap. 37, sec. 22, which enacts "that the constable or subconstables acting in and for the place where such dead body shall be found, or such death happen, shall give, or cause to be given, immediate notice thereof to the coroner of such district, *together with such information as he or they shall have been able to obtain touching* the finding of such dead body, or *such death.*" Upon this suggestion the Inspector-General of Royal Irish Constabulary at once acted, by issuing a circular to the county inspectors, instructing the police in all cases to ascertain the name of the medical practitioner last in attendance on deceased, and to inform the coroner of the same. The Chief Commissioner of Dublin Metropolitan Police did not, however, follow this commendable example, but, on the contrary, replied regretting that he was "not in a position to take any step, as

the law gives the police no discretion in the matter." He proceeded to observe, that "in Dublin the established practice appears to be to have a medical man specially set apart to act as medical witness at inquests," an arrangement which, "it is understood, has been approved by the proper local authority."

We have to remark, as to this reply, that it furnishes us with cogent evidence, not only of the entire ignorance on the part of the Dublin Police Department, of the law affecting its own duties but also of the incapacity or indisposition of the police officers to read or understand an official letter. It might reasonably have been expected that the Chief Commissioner would know better than the Irish Medical Association the duties of the police in reference to inquests; but, as he did not display this much interest in the duties for which he is paid, it was certainly not too much to expect that he should, by reading the letter addressed to him, satisfy himself that the "established practice" had been pronounced illegal by the Court of Queen's Bench, and that no "proper local authority" had any control whatever in the matter, or could, by its approval, make a breach of the law legal or regular. It appears likely, from the nature of the correspondence, that the Chief Commissioner relieved himself of the trouble of understanding the subject by asking the opinion of the Coroner, or the Coroner's salaried medical witness, or the Corporation, or of some other of the parties against whom the Court had pronounced judgment, and that, acting on the advice of the defendant parties, he had determined to set the authority of the police department against that of the Judges, and to sustain the system which the Court had condemned.

It is unnecessary for us to pursue further the lengthened correspondence which has already appeared in our columns. It is enough to say that the Irish Medical Association was not deterred by the rebuff which the Chief Commissioner thought himself authorised to administer, but returned to the charge, and insisted on instructing that gentleman in his duties. As might reasonably have been expected, the Commissioner refused to hear or to learn, and it became necessary for the Association to appeal to the Lord Lieutenant; and we are gratified to state that that appeal was successful, and that the Chief Commissioner has found it necessary to unbend so far as to carry out the suggestions which had been offered to him, and which he had before not thought worthy of consideration.

The Council of the Irish Medical Association has received the following communication:—

Irish Office, London, 2nd July, 1878.

Sir,—With reference to your letter of the 17th May last, relative to the information to be given to coroners by the police in cases of inquests, and as to the duty of coroners with regard to medical witnesses, I am directed by the Lords Justices to acquaint you for the information of the Council of the Irish Medical Association, that their Excellencies are advised that the only duty devolving upon the police in connection with giving information to the coroner is to give him notice of the death, together with such information as can be obtained touching the finding of the body, or the death, and that it is no part of the duty of the police to furnish to the coroner, when reporting the death, the name of a medical practitioner in actual practice at or near the place where the death occurred.

Their Excellencies are further advised that the duty of ascertaining who is the proper medical witness to summon to an inquest, is imposed on the coroner by the 33rd section of the 9 and 10 Victoria, cap. 37; but also that if the deceased had been attended immediately before his death by a medical man, it is reasonable that the police should give the name of such practitioner to the coroner, as this may lead to important information touching the death.

Their Excellencies understand from the Chief Commissioner of Police that instructions to the above effect, and similar to those given to the Royal Irish Constabulary, have been in the possession of the Dublin Metropolitan Police for a long time past, and have been acted upon in every practical case, but that the attention of the force will be again directed to them.

I am, Sir,
Your obedient servant,
James Lowther.

The gist of this letter is, that the Goverment is advised that it is the duty of the coroner, not of the police, to ascertain who is the "medical practitioner in actual practice at or near the place of death," but that it is the duty of the police to ascertain and report to the coroner the name of the last medical attendant, that being a part of the "information touching death" which it is their business to obtain.

This seems to us a very just interpretation both of the spirit and letter of the law, and it concedes all that the Irish Medical Association could reasonably, or did, ask for, and all that the Chief Commissioner refused.

We venture to assure their Excellencies that they are misinformed as to the custom hitherto prevailing in Dublin in this matter. It cannot be true that the police acted on the desired instructions (if they ever had such instructions), "in every practical case," because in the case of Jacob *v.* Finlay, the coroner swore that he did summon the last medical attendant *in every case in which he had knowledge of him;* and as it appeared that he only summoned such witness to nine inquests out of 264, it is plain that the coroner had *not* the knowledge which their Excellencies conceive that the police ought to have, and had supplied. We find it difficult to understand how the Chief Commissioner reconciles his statement, that "instructions similar to those given to the Royal Irish Constabulary have been in the possession of the Dublin Police for a long time past, and have been acted on," with the fact just stated, and with the refusal conveyed, in his own letters, to give any instructions to the police. If he were aware that the police had already such orders as the Association asked for he would not—as he did—have given reasons why he should refuse to issue such orders to them.

The Irish Medical Association has achieved all it desired in the interests of the profession, and has, moreover, done good service to the public at large, *firstly*, by having made sure that the medical witness who knows all about the death shall be summoned; and, *secondly*, by having recalled to the recollection of so great a man as the Chief Commissioner the fact that there are others placed in control who are greater than he, and that he cannot be permitted to treat the reasonable representations of the medical profession as his own fancy may move him.

Notes on Current Topics.

Mr. Charles Reade and his Literary Vagaries.

Some time ago the reader's attention was drawn to an extraordinary series of letters which appeared in the *Daily Telegraph* under the heading, "The Coming Man," in which Mr. Charles Reade dilated in the most incoherent and verbose fashion on the absurdity (as he thinks) of everybody not being able to use their left hand as well as their right. The opinion we expressed on the subject appears to have been shared by other journalists; and we find the *Standard* noticing some correspondence between Mr. Reade and another gentleman which shows that the long rigmarole letters of the "novelist and play adapter" are as remarkable for their impropriety of language as they are for their eccentricities of thought. "Some time since," observes the *Standard*, "Mr. Reade was permitted to write for a contemporary some more or less fantastic nonsense, in his usual laboured and studiously eccentric style," and now, in answer to a gentleman who, in the most courteous manner possible, ventured to differ from him in opinion, Mr. Reade has used language which, to some lay readers, may appear almost inexplicable. "My privacy has been intruded on by a letter from you,"—"your intellectual superior in a matter where he is profoundly learned and you are as ignorant as dirt,"—"irrelevant truth, a deliberate lie, and a piece of imbecile twaddle"—these are only some of the very modest and polite expressions with which the apostle of ambidexterity meets the arguments of his opponents. But let not the *Standard* nor any other paper be taken by surprise. Perhaps Mr. Reade (or his friends) will find it more easy to excuse his language, than to defend his argument, on physiological grounds. We all know how great is the correlation between the mind and the body—between physical and mental impressions—and how some unnatural, uncomfortable, or unknown physical actions are apt to distort our ideas or reflections. We have heard of some writers who could not write unless sittting before a particular desk, or in a particular kind of light; and there are few who have not found how much a bad pen will interrupt or misdirect the current of their thoughts. It can therefore be easily imagined that in his enthusiasm for ambidexterity Mr. Reade may have been actually practising what he speaks—that the attempt however was too much for him—and that the habitual fatigue, awkwardness, and unnatural feeling of using his left hand reacted upon the mind and warped both his judgment and his language. Besides, who knows but that Mr. Reade may have been labouring under an attack of dyspepsia at the time he wrote those letters, or that he was a victim to the agonies of gout, and that each of those naughty words, to which the *Standard* draws attention, was but an expletive provoked by a corresponding twinge of that painful disease. At all events, this is the light in which we, as medical men and physiologists, may regard the matter, and perhaps it is about as charitable a view of the great novelist's rudeness as any other that might be taken.

The Flaw in the Adulteration Act.

We referred last week, and in preceding issues of our Journal, to a decision of the Lord Justices on an appeal case in Scotland, by which it was ruled that a prosecution could not be successful if the adulterated article had been purchased by an inspector for the purpose of analysis, because it was not "sold to the prejudice of the purchaser." We also noted that a Bill had been introduced into Parliament to remedy this flaw in the law.

At the Hampshire Sessions last week, Mr. C. D. Esdaile asked the Right Hon. G. Sclater-Booth, M.P., President of the Local Government Board, whether his attention had been directed to this decision? Mr. Sclater-Booth replied that his attention had been directed to a decision in the High Court of England, and another in the Sessions Court of Scotland, upon questions arising under the Adulteration of Foods Act, but he was hardly in a position to give a definite opinion on the subject, the papers having reached him only yesterday. So far, however, as he knew, it appeared that what Mr. Esdaile had called a decision of the High Court of Justice was in reality the arbitrary dictum of one learned judge, and until that had been appealed against it would not be right to assume that the Act of Parliament had broken down in one important particular. The Court in Scotland had come to a decision which was certainly surprising to him, and if the Courts of England should take the same view of the existing law it would probably be that an amended Act would be introduced at the joint instances either of himself or some one on his behalf and the Lord Advocate. He did not see that they were bound by the recent decision at Westminster, and he should not be disposed to put any restriction at present upon the collection of samples.

Upon this subject the *Analyst* offers the following remarks:—

> It is a remarkable and significant fact that more than half of the adulteration prosecutions are defended simply on technical quibbles. The solicitors for the defence virtually, if not in so many words, acknowledge the sophistication, and then proceed to argue as to the details in which the Act passed for the prevention of this sophistication has not been complied with. It matters little to the defendants what the quibble may be, sometimes it takes the form of an inspector not being prejudiced by the purchase, sometimes the formula of words to be repeated by the inspector is alleged not to have been duly recited, sometimes the sample after division is stated not to have been properly sealed, and sometimes *the* label has been forgotten; anyhow, the fact remains that technical objections are the favourite defence of the grocer, the druggist, and the publican.
>
> It is needless to say that all this wants altering, and that the only defences in such cases ought to be *bona fide* ones, instead of the palpable evasions of the Act in which the trade journals so much delight.
>
> We certainly do feel that it is a disgrace to English honour and English truth, that tradesmen guilty of fraud should protect themselves under such a subterfuge as this Bill seeks to remove, and we wonder that honest grocers, publicans, and druggists do not protest against needing any such subterfuge to prove their integrity.
>
> Meanwhile, a remedy is available. Let every corporation, board, or bench of magistrates in the kingdom follow the example of the Plumstead Board of Works, and direct the inspectors to use, as food or drink, or otherwise as the case may be, a portion of every sample which they purchase. This will, no doubt, be a case of fighting the adulterators with their own weapon—sharp practice—but for once this is of little moment, so long as the public who are swindled and the honest tradesmen who are undersold, are protected.

Compression of the Abdominal Aorta in Post-partum Hæmorrhage.

In the current number of the *Obstetrical Journal* Dr. M. M. Bradley, of Jarrow-on-Tyne, has an article on post-partum hæmorrhage, with notes of three cases successfully treated by compression of the abdominal aorta. Ploncquet, Saxtorph, and Chailly have relied upon this method of arresting the hæmorrhage, and Dr. Barnes says he occasionally derived advantage from it, and looks upon it as a momentary resource. Dr. Bradley claims for it the following advantages: 1. That Nature's tourniquet is always ready, and can be immediately applied. 2. It in no wise interferes with the employment of other remedies. 3. It is of all other means the one more directly under our control, and as it is practised while the patient lies on her back, we can observe the countenance, and also see that remedies of a stimulating, nutritious, and medicinal character are diligently administered. The treatment by compression of the abdominal aorta is certainly a rational one. The uterus, after delivery, has been compared to a recently amputated stump, and if compression of the main artery to the limb is the legitimate and proper means by which hæmorrhage is temporarily arrested, compression of the main artery to the uterus must, *cæteris paribus*, be a legitimate and proper means for temporarily arresting uterine hæmorrhage. For this reason alone, independently of the successful termination of Dr. Bradley's case, we would recommend the profession to occasionally adopt a plan of treatment respecting which we have at present so very little experience. We are inclined to think that further observation will show that this method of arresting uterine hæmorrhage can, as Dr. Barnes said, be only looked upon as a momentary resource. Nor can it be resorted to in all cases; for where the patient is stout and fat, or the abdominal walls tense, muscular, or distended through a flatulent or loaded state of the bowels, it may be difficult to compress the aorta sufficiently to prevent the loss of three or four ounces of blood, a loss which, small as it is, may turn the scale against the recovery of the patient. As, however, other remedies can be employed at the same time, the life of the patient need not be sacrificed to the employment of an unsuccessful remedy."

Milk, Typhoid Fever, and Diphtheria.

In consequence of an alarming outbreak of diphtheria at Surbiton the Improvement Commissioners had a special meeting on Saturday, when their medical officer said that he had inquired into 34 cases. Out of those cases, 30 persons had taken milk supplied by one dairyman, and his opinion was that the outbreak was to be attributed to the milk, but how it had become contaminated he was not then in a position to say. On the other hand, we hear that an alarming outbreak of typhoid fever has occurred at Bristol, and that the medical officer of health has traced the disease to the use of milk contaminated with typhoid germs. Between 20 and 30 families were affected, and the medical officer expects that several of the cases will prove fatal.

That the use of milk should have given rise to a severe epidemic of typhoid fever in one place, and to diphtheria in another is rather a curious circumstance; and if the above outbreak of diphtheria originated in the manner supposed, we shall have to alter the opinions generally entertained respecting the etiology of that disease. That typhoid fever may originate in and be propagated by the drinking of milk contaminated with sewage emanations has been proved beyond doubt; although it is still a disputed point whether the contagium of the disease is contained in ordinary sewage or in sewage tainted with the excreta of persons suffering from the fever. If the use of a certain supply of milk will give rise to an epidemic of fever in one place and to diphtheria in another, it must be through the sewage matters with which the milk is contaminated, containing in one case the specific germs of typhoid fever, and in the other the specific germs of diphtheria. At all events, supposing that the outbreak of diphtheria was really caused by impure milk, it is evident that either the sewage contamination must have contained the specific germs of the disease, or that the "pythogenic" theory of typhoid fever must be wrong. Water or milk infected with *ordinary* sewage emanations cannot produce both of these disorders, as they are entirely different affections. Besides, were there a common cause, we should find during these outbreaks some people attacked with the fever and some with diphtheria, which is not the case. If, therefore, the milk theory be true, either each of these diseases must be propagated by its own specific contagium finding its way into the milk, or ordinary sewage matter must be at the bottom of the disease in one case, and specific sewage matter in the other case.

London Water Supply.

Dr. Frankland's reports on the twelve monthly analyses of the waters supplied to London by metropolitan companies during the year 1877 are, on the whole, favourable. Taking the mean proportion of organic impurity in Thames water in 1868 at 1,000, the quantity of organic impurity in Thames water in 1877 was 907. The water from the Lea, delivered by the New River and East London Companies was, as usual, much better than that delivered from the Thames, its organic impurity being represented in 1877 by 596. The deep well water supplied by the Kent Company is unaffected by animal and vegetable life. If, says the Registrar-General, for purposes of comparison, the amount of organic elements found in the Kent Company's water be taken as unity, then it will be observed that, on an average, the quantities of organic matter were greatest in the water supplied from the Thames by the Southwark (4·2) and Chelsea (3·9) companies, after which stand the Grand Junction (3·6), Lambeth (3·6), and West Middlesex (3·4); then follows the East London (2·6) and New River (2·2) Companies, drawing their supply from the Lea; and the Colne Valley (1·4) and Tottenham (·5) supplies from deep wells.

Transfusion of Milk or Blood, and the Detection of Crime.

In many cases of disease, says Professor S. G. Armor, the patient often dies from failure of heart action before the local disease can run through its natural history. In

all such cases time becomes an important element of cure, and the way to get such time is to guard well the "dead point of danger," a weak and failing heart. Dr. J. S. Prout, of New York, quotes these remarks in a letter to the *New York Medical Record* on the subject of transfusion of milk, and says that shock enters largely into this tendency to death. Could time be gained this shock or collapse might pass off and life be saved. Transfusion, moreover, may aid in the detection and punishment of crime. Life might be prolonged sufficiently long to enable the victim of an assault to identify his assailant. It may also be applicable in cases of poisoning. George Eliot has already made use of this idea in her story of "The Lifted Veil," published in 1859, in which we are told of a wicked woman whose guilt was brought to light by the experiment of transfusing blood into the heart of a person just dead, who revives for an instant and denounces her.

Decrease of Fevers.

The Registrar-General has recently remarked that one of the most noteworthy features in these (mortality) returns, is the gradual reduction in the mortality from fever, which destroys so many persons in the prime of life. In 1870, the aggregate deaths from fever in seventeen of our large English towns were 5,475; these have declined year by year to about half the number, so that in 1877, they were 2,891. This affords satisfactory evidence that the sums of money which have been expended on sanitary measures during the last quarter of a century, are now beginning to be repaid with interest in the preservation of thousands of valuable lives.

Smell and Hearing in Insects.

Mr. E. L. Layard, writing from New Caledonia, to *Nature*, gives some very interesting observations on this subject. He says—

At this moment I have in my verandah a parrot, which is daily regaled with a portion of a banana. Every evening I see a dozen, or more, of the large moths trying to effect an entrance into the cage to get at the rotting fruit, *which is generally invisible* from the outside, being behind the flap of wood that serves for a door; the cage is only a rough box. I have always found bananas the best bait to attract the nightflyers, *but only when they began to rot.*

Again, how about "sembling?" Here the odour must be very subtle. A virgin female is instantly detected, while not one "gay Lothario" will visit a captive matron.

I will adduce one remarkable case in support of the smelling power. Years ago I had (while residing in the North of Ceylon) a lot of living *Achatina panthera* sent to me. I placed them in a breeding-cage, and, to secure them from rats, suspended it to the ceiling of my drawing-room. We soon noticed that every night the floor of the room was covered with glow-rooms, at which, never having seen them in that part of the island before, and they being of unusual size and brilliancy, we were much pleased.

At last it occurred to me why they came, and on placing the cage on the floor the onslaught on the contents was a convincing proof that *A. panthera* would never be naturalised at St. Pedro.

I have since mentioned the subject to Père Montrousier, the celebrated French naturalist so long resident in this colony. He detailed the following experiment that he had made. He immersed a long-snouted weevil so as to cover it, all but the tip of the antennæ, with a coating of wax. On presenting to it oil of turpentine it becam e violently excited and endeavoured to escape. Another now had the tips of its antennæ only coated with the wax, and neither turpentine nor any other strong smelling substance at all affected it. He places the faculty of the "perception of sound" equally in the antennæ.

After-Treatment of Tracheotomy Cases.

Vogt (*Cbl. f. Chir.*, 1878, p. 158; from *Deutsche Med. Wochens.*), proceeding from the fact that with the present methods of treating tracheal croup most children perish, even after operation, from continued formation of the membrane, suggests glycerin as a means of hindering the formation. It is known that when this substance is applied to the mucous membrane a profuse watery serous secretion is excited; and this is relied upon by Vogt to remove or prevent the adhesion of the false membrane. In the case of a little six-year-old girl treated in this way a cure resulted. Glycerin mixed with an equal quantity of water was inhaled, by means of an inhalation apparatus connected with the tracheal tube, every half-hour. Vogt has also used this treatment in recent cases of croup, where tracheotomy has been thought unnecessary or unadvisable. Disinfection of the original patch in the pharynx by means of chlorine or bromine water preceded the use of inhalation.

Electricity in Hydrocele.

In the *Gazeta Medica*, Dr. Macario reports two cases of hydrocele treated by a single application of an electric needle for the space of one minute. One of these cases was permanently cured; the other was only temporarily cured, the disease returning after ten months. In both instances the fluid entirely disappeared in the course of twenty-four hours, though no fluid escaped through the wound made by the introduction of the needle. Macario recommends the employment of this method in other kinds of cysts, especially for ovarian cysts, and cites three cases that have been published as cured by this means.

Liquor Bismuthi for Nasal Catarrh.

Dr. Q. C. Smith writes to the Pacific *Medical Journ.*, recommending for nasal catarrh liquor bismuthi and water, equal parts, applied one to three times a day, to nostrils, pharynx and naso-pharyngeal cavity, freely, with a spray producer. He has found this, during an experience of several months, to produce very satisfactory results. Sulpho-carbolate of zinc, in weak solution, as mentioned by other writers, he regards also as a very efficient remedy; applied in the same manner.

In the principal foreign cities last week the annual rates of mortality were—in Calcutta 33, Bombay 33, Madras 39; Paris 26; Brussels 31; Amsterdam 24, Rotterdam 22, The Hague 25; Copenhagen 21; St. Petersburg 48; Berlin 56, Hamburg 25, Dresden 23, Breslau 32, Munich 31; Vienna 27, Buda-Pesth 40; Rome 32, Turin 31, Venice 27; Alexandria 52; New York 27, Philadelphia 24. Diarrhœal diseases showed especial fatality in Berlin.

Curare in Epilepsy.

In the opinion of Kunze we possess in curare a remedy by means of which we may cure cases of epilepsy of long standing. He employs a solution of seven grains of curare in seventy-five minims of water, to which he adds two drops of hydrochloric acid. At intervals of about a week he injects beneath the skin eight drops of this solution, and in various cases in which convulsions had occurred for several years, he obtained a complete cure after eight or ten injections.

Edinburgh University.

At the graduation ceremonial on Thursday last, the degree of LL.D. was conferred on the following gentlemen:—Dr. Risdon Bennett, President of the Royal College of Physicians, London; Sir Joseph Fayrer, Honorary Physician to Her Majesty the Queen; Mr. John Richard Green, the Historian; Professor Lister, Professor of Clinical Surgery, King's College, London; and Mr. William Macdonald, Rector of the High School, Dunedin, formerly of the High School, Edinburgh.

The managers, in their anxiety to extend University College, London, seem altogether to ignore the claims of the hospital. Another wing to the College is contemplated at a cost of £50,000, whilst the staff of the hospital are allowed to struggle through their patients, who require at least double the present space, and medical students have "to play second fiddle" to those of other professions and schoolboys intended for the distinguished careers of shopkeepers and clerks.

Last week the most unusual circumstance in the rates of mortality of our principal cities occurred, Dublin presenting the most favourable death-rate, with 18 per 1,000 of its population. In the same period Edinburgh gave 19, London 26, and Glasgow 25 per 1,000. Of the large towns in the second category Birmingham gave 26, Plymouth 26, Newcastle 26, Sunderland 26, Bradford 28, Leicester 30, Manchester 32, Sheffield 33, Salford 36, Leeds 37, Liverpool 38, and the highest rate 44 in Hull.

The mortality last week from the seven principal zymotic diseases averaged 9·7 per 1,000 in the principal towns of the United Kingdom, and ranged from 3·5 and 3·6 in Plymouth and Portsmouth, to 17·1 and 20·8 in Leeds and Hull. Scarlet fever showed fatal prevalence in Birmingham, and whooping-cough and measles in Sunderland. Small-pox caused 18 deaths in Dublin, 11 in London, but not one in any of the other large provincial towns.

The fatal cases of diarrhœa in the twenty-three principal towns, which had risen from 56 to 602, further rose last week to 991. The annual death-rate from this disease was equal to 6·3 in London, and averaged 7·9 in the nineteen other towns, among which it ranged from 1·8 and 2·1 in Norwich and Plymouth, to 13·3 and 13·9 in Leicester and Leeds, and 19·7 in Hull. Diarrhœa fatality showed a marked increase last week in Leeds, Sheffield, and Hull. In London alone there were 457 deaths from this cause.

It is officially reported at San Stefano that in the army to the south of the Balkans there are nearly 21,000 sick; in the army of the north, 6,500; and in the reserve, 5,500; but there is no increase in the amount of sickness, and the rate of mortality is comparatively low. Since March last, some 27,000 sick have been sent homewards by transport steamers. There are about 800 medical officers attached to the active army of the Danube.

Dr. Clarke, the Medical Superintendent of Pentonville Prison, has been promoted to a similar post in the Millbank Convict Establishment, after eight years service in the former. Previous to his departure, Dr. Clarke received the gratifying assurance that his duties had been performed to the satisfaction of the other officers, by the presentation of a handsome testimonial.

Mr. Bolckow, late M.P. for Yorks, whose will was proved under £800,000 last week, has bequeathed £5,000 to the North Riding Infirmary, and £1,000 to the Newcastle Infirmary.

At the opening of the winter session, Guy's, Bartholomew's, and the London Hospitals will give a *conversazione* this year, and will dispense with the introductory in consequence.

Medico-Parliamentary.

HOUSE OF COMMONS.—August 1.

THE LUNACY LAWS.

In reply to Mr. Dillwyn, Mr. Cross said that the state of business at the Home Office was such that he had had no time to read the report of the Select Committee on the Lunacy Laws. He would give his attention to the subject during the recess, and he should be able to state whether he would introduce a Bill on the subject at the beginning of next Session.

SCIENCE AND ART DEPARTMENT, DUBLIN.

In reply to Mr. Brooks, Lord G. Hamilton stated that the administrative work of the Science and Art Department, Dublin, as was the case at Edinburgh, would not be responsible directly to the Education Department for disbursing the sum annually voted by Parliament. The body entrusted with the supervision of the Science and Art Museum would consist of a board of twelve visitors.

August 2.

ARMY MEDICAL SERVICE.

In reply to Mr. Errington, Colonel Stanley stated that this year the usual examination for the Army Medical Service would take place in August. This was due to some possible changes which might be made in consequence of inquiries which had just been concluded; but he was not in a position to indicate the nature of such changes.

ST. BARTHOLOMEW'S HOSPITAL AND TITHES.

On the consideration of the Christchurch (Newgate Street, London) Tithes Commutation Bill, as amended,

Mr. Plimsoll moved that the Bill be referred to a Select Committee. The facts were briefly these. For 200 years the tithes in the parish of Christchurch amounted to £200 a year, but it had been discovered that, under an old Act of Parliament, St. Bartholomew's Hospital could make a claim, which the governors had put forward, for tithes at the rate of 2s. 9d. in the pound, realising about £7,000 a year. Litigation had taken place; the Master of the Rolls had expressed his great astonishment that any such claim should have been made in the name of charity, and had suggested a compromise. A compromise had been offered, and this the Bill would carry

out; but as the amount was excessive the Bill ought to be recommitted. According to the compromise the sum to be immediately paid would be £1,100, which in the course of five years would amount to £2,200 a year, at which it was to remain fixed.

Sir S. WATERLOW urged the House to pass the Bill. This dispute had been going on for years, and a considerable sum had been spent in litigation. The merits of the case had been thoroughly threshed out, and if the question were reconsidered no different decision would be arrived at.

The House then divided on the question that the Bill be now considered :—Majority for, 56.

AUGUST 5.

AMENDMENT OF THE MEDICAL ACTS.

IN reply to several members, the CHANCELLOR of the EXCHEQUER said it would be useless to attempt to pass this Bill during the present session.

Correspondence.

FOREIGN BODY IN THE NOSTRIL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A child was brought to me who had pushed a daisy up his left nostril. I found it impossible to get hold of it, partly from the struggles of the child, partly because it slipped away from the forceps. I therefore adopted the "American dodge," an emetic, a handkerchief being closely applied to the mouth as soon as vomiting took place. This was not successful, but after the action of the emetic was over, the child fell into a profound sleep, and on examination, I found that the flower had been turned round in the nostril, so that one edge was easily grasped by the forceps, and it was removed without awakening the child. The foreign body proved to be the yellow centre of the large ox-eye daisy, the rays having been pulled off.

Should any of my *confrères* be disposed to try the emetic plan in such a case, I would recommend allowing the stomach to be fully emptied by the mouth; then making the patient drink freely, and when the next paroxysm of vomiting comes on, secure the mouth. I would prefer this mode of treatment to giving chloroform.

Yours, &c.,

ALEX. WALLACE, M.D.,
L.R.C.P. Edin.

Parsonstown,
July 25, 1878.

THE URINE IN RABIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with great interest your annotation on the analysis of the urine in rabies made by Professor Robin. Like everything that emanates from the brain of this distinguish French *savant*, his last achievement is remarkable for its comprehensiveness, perfection, and minuteness of detail. It not only throws a flood of light upon the pathology of this terrible disease, but also opens up a new field for its rational treatment. What especially attracts attention in the analysis in question, is the scantiness of the urine, and its great richness in uric acid. These conditions arise, doubtless, from two causes: first, the inability or difficulty of taking fluids experienced by the patients; and second, the rapid oxidation of the nitrogenous and other elements of the body during the course of hydrophobia. Now, to antagonise the first, I am strongly inclined to believe that fluids may be taken by the victims of rabies, should the precautions or expedients suggested by me some short time ago in the columns of your journal, be adopted, namely, blindfolding or bandaging the eyes, or shutting up the patients in a room from which the light is to be rigorously excluded. The thought of liquids is a sad pleasure which they, in imagination, can never sufficiently gratify; but the *sight* of them is unfortunately their bane—the source of their greatest suffering. It is, indeed, the mythical story of Tantalus enacted upon the living stage. Such being the case, let them be spared this torture, and let them, by all means, be supplied with liquids without the aggravation of seeing them. In accomplishing this, the first great indication of treatment is fulfilled. To prevent undue or morbid oxidation of the tissues, and the consequent formation in excess of uric acid, no remedies can equal the alkaline (potash and soda especially), whose well-known action in this directon no longer admits of doubt or controversy. They not only subserve this purpose, but they also neutralise the acid products of combustion; and, by rendering them more soluble, ensure their effectual elimination from the system. They possess, moreover, another property, highly important in the treatment of hydrophobia—they quench thirst, and thereby appease the insatiable craving for liquids.

It may be in the recollection of some of your readers, that I recommended a combination of carbonate of soda and opium, in the proportion of ten grains of the former to one of the latter, to be taken every two hours, with a view, as I then thought, of destroying the lyssic virus, and combating the nervous and inflammatory elements of the disease. I had then no idea of the important facts recently revealed by Professor Robin, and which happily confirm the judiciousness of the treatment proposed, although for reasons somewhat different to those I entertained.

Trusting that the importance of the subject will be a sufficient excuse for trespassing so much upon your valuable time and space.

I am, &c.,

BERNARD KELLY, M.D.

Rotherhithe, London, S.E.
August 1st, 1878.

THE IRISH APOTHECARIES' COMPANY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As much has been said and written lately to the disparagement of the Irish Apothecaries' Corporation, I beg that you will kindly afford me space for a few words in their behalf.

The Apothecaries' Corporation had since 1791, by virtue of an Irish Act of Parliament, granted licenses to those candidates whom after examination they found to be prepared in the prescribed curriculum.

Now by various succeeding Acts of Parliament these licentiates are recognised as being more than mere vendors of drugs. For instance, 6th and 7th William IV., cap. 116, provides for apothecaries at coroners' inquests receiving fees as *medical witnesses*. 1st Victoria, cap. 27, renders the certificate of an apothecary available for placing lunatics under restraint.

5th and 6th Victoria, cap. 107, also 13th and 13th Victoria, cap. 33, enact that no ship carrying a certain number of passengers shall proceed on her voyage unless there be on board such ship some persons legally authorised to practice in the United Kingdom as physician, or surgeon, or apothecary.

The Right Hon. Mr. Napier, Q.C., late Attorney-General for Ireland, gave the following legal opinion :—"That the Irish apothecary was actually, according to usage and practice, and lawfully under the common law, a MEDICAL PRACTITIONER at the time of the passing of the Act of the 31st George III., cap. 34, that he was recognised as such in *previous*, and has continued to be so in *succeeding* statutes."

The examinations for the licence of the Hall must have been discharged fairly well, as will be seen from the following facts :—

1st. The public, who are most deeply interested in the skill and acquirements of medical men, have for very many years accepted apothecaries as medical attendants, and in not a few cases even though a physician or surgeon were equally available.

2nd. Because the scheme proposed by the Dublin College of Physicians for a conjoint examining board proposed three out of twenty-one examiners to belong to the Hall.

3rd. Because the National Medical Council admits apothecaries to the register without any other diploma, thereby setting them on the same public footing as the physicians and surgeons.

From all these considerations the apothecaries are surely deserving of representation in the new conjoint scheme.

In the letter of "L. A. H." in your paper of the 17th I was sorry to see an objection to candidates being examined n operative surgery. Now the examiners in the Hall have ways, during my eight years' acquaintance with them, de-

cleared their desire to make the examination *practical*. If surgery be admitted as a subject of study for this licence, then *practical* knowledge is as essential as the recognition of the actual drugs.

I have known a student of one of the colleges who described camphor most accurately, but when a piece was placed in his hand, first said it was soda, afterwards *white wax*. In my humble opinion it redounds to the credit of the Board, and shows that they wish to obtain the best qualified men as licentiates, and does not imply that they offer their licence at a cheap rate to very ignorant persons.

Again, in many villages the only medical practitioner is an apothecary, and does not common sense inform us how much better he can relieve suffering the more carefully and fully he has been educated? Suppose, for instance, an injured artery, is it not desirable that the apothecary should be able to tie it than that a fellow creature should die?

With the suggestion of "L. A. H." that all licentiates of the Apothecaries' Hall should have a vote in the election of the Council I perfectly agree, and until this end is obtained the apothecaries of Ireland will never be able to unite, and therefore never able to have the influence to which they are numerically entitled.

I will just mention, in conclusion, that the examiners of the Apothecaries' Hall have more than one F.R.C.S.I. and L.C.R.S.I. amongst them, so that if title confer ability, they surely *should* be capable of determining the fitness of the candidates to practice.

With many apologies for thus trespassing on your valuable space,

I remain, Sir, yours obediently,

HUGH A. AUCHINLECK, L.A.H., &c.

[We have to remind our correspondent that we have not expressed any opinion as to the professional competency of the licentiates of the Irish Apothecaries' Hall further than to reproduce a narrative respecting a recently licensed apothecary who, though possibly erudite in the highest degree on all surgical and medical subjects, showed himself grossly ignorant of the veriest elements of pharmacy and materia medica. Whether Irish apothecaries are or are not good physicians has nothing to say to our contention. We assert simply—*a*. That the Irish Apothecaries' Company was incorporated *solely* as a pharmaceutical body, and entrusted *solely* with powers to supervise pharmacy and licence pharmaceutists. *b*. That it never would have been recognised as a medical body by the army, navy, or Poor-law services, but for the tergiversation of Mr. Hargrave and Dr. Embleton, who having year after year voted in the General Medical Council against such recognition, eventually changed sides, and by their votes gave a majority of one in favour of the recognition of the licence of the Hall as a medical qualification. *c*. That the Hall has since then been recognised in examination schemes and otherwise, *not* as a medical body, but as the guardian of pharmacy in Ireland, and that having lost that guardianship by the creation of the Irish Pharmaceutical Society, it ceases to deserve a continuance of that recognition. *d*. That even if properly entitled to rank as a medical corporation, it grants so few licences, and at so miserable a price, and is constituted and managed so badly, that it has no claim to a voice in the settlement of medico-educational affairs. We have only to add that the recognition of apothecaries as medical witnesses and ship surgeons was intended by the Acts of Parliament to refer to the London Apothecaries' Company, which institution is formally chartered as a medical licensing body—a position which the Irish Hall never occupied.—ED. M. P. & C.]

Literature.

INSANITY IN ANCIENT AND MODERN LIFE. (*a*)

WE have to thank Dr. Tuke for this very readable and comprehensive essay on a subject which at the present time is pressing on the attention, not only of medical men, but of the general public. The previous writings of the author have established his reputation in the domain of mental medicine, and hence his more matured opinions on the present aspect of insanity and its supposed increase, are entitled to our most serious consideration.

The greatest diversity of opinion exists as to whether there is an actual increase in the annual number of lunatics in proportion to population. The conclusions of Dr. Tuke harmonise with those expressed in our columns (May 30th, 1877).

At the end of the first part of his essay Dr. Tuke thus expresses himself: "In conclusion, it may be said that the increase of recognised insanity in this country during the last half century has been enormous; that the great mass of this is easily explained by the attention of the public and Parliament having been directed to the care and treatment of the insane; by the consequent provision of asylums; by the lower rate of mortality; and by the increased stringency of the Commissioners in regard to certifying patients.

"Further, while the striking apparent increase which has taken place in the number of the insane is found to be among the working classes, there are manifest reasons why cases of insanity among them should have become more widely and correctly known than those among the higher classes; and why, therefore, there is actually a greater amount of insanity among the educated and wealthy than appears in the blue-books.

"Lastly, looking not at the accumulation of lunatics in in asylums, but at the admissions, and making every possible allowance for their considerable rise beyond that of the population, it is impossible to deny that there is reason to fear some real increase of occuring insanity."

Admitting the great fact, we have at the present time an enormous number of patients certified as persons of unsound mind in our English asylums, can we assign the causes?

Dr. Tuke's scholarly tastes have led him into an original method of inquiry, viz., whether, having regard to the main and well-known causes of insanity on the one hand, and the conditions of ancient life on the other, there is reason to infer that it was as extensively prevalent in the earlier as in the later ages of the world?

He has devoted the first part to the causes of insanity in pre-historic times, amongst the Jews and Egyptians, and the Greeks and Romans, and we have ample room for the display of his classical learning and antiquarian researches.

Amongst the acknowledged causes of insanity intoxication has been considered a most important factor, and Dr. Tuke has followed the vice through the different periods and nations. Though he has collected a large mass of valuable evidence, proving that drunkenness has been a vice from time immemorial, yet evidence points to the conclusion that in pre-historic times "there was not the curse of alcoholism in the form known at a later period in the history of our race;" that amongst the Jews it was not such a "scourge of society;" that amongst the Egyptians it did not lead to the frenzy or "the commital of crimes such as figure every day in our police courts;" that amongst the Greeks and Romans, though insanity occurred, yet it never reached the pitch proportionate to that of modern times.

Dr. Tuke has found that 12 per cent of the insanity in England is attributable to intemperance, but he admits that it feebly represents its indirect action. He has similarly compared other influences in ancient and modern times, as defective nourishment, poverty, &c., moral influences, intellectual strain, &c., with the result of being forced to admit that the forces which make up modern civilisation tend to the impairment of mental power.

The second part is devoted to a consideration of insanity in relation to modern life as it affects the various classes of society, and here we have some very interesting and important statistics.

The third part we may regard as the most important and practical, as it deals with the prevention of insanity.

It is evidently addressed to general readers, and impresses the importance of a number of general truths which cannot fail to be of service in warding off insanity in persons predisposed to this affection.

Dr. Tuke has managed to condense into a couple of hundred pages a large mass of information, and as it is presented in a readable and pleasant form we hope and anticipate for this work a wide circulation, not only amongst the profession, but general readers.

(*a*.) "Insanity in Ancient and Modern Life." By Dr. Hack Tuke, M.D. London: Macmillan and Co. 1878.

ON INFANTILE PARALYSIS AND SOME ALLIED DISEASES OF THE SPINAL CORD. (a)

In this little work of fifty-six pages we find the subject of Infantile Paralysis well and carefully considered. In this essay our author states that the affection is mainly caused by what he calls myelitis, which may or may not be induced either by central or peripheral causes.

As regards the pathology of the disease, he says, at page 3: "In experimental pathology some good and suggestive work has been done, which promises, if continued and enlarged, to give us a clearer insight into the mode of production of the structural changes which occur in diseases of the cord. Myelitis was first experimentally produced by Hayem and Lionville, who injected a solution of iodine in glycerine into the substance of the organ."

At page 6 we find the following observation: "Feinberg has experimentally produced myelitis in a rabbit by plying its hind legs, which were shaved, with ether spray for half-an-hour. The animal became anæsthetic and paralysed, and continued in that condition for about two hours; after which time it recovered. Six weeks afterwards, however, myelitis was developed, which proved fatal. Irritation of peripheral nerves may, therefore, be transmitted to the cord without inflammation of the intervening structures, and it is probable that this influence is exercised by means of the vaso-motor system of nerves, causing at first contraction, and afterwards paralytic dilatation of the blood-vessels."

At page 11 Althaus says that infantile paralysis is produced by a diffuse acute inflammation of the anterior horns, which is generally most intense in the cervical or lumbar enlargement, but may also affect the dorsal portion of the cord. It proves but rarely fatal within a few days or weeks from its invasion. Occasionally there may be no general symptoms at all, but the child is put to bed apparently in perfect health, is found next morning paralysed in a limb, or part of a limb, and ails otherwise nothing at all. This form of attack mostly occurs in hearty well-developed children, whose nervous system has already some power of resistance, and where the inflammation occupies only a small area, so as to cause paralysis limited to part of a limb, or only some sets of muscles. The attack of paralysis, however, is frequently ushered in in another way—viz., being preceded by high fever, general *malaise*, loss of appetite, and pain in the head—one or several such seizures occur, after which the paralysis sets in. Kussmaul called the pathological change in the spinal cord, polio-myelitis, which in other words means inflammation of the anterior cornu or grey matter in the cord.

At page 17 he says: "Anterior polio-myelitis of children is distinguished from other forms of spinal paralysis by there being no affection of sensibility, which remains perfectly normal. . . . ."

It is therefore exclusively motor paralysis, followed by muscular atrophy, to which is frequently added contraction and deformity.

The subject appears to be divided into four parts—viz.: 1. Infantile Paralysis. 2. Anterior Myelitis of Adults. 3. Chronic Spinal Paralysis. 4. Wasting Palsy. After which comes the Prognosis and Treatment of these different affections.

At page 26 we find the following observation: "Does infantile paralysis ever occur in adults? This might be considered a Hibernian question, but it is one which has often occupied the attention of pathologists. Some observers have denied that it occurs after eleven years of age, while a number of others have described cases of myelitis, and of post-febrile paralysis in adults, which show the greatest possible analogy with infantile paralysis."

We do not at all deny the truth of this observation, but we fail to see that it could possibly be mistaken for what the author has chosen to call a Hibernian question; and from our knowledge of the subject and the country alluded to, we think that part of the observation might have been omitted.

As regards treatment for these paralytic affections Althaus recommends in the acute stage of the disease the subcutaneous injection of ergotine in the proportion of ¼ grain for a child from one to two years of age; ⅓ grain for one from three to five years; ½ grain for children from five to ten years of age; ergotine being dissolved in distilled water. After the acute attack has passed away, iodide of potassium is to be given internally, with the local application of the constant galvanic current, not forgetting gymnastic exercise of the muscles, shampooing and friction of the paralysed limbs with the liniment ammonia, and other stimulating applications.

In conclusion, we recommend all interested in the subject to get this little work, as it contains a great deal of useful information, and will well repay a careful perusal of its pages.

(a) "On Infantile Paralysis and Some Allied Diseases of the Spinal Cord: their Diagnosis and Treatment," Being an Essay to which the Silver Medal of the Medical Society of London was awarded, March 8th, 1878. By Julius Althaus, M.D., M.R.C.P. Lond.; Senior-Physician to the Hospital for Epilepsy and Paralysis, Regent's Park. Pp. 56. London: Longmans and Co., Paternoster Row. 1878.

Novelties.

A PRACTICAL PNEUMATOMETER.

An instrument under this name is described by Dr. Holden in the New York *Medical Record*. Properly it is a pneumasyren. It is of moderate cost, and portable, with the advantage that it may be prescribed for patients in whom the vital chest capacity is deficient.

The engraving shows the simplicity of the device, but not its mechanism. Briefly, it consists of a glass tube, one inch in diameter and ten inches in length, with metallic end-pieces, a piston made of two discs perforated by two rows of fine sloping holes precisely like the syren of Dove, a spiral spring, and finally an index and register. Expiratory and inspiratory efficiency, both actual and relative, are recorded, and the waviness and inequality of either are made evident to the ear.

Better and of greater advantage, however, than this is the fact that the instrument will, by constant or rather frequent use, develop chest capacity, re-dilate the cells collapsed and weakened by incipient disease, and by its allowing a free passage of air will do this without danger to the affected tissues—differing in this last particular from the ordinary pneumatometer, which, however perfect as an instrument for scientific observation, could hardly with safety be universally prescribed.

Forced *expiration* produces a low musical note gradually more and more high and intense, but sensitive to the least changes in the power exerted, while the index is steadily pressed toward the further end, and remains in place after the effort is exhausted. The latter has now to be pushed back with a wire replacer designed for the purpose, and by reversing the instrument full and forcible *inspiration* may be employed with similar results. The tube being graduated, the relation as well as the power of the inspiratory and expiratory efforts may be at once ascertained.

The instrument has been manufactured by Messrs. Shepard and Dudley, of 150 William Street, New York.

BUCELLAS HOCK.

The name of Sandeman is so well-known throughout the English speaking world as shippers of the finest port, that we noticed with some interest that the same house intended to introduce to this country a new wine, which they styled "Bucellas Hock." As it is not our custom to descend to the "puffs," which continually grace the columns of one or two of our contemporaries, we append herewith Professor Tichborne's Analytical Report of this wine as submitted to him by us, so that readers may form their own judgment of its value. His report dated July 25th, runs as follows:—

"In Shaw's work on the vine, we read of the great popularity of Bucellas wines in the year 1824. He says that in that year, there was such an extraordinary run upon that wine, that it rose to a very high price in a short time, and that the fine old stock was soon exhausted, and the shippers had resource to new and inferior qualities. Before it lost

cast, says the author, I recollect that for one bottle of sherry, there were two of bucellas placed upon the table at public dinners.

It was, therefore, with considerable interest that we examined this so-called Bucellas "Hock," Bucellas being a district near Lisbon.

"Bucellas Hock" is a white wine, containing in the fluid ounce, according to the samples analysed by us—

Sugar - - - - - -	8·5 grains.
Acid (calculated as tartaric acid)	3·3 ,,
Extractives and neutral tartarate of potash - - -	4·24 ,,
Total solids - - -	16·4 ,,
Proof spirit - - - - -	22·8 p. ct.

This is, therefore, a genuine wine of a good and sound quality. Owing to a considerable amount of bouquet peculiar to itself, and its large amount of grape sugar, it will bear diluting better than Rhine or Moselle wines, but we cannot see why this wine should be called a Hock. If we mistake not the term Hock is derived from Hockheim, one of the best known of Rhine wines, and except in colour we cannot trace much resemblance in this wine to those of the Rhine, to many of which it is decidedly superior. It has a flavour redolent of the soil, and somewhat of a sherry character, although we consider it a much more wholesome and natural wine than many now put upon the market under that name. Again, it is not precisely similar to the hocks in its chemical character, being not so dry, and not nearly so acid as most of the Rhine wines." During the hot weather, a particularly grateful and inexpensive "cup" may be made, by pouring about half of a bottle of this wine upon a few slices of freshly cut lemon peel, adding a bottle of soda water, and a little ice according to taste.

AN IMPROVED HYPODERMIC SYRINGE.

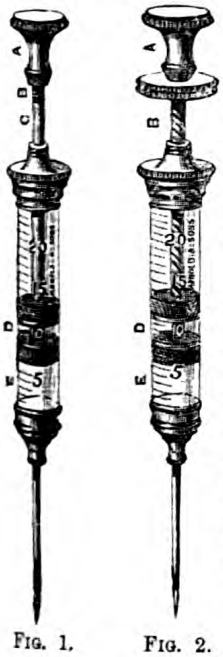

Fig. 1.

Fig. 2.

This illustration (fig. 1) represents a new patent hypodermic syringe with plain action, and fig. 2 the screw action.

The improvement upon existing instruments is that of self-lubrication. In a reservoir containing oil (in the centre of the plunger) a small piston rod is inserted inside the ordinary piston, and attached to the handle of syringe by means of a screw. When the reservoir is once filled with oil it will last a long time without renewal. The operation of refilling it is very simple, remove the handle and pour into the piston rod, which communicates with the reservoir (by means of a small glass syringe), as much oil as required, replace the handle, and the syringe is then charged ready for use.

Another advantage claimed over existing instruments is that the plunger, being constantly expanded by moisture, fits the handle accurately, and thereby prevents the possibility of the solution being forced behind the plunger.

The gradations on the barrel are accurately marked in *red* which is indelible, and the exact quantity injected can readily be seen.

Another important improvement is secured by having the mounts *screwed* on to the glass, thereby rendering it impossible to remove the mount from the cylinder unless by breakage.

The application of this self-lubricating plunger can be applied to all syringes, enemas, &c.

For India, the colonies, and all parts abroad, this invention will be invaluable, as it cannot get out of order, and will always be ready for use at a moment's notice. Messrs. Arnold and Sons, of London, are the makers and patentees of the new instrument.

THE BRITISH ASSOCIATION IN DUBLIN.

The following are amongst the arrangements made for the forthcoming visit of the above Association to Dublin: The meetings of the sections will take place in the Lecture Rooms and Halls of Trinity College, and the reception-room, which will be in the Examination Hall, will be open on Monday, 12th, at one o'clock, and on the following days at eight, a.m., for the issuing of tickets. A journal containing the announcement of the arrangements of each day will be ready every morning at eight o'clock for gratuitous distribution. In order to convenience the citizens of Dublin, lists of the members present will be issued immediately after the announcement of a specified meeting. The president, William Spottiswoode, Esq., LL.D., will deliver his address on the evening of the 14th, at eight o'clock, in the Exhibition Palace, and on the following evening a soiree will be held in the same building. On Friday evening, 16th, a lecture will be delivered by G. J. Romanes, Esq., F.L.S., on "Animal Intelligence." On Monday evening, the 19th, Professor Dewar, F.R.S., will deliver a lecture on "Dissociation, or Modern Ideas of Chemical Action." On Tuesday evening, 20th, there will be a soiree, and at half-past two on the following day the concluding general meeting will be held in Trinity College. The sectional meetings will commence on the morning of the 15th, and will be held each successive morning at eleven o'clock.

Arrangements have been completed for carrying out excursions, entertainments, and soirees, and up to the present the following have been fixed:—His Grace the Lord Lieutenant and the Duchess of Marlborough will give a reception at the Viceregal Lodge, on the afternoon of the 15th; and His Grace the Duke of Leinster will, on the 17th, entertain between one and two hundred members of the Association at a *dejeuner* at Maynooth, after the party shall have visited the College, and the historic antiquities associated therewith. The Corporation of Dublin will, on the 22nd, receive a number of visitors to inspect the Vartry Waterworks; and the Earl of Wicklow and the Earl of Carysfort will on the same day entertain the party at Shelton Abbey and Glenark Castle, which command splendid views of the interesting scenery in and about the Vale of Avoca. The Earl of Rosse will also entertain the leading members of the Association at Birr Castle on the 22nd. The Mayor and Corporation of Kilkenny, and the Marquis of Ormonde have intimated their intention of receiving a number of the members of the Association to visit Kilkenny Castle, St. Canice's Cathedral, and other places of interest in that city. Viscount and Lady Powerscourt have notified their desire to issue cards of invitation for a garden party at Powerscourt Castle on the afternoon of the 22nd; and the Port and Docks Board will entertain on board their steamer, Alexandra, a party anxious to visit the works at the North Wall, the lighthouse, and the varied beauties of Dublin Bay; and we understand that it is proposed to exhibit from Howth Lighthouse the electric light, under the supervision of the inventors, Messrs. Edmundson and Co., Capel Street, who will also display the Gramme electric light in the Exhibition Palace and Mansion House.

The Earl of Meath will invite a number of members to his hospitable mansion at Kilruddery on the 17th, and Lord Talbot de Malahide will have the pleasure of showing the antiquities and attractions of Malahide Castle to a party of visitors on the same day. Other contemplated excursions are "the lone and singularly wild valley of Glendalough" and the Seven Churches, and to the Boyne and Blackwater, including Slane Castle Demesne, and Beauparc, Lucan, Leixlip, Salmon Leap, and Lord Anally's, Woodlands. Howth Castle will be visited by the botanical and archæological sections. The municipal authorities of Cashel have afforded the members an opportunity of inspecting the Rock of Cashel and the classic scenery and archæological possessions which the town can boast of, and it is anticipated that Professor Mahaffy will act as *cicerone*.

The Right Hon. the Lord Mayor will give a grand banquet at the Mansion House on the evening of Saturday, the 17th.

The Royal Dublin Society will give a *conversazione* in their buildings on Thursday, 15th, and it is expected that Mr. Stanley, the great African explorer, and Captain Burnaby will be present at the *conversazione*. There will be a *conversazione* at the Royal College of Surgeons on Monday, 19th, and on the morning of that day the principal associates will be entertained at the Phœnix Park by the Royal Zoological Society, and a public dinner at the College of Physicians will bring the events of that day to a close. Another *conversazione* will be given on Tuesday, the 20th, by the members of the Royal Irish Academy, at whose disposal for the occasion the Corporation have placed the Round Room and other apartments of the Mansion House, which will be artistically decorated.

On the evening of the 21st a dinner will be given by the Royal College of Surgeons, and on the morning of the 23rd an excursion will start for Belfast, stopping at Lisburn for the purpose of visiting the principal manufactories of that town, and most generous arrangements have been made for the hospitable reception of the excursionists in Belfast by Sir John Preston, Mayor, and the leading citizens of the northern capital.

REGISTRATION OF DENTISTS UNDER THE NEW ACT.

THE Executive Committee of the Medical Council meet this day, and will, we take it for granted, declare the Dentists' Register open. The production of a declaration showing that the applicant is in practice at present, and the payment of £2 to Mr. Miller at the office, 315 Oxford Street, are the only requisites for registration. Meanwhile, the Royal College of Surgeons in Ireland has determined to elect a Board of Examiners consisting of three Fellows of the College, and three registered dentists on the 15th inst., and to hold the first examination on Saturday, the 24th. The fee is fixed at ten guineas, and certificates of having refrained from advertising, &c., for two years previously must be presented.

Medical News.

Testimonial.—A gratifying mark of respect was presented to Mr. Burroughs, surgeon, of Weston Zoyland, Bridgwater, on leaving the neighbourhood a few days ago, consisting of a handsome clock and inkstand, by the Board of Guardians of the Bridgwater Union, and by the people of the district.

Royal College of Surgeons of England.—The following gentlemen, having passed the required examination, received the diploma of M.R.C.S., at meetings of the Court of Examiners on the 25th ult. :—

Dymott, D. F., Southampton
Elliott, H., Westminster Hosp.
Evans, J. W., Trevaughan
Faulkner, J. T., Urmston
Harris, F. Alfred, Reigate
Hine, A. Leonard, Chelsea
Hunt, E. Atlee, Montague Street
Jennings, Edward, Brighton
Jones, T., New Quay, N. Wales
Lendon, A. Austin, Maidstone
MacDougall, A. R., Carlisle
Sweef, W. J., Hebburn-on-Tyne
Tuke, W. S., Charlotte Street
Warwick, Percy, Hastings
Whitney, N. S., Gt. College Street

The following passed on the 26th ult. :—

Baker, Thos., Cosham, Hants
Bryden, R. J., Uffculme, Devon
Claremont, C. C., Hampstead Rd.
Davies, J., Caersws, Montgomery
Edington, J. Edward, Southport
Goyder, C. M'Ivhor, Sunderland
Herschell, G. A., Arundel Gardens
Homes, James, Ledbury
Lovell, R. H., St. Mary's Hosp.
Ozanne, F. Newell, Guernsey
Shann, W. A., Petergate, York
Stevens, L. William, Swansea
Tennant, W. D., Stanford Road
Tilston, E., Goldhawk Road
Wainwright, R. S., Belmont, Lee
Williams, L. Edward, Brighton
Woodman, W. Edwin, Leighton Buzzard

The following passed on the 29th ult. :—

Beevor, C. E., Harley Street
Burnie, W. G., Bradford, Yorks.
Davidson, Alex., Ontario, Canada
Duncan, S. Edward, Madras
Hart, M. James, Sutton, Surrey
Hodgson, F. Foster, Chesham
Moberly, H. J. Robert, Winchester
Osborn, James, Southwell, Notts
Outhwaite, Wm., Denmark Hill
Pardington, G. Lucas, Hereford
Pearse, Henry, Eastbourne
Rawson, Ernest, New Zealand
Rhys, Joshua, Aberdare
Smith, R. P., Belvedere, Kent
Taylor, S. Johnson, Grantham
Wells, A. George, Horselydown
Wood, P. M., Corwen, N. Wales

The following passed on the 30th ult. :—

Appleton, T. Alfred, Cathcart Road, Kensington
Brown, A. Stewart, Leamington
Bullock, C., Congleton, Cheshire
Cock, M. F., South Molton, Devon
Collins, G. D., Pembroke Gardens
Dingley, Allen, Argyle Square
Fox, B. B., Brislington, Somerset
Gardiner, B. H. John, Clapham
Gill, J. Wallis, Clifton, Bristol
Hearnden, W. F., Sutton, Surrey
Little, Edward, Worcester
M'Causland, A. S., Gloucester Pl.
Margerison, R., Bradford, Yorks.
Messum, G. B. Willie, Dulwich
Smale, M. Alfred, Edgware Road
Symons, G. F., Newton Abbott
Wright, H. C., Cape of Good Hope

The following passed on the 31st ult. :—

Bamber, C. J., Moore Pk., Fulham
Boyd, J. S. N., St. Heliers, Jersey
Burton, A. Henry, Sevenoaks
Bush, Erasmus, Bath
Dennys, G. W. P., Earley, Reading
Floyd, John, Oxford
Hawkins, W. R. T., Bristol
Margetson, W. Edward, Dewsbury
Shaun, H. Charles, York
Stewart, I. M'D., Cambridge Gdns.

Anæsthesia by Rapid Respiration.

A THESIS, under the above title, has been awarded the Toner gold medal at Jefferson College, Philadelphia. In this essay a good description is given of Dr. Ponwill's method, of which the following *resumé* will be read with interest :—

He found that air drawn into the lungs, in quantities three or four times as great as required by the body, was capable of producing anæsthesia sufficiently profound to render minor surgical operations painless. Dr. Bonwill could only account for the anæsthesia by giving the credit of its production to a super-oxygenation or a surplus of nitrogen, or to a mixture of the two, and concluded from numerous experiments, that—

1st. Breathing full, at ninety to the minute, will produce anæsthesia of the surface of the body in less than five minutes, so that a pin or needle thrust half-an-inch into a limb is not felt.

2nd. This anæsthesia is not due to a "surplus of oxygen, or of nitrogen, or of the two combined," but follows from the rapidity of the breathing, according to laws certainly known since the beginning of this century.

3rd. The rapidity of the breathing induces the anæthesia by the following sequence :—

a. By its over-action the blood of the body is determined towards the lungs. [Any muscle or organ violently exercised for a short time, receives a surplus of blood ; a well-known fact.]

b. The blood having assumed this centripetal determination, leaves the surface of the body.

c. When the surface of the body is deprived of its blood, superficial anæsthesia supervenes. Wardrof, in 1819, produced anæsthesia for surgical operations by venesection until the surface was completely blanched.

d. A part completely deprived of communication with the trunk by blood supply or return, will be anæsthetised. But (*d*) is not necessary, from the fact that for amputation, the surgeon will depend on an established anæsthetic. The complete withdrawal of the blood from a part involves an anæmia of the nerves, which probably is the direct cause of the anæsthesia.

With these facts before him, the experimenter can account for the congestion of the lungs ; the tingling first felt at the extremities, and extending towards the central organs ; the laboured action of the heart ; the clammy sweat and cool surface produced by Bonwill's method. He will also understand the return of the natural status after the discontinuance of the rapid breathing.

The fact that the lungs and central organs have the blood of the body thrown upon them, awakens the careful surgeon to the danger of the indiscriminate application of this method.

NOTICES TO CORRESPONDENTS.

DR. LEISHMAN.—Thanks, with pleasure.

DR. QUINN, Liverpool, will find all the information he seeks about the various schools in our Student's Number, 1877-78.

MR. HAZEL.—Probably in our next.

IRISH POOR-LAW INTELLIGENCE.

QUARTERLY RETURN OF THE BIRTHS AND DEATHS REGISTERED IN IRELAND.

Quarter ending March 31, 1878.

During the quarter there were registered in the 796 Registrar's districts in Ireland 35,163 births—an annual birth-rate of 26·3 in every 1,000—and 28,348 deaths, representing an annual mortality of 21·2 per 1,000.

In England, during the same quarter, the birth-rate was 36·2, and the mortality 22·8 per 1,000.

The births in Ireland are much under the average for the March quarter, the deaths about the average. The total mortality from the principal zymotic diseases is heavier than in any of the preceding ten quarters, the increase being chiefly due to measles and its sequelæ, the fatal cases of which were very numerous.

Returns received from the Local Government Board show a considerable increase in the recipients of Poor Relief, both indoor and outdoor, compared with the numbers in the first quarter of last year; when compared with the average for the March quarter of the ten years 1868-77, the returns for the last quarter show a decline in the number of workhouse inmates, but a much larger increase in the number of persons on outdoor relief.

Births.—The births amounted to 35,163, being equal to 26·3 per 1,000 of the estimated population. The average ratio of the corresponding quarter of the last five years was 28·0 per 1,000. The respective rates of the four provinces last quarter are—Leinster, 25·6 per 1,000 persons, Munster, 27·1, Ulster, 25·3, and Connaught, 28·2. The county birth-rates range from 19·5 per 1,000, the rate for Wicklow to 32·0 per 1,000 in Kerry. Between these, the five highest are Mayo, 31·2 per 1,000; Dublin, 30·4; Antrim, 29·9; Leitrim, 28·6; and Galway, 27·6; and the five lowest—Kildare, 21·7; Queen's, 21·8; Meath, 22·7; Longford, 23·0; and Armagh, 23·1 per 1,000.

Deaths.—The deaths during the quarter amount to 28,348, affording an annual ratio of 21·2 per 1,000, against an average rate of 21·4 per 1,000 for the corresponding quarter of the last five years. The death rate of Leinster was 24·3 per 1,000, in Munster, 21·4, in Ulster 20·6, and in Connaught 17·3. The extremes of the county rates are:—15·4 per 1,000 in Mayo, and 30·6 per 1,000 in Waterford. Of the intermediate rates, the five highest are—Dublin, 28·8 per 1,000, Wexford 25·9, Kilkenny, 25·5, King's, 23·7, and Antrim 22·9; and the five lowest, Clare, 16·6, Kerry, 16·9, Galway, 17·3, Kildare, 18·1, and Sligo, 18·3 per 1,000. The deaths of 12 persons returned as aged 100 years or upwards were registered, viz.:—3 each at 100 and 101, 1 each at 102 and 103, 2 at 104, one at 108, and 1 (a woman) stated to have been 112, but the Registrar of the district (Ballyhooly, Fermoy Union), where the last named death occurred, has doubts as to the accuracy of the return

HEALTH OF THE PEOPLE.

The effects of the very unsettled weather which characterised the greater part of the first quarter of 1878 are seen in the heavy mortality from affections of the respiratory organs, whether as primary diseases or as secondary symptoms in cases of measles and whooping-cough. It is true that the total mortality for all causes is not over the average for the March quarter of the last five years, but it is considerably in excess of that for the first quarter of 1877, in which the weather, although broken, did not prove so fatal to the old, and in which there was not the prevalence of measles which led to so many deaths last quarter. Cases of small-pox were numerous in Dublin; the disease also appeared in Belfast, and there were a few sporadic cases in various parts of the country. On the whole, the quarter was an unhealthy one, and although in many districts sanitary observances received due attention, it must be confessed that there are some localities in which there seems to have been but little effort made to avert the outbreak of epidemic diseases.

The Registrar of Naas District remarks:—"The sanitary state of Naas is very bad, no public sewers to receive sewerage from the houses except those made by the county to take the surface water off the streets, and many I believe to be choked at the lowest levels. Not long since when opened to be cleaned, there were three-fourths of some of them filled with solid matter."

From Roscommon the Registrar writes:—"Up to the present time no attempt has been made to improve the drainage or provide a proper supply of pure water."

The Registrar of Ratoath District, Dunslaughlin Union, remarks:—"During the latter part of January and beginning of February there was a very severe outbreak of whooping-cough and diarrhœa in the village of Ashbourne. There were 5 deaths from the former and 2 from the latter. The sanitary condition of the village is very imperfect, and the water supply bad."

The report of the Registrar of Irvinestown, No. 1 District, presents a great contrast to the above; he says:—"The district is in a very satisfactory state; Sanitary Act well carried out, and the waterworks are now completed, so that the inhabitants of Irvinestown have a good supply of most excellent pure water." As a supplement to these remarks it may be added that in the entire of the Union of Irvinestown, with a population of 20,000, the only death from any of the principal zymotic diseases registered during the quarter is one from whooping-cough, and that of 72 deaths from all causes, 42 were of persons aged 60 years or upwards. Several Registrars refer to the wretched house accomodation for the poor in their districts.

Diseases.—The number of deaths returned by the Registrars as having resulted from the 8 principal zymotic diseases is 2,809, or 9·9 per cent. of the total deaths registered, and 52·5 of every 100,000 of the population. The number is 361 over the deaths from the same causes in the corresponding quarter of 1877, and 109 over the average mortality for the first quarter of the three years 1875 to 1877.

Small-pox.—There were 88 deaths from small-pox registered during the quarter, 58 of which occurred in the two Dublin Poor-law Unions; 17 in Belfast; 2 each in Celbridge, Roscrea and Limerick Unions; and 1 each in the following Unions:—Downpatrick, Larne, Newtownards, Rathdrum, Shillelagh, Kilrush and Tobercurry, the total number for the Province of Leinster being 62, for Munster 5, Ulster 20, and Connaught one. Non-fatal cases of small-pox are reported by the Registrars of the following Districts:—Saintfield, Drumconrath, Dunlavin, and Rathmore. Most of the Registrars in whose districts small-pox appeared have furnished observations, more or less copious, bearing on the several cases (See Registrars' Notes pp. 38—44), but unfortunately, in some instances, precise information as to vaccination was not obtainable. The Deputy-Registrar of No. 1 South City District, Dublin, remarks: "Of the fatal cases of small-pox 19 were unvaccinated, 2 were vaccinated and had fairly good marks, 2 not stated as to whether vaccinated or not, and 8 had very bad, and scarcely to be distinguished marks." The Registrar of Crumlin District, Antrim Union, says, "Vaccination is fully and regularly carried out, and there has been no small-pox in the district for years, although it is so near Belfast that many of the inhabitants are in daily communication with that town.

Measles.—The deaths from this disease and its sequelæ amount to 865, whereof 269 occurred in the province of Leinster, 455 in Munster (including 122 in the county of Cork, 95 in Tipperary, and 159 in Waterford), 110 in Ulster, and 31 only in Connaught. The deaths from this cause have been gradually increasing since the third quarter of the year 1876, in which they did not equal one-tenth of the heavy, and for many years, unprecedented, mortality recorded last quarter. There is no doubt that the greater number of these deaths are not due to the primary disease, but to pulmonary complications, the prevalence and severity of which have been commented on by several Registrars. Thus the Registrar of Tipperary District, where the disease caused 42 deaths, or more than one-third of the deaths of persons under 60 years of age, remarks:—"Inflammation of the air passages and lungs was a frequent complication, and caused most of the deaths." The Registrar of Carlow District says:—"Measles was unusually prevalent during the quarter, and proved fatal, as will be seen by the return, in 12 instances. The complications which rendered the disease so dangerous were those referrible to the lungs, and were induced by exposure to cold." In Moroe District, Limerick Union, with a population of 6,092, measles caused 24 deaths; the Registrar remarks:—"A serious outbreak of measles took place in this district during the past quarter. It was of a malignant type, the lungs and kidneys appeared to suffer most. There were 24 deaths out of about 200 children who had the disease. The disease, in my opinion, was much influenced by bad sewerage, ill-ventilated houses, extreme poverty of the poor, and want of cleanliness amongst the people." In Newry, No. 2 District, measles caused eleven deaths, the mortality from all causes amongst persons under 60 years of age being 50; a mild type of the disease had been prevalent for some months; in February it assumed "a very malignant form, and hardly a house in the poorer parts of the town has escaped." In Gorey District measles and its sequelæ caused 16 deaths, or one-third of the deaths of persons under 60; in Kells District 11 deaths, which "with one or two exceptions . . . occurred in wretched one-roomed cabins, or still more wretched tenement houses, where the protection from against the keen spring winds . . . was of the slightest nature;" in Wicklow District 10 deaths, or one-fourth of the mortality amongst persons under 60; in Drumlish District, Longford Union, 14 deaths, being one-half of the number under 60; in Ballyleague, Roscommon Union, 8 of 28 deaths under 60; in Killenaule, Cashel Union, 5 of 14; in Callan District, 14 of 39, and in Mullinahone, in the same Union, 7 of 12; in Dungarvan District, 22 of 66; in Fermoy Union, 30 of 105; in Lismore District, Lismore Union, 16 of 36, and in Tallow District, in the same Union, 11 of 26; in Waterford District, 76 of 292; in Clashmore District, Youghal Union, 6 of 11 (10 deaths from measles occurred in other districts in this Union); in Cork No. 3 District, 16 of 59; and in Killfinnane District, Killmallock Union, 10 of 40. It should be added that numerous though the deaths from this cause are, several Registrars remark on the small mortality in their districts, in proportion to the number of persons attacked by the disease.

Scarlet Fever.—There were only 178 deaths referred to this disease, viz., 45 in the province of Leinster, 31 in Munster, 58 in Ulster, and 44 in Connaught. In a few districts the outbreak of the disease was comparatively severe, for example. in Buncrana District, Inishowen Union, it caused 8 of 34 deaths registered; in Tinahely District, Shillelagh Union, 4 of 24; in Athleague District, Roscommon Union, 8 of 34; in Cappaghduff District, Ballinrobe Union, 5 of 20; in Ballycroy District, Newport, 5 of 15 deaths—The Registrar remarks, "Scarlatina is very prevalent in this district; the public have been, and are still, closed in consequence. The sub-sanitary officers and myself have instituted a house-to-house visitation for the purpose of disinfecting houses in which it occurred, and otherwise seeing after the public health;"—in Newport District, in the same Union, 5 of 31 deaths; and in Cloonbur No. 1 District, Oughterard Union, 4 of 26 deaths. However these are isolated instances, and the total number of deaths from scarlet fever contrasts most favourably with the mortality for some years past.

Diphtheria.—This disease caused 17 deaths in Leinster, 25 in Munster, 35 in Ulster, and 5 in Connaught, the total, 82, being 17 under the number of the first quarter of 1877, but somewhat in excess of the deaths in the subsequent quarters of that year. There were 6 deaths from diphtheria in Ballymoney District, Ballymoney Union.

Whooping-Cough and its complications caused 441 deaths, being 143 over the number in the preceding three months, but still only about the average for the March quarter, in which the pulmonary symptoms are generally most severe. Of the 441 deaths, 168 occurred in Leinster (including 171 in the City of Dublin), 133 in Munster, 71 in Ulster, and 69 in Connaught. In Doagh District, Antrim Union, whooping-cough caused 9 deaths, the deaths from all causes amongst persons under 60 years of age being 38; in Belfast, No. 7 District, it caused 4 of 19 deaths under 60; in Baltinglass District, 6 of 25; in Brideswell District, Athlone Union, 5 of 19; in Glassan District, in the same Union, 4 of 15; in Ballygawley District, Clogher Union, 4 of 9; in Elphin and Roosky Districts, Strokestown Union, 7 of 25; in Carrigaholt District, Kilrush Union, 4 of 19; Kilrush District, 6 of 38, measles causing 5; in Killmaganny District, Callan Union, 6 of 24; in Middleton No. 1 District, Middleton Union, 5 of 23; in Waterford District 31 deaths; in Queenstown Districts, Cork Union, 13 of 60 deaths under 60 years of age; and in Macroom District, Macroom Union, 6 of 31.

Fever.—The total number of deaths from the several types of continued fever is 680, being somewhat under the average for the March quarter; these deaths are distributed as follows:—In Leinster 154, nearly one-half of which occurred in Dublin; in Munster, 173; in Ulster, 216, of which 77 were in Belfast Union; and in Connaught, 137, including 50 in the county of Galway, and 46 in the county of Mayo. The Registrar of Belfast No. 2 District remarks—"Cases of malignant typhus fever still too common; sanitary authorities doing all in their power to check it." In Church Hill District, Ballyshannon Union, with a population of 2,453, fever caused 5 of the 18 deaths registered, and scarlatina 3; the Registrar says—"Scarlatina and fever (typhoid and typhus) prevailed," but adds, "The district has now, however, as far as I can learn, returned to its usual healthy condition." In Ballinrobe District, Ballinrobe Union, 6 of the 49 deaths registered were caused by fever; and in Cappaghduff District, in the same Union, of the 20 deaths registered in a population of 3,779, fever caused 5, scarlatina

5, and whooping-cough 1 ; in Belmullet Union, 6 of the 52 deaths registered resulted from fever ; in Loughrea Union, 13 of 97 deaths ; in Lettermore District, Oughterard Union, 7 of 20 deaths; in Eyrecourt District, Portumna Union, 3 of 16 deaths ; in Cloyne District, Middleton Union, 3 of 20 deaths ; and in Unionhall District, Skibbereen Union, 4 of 35 deaths.

Diarrhœa.—The deaths ascribed to diarrhœa number 472—viz., 94 in Leinster, 149 in Munster, 180 in Ulster, and 49 in Connaught. This mortality differs but little from the average for the March quarter, and except, perhaps, the fact that 5 of the 36 registered in Ahoghill District, Ballymena Union, were attributed to this cause, the district returns contain nothing relating thereto which calls for special remark.

Simple Cholera.—There were 3 deaths referred to this cause, of which 2 took place in Leinster, and 1 in Munster.

Several deaths from erysipelas were registered during the quarter, and among the miscellaneous items observed in the Returns may be noticed the occurrence of "a great many cases" of influenza in Dirraw District, Ballmoney Union, and 3 deaths from croup in a total of 8 deaths in Kilgobban District, Tralee Union.

CORRESPONDENCE.

ABUSES OF DISPENSARY TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—That the appointment of medical officer to an Irish dispensary district is not an enviable one, is well known to the profession. The work is hard, and the emoluments light, the nature of the duties irksome, and the social status of the doctor is not good. Guardians, and members of committees, are generally sensible to the defects in the appointment, and to their gentlemanly and considerate conduct is due the possibility of holding it at all. Occasionally, however, the action of those honorary officials is neither gentlemanly, nor considerate, and when the medical officer finds himself aggrieved, except by pressure of public opinion, he experiences difficulty in getting any redress. The following cases will exemplify the petty annoyances to which dispensary medical officers may be subjected by hos ile guardians.

In my district a medical gentleman was in attendance on a patient—the instructions he gave for the disposal of his patient were not altogether approved of by the friends. A guardian close by, says, "Here, you may as well have the opinion of our dispensary doctor ; I'll give you a 'red line,' it'll cost you nothing." If this patient, of his own accord, was paying his doctor, was it not too bad of the guardian to encourage or suggest his throwing himself on dispensary relief? Again, the son of a small farmer, who could pay the necessary fee for attendance, delivers me an order to visit his father, but in course of conversation, to my astonishment, he is utterly ignorant of the nature of the ticket he has just handed me, and unhesitatingly signs the subjoined statement :

"To Dr. C——. I do not think it necessary for you to visit my father, nor did I seek a visiting line from (ticket issuer's name), nor did I know it was a visiting line, nor the nature of the paper he gave me until you told me.—WILLIAM C——."

I notified the ticket issuer in this latter case, that if he forced my services on the patient in question, contrary to the wishes of the patient or his family, that I should hold him responsible for a guinea fee. He did so, and I am about to prosecute him for the fee. Will you kindly publish this letter in the MEDICAL PRESS, and favour me with your remarks on the legality of a guardian pushing his medical officer on another doctor's patient, or sending him where his services are not sought, and not desired? Yours truly,

J. A. C.

[In the present state of the law, the dispensary doctor is bound to attend every case in which he is presented with a ticket, even if the ticket be improperly granted, and irregularly filled up, and the recipient well able to pay. Therefore, even if a ticket is forced upon the recipient without his knowledge or consent, the doctor must attend upon it, and must seek his remedy afterwards. There are several means of obtaining such remedy. *Firstly*, the doctor may, and should, apply to the Committee to cancel the ticket. *Secondly*, he may appeal to the Local Government Board against the breach of the committeeman in issuing the ticket under such circumstances. *Thirdly*, he may sue the committeeman for the fees incurred. In the case of Woods *v.* Cromley (Monaghan Quarter Sessions), this suit was successfully sustained, and, in the interest of his profession, our correspondent is bound to follow up the claim which he has against the grantor of the ticket. On the whole case, we advise him to send a minute statement of the facts (giving the dates and circumstances with accuracy, together with copies of any correspondence thereon) to the Hon. Sec. of the Irish Medical Association, and our correspondent may then feel assured that he will be advised and supported as the case deserves.—ED. M. P. & C.]

TABLE

Showing the gross expenditure of each District Lunatic Asylum in Ireland—Daily average number of Patients in each, and average cost per head for maintenance, for the year 1876.

ASYLUMS.	Total Expenditure.			Daily Average Number of Patients Maintained.	Average cost of Maintenance per head per annum.		
	£	s.	d.	No.	£	s.	d.
Armagh . .	4,712	2	6	178	26	9	5
Ballinasloe .	9,566	10	0	411	23	5	10
Belfast . .	10,323	5	2	405	25	9	9
Carlow . .	4,653	16	0	223	22	4	3
Castlebar . .	5,858	14	2	249	23	10	6
Clonmel . .	10,381	5	2	361	28	15	2
Cork . .	15,410	14	6	726	21	4	6
Down . .	9,454	0	4	331	28	11	7
Ennis . .	6,121	8	5	237	25	16	7
Enniscorthy .	6,376	15	3	250	25	10	2
Kilkenny . .	4,210	6	0	212	19	17	2
Killarney . .	6,920	2	7	278	24	17	6
Letterkenny .	7,039	0	10	280	25	2	9
Limerick . .	11,287	15	5	423	27	0	0
Londonderry .	6,526	18	6	255	25	11	11
Maryborough .	5,883	2	5	236	24	18	6
Monaghan .	8,341	6	7	343	23	9	7
Mullingar . .	11,105	9	6	412	26	18	8
Omagh . .	9,016	18	2	497	17	2	2
Richmond . .	28,176	19	10	1,066	26	8	8
Sligo . .	5,909	0	6	321	18	8	0
Waterford . .	4,690	3	7	258	18	5	2
General Total .	192,265	15	5	7,952	24	13	8

ENNISKILLEN GUARDIANS.

THE GLAN DISPESNARY.

A LETTER was read from the Local Government Board directing attention to a letter from Dr. Flood of the Holywell Dispensary District, complaining of the small salary of £15 a year allowed him by the Enniskillen board of guardians, for attending once a week at the new dispensary at Glan. He had to attend Blacklion twice a week, and once a week at Dowra ; and the cost of a post-car to Glan alone would be over £18 a year. Dr. Flood added that the Enniskilen board of guardians were generally fair towards their servants, and he hoped the Local Government Board would not sanction such a small allowance.

The Clerk said the dispensary committee recommended the payment of £20, and the guardians allowed only £15.

Mr. Weir said that one of the strict members of committee who had signed for £20 recommended £12 or £10.

Mr. Carson—The members of committee wish it £10, but they have not the courage to say so, and they desire us to do it.

The board directed that the correspondence be sent back to the dispensary committee.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF JULY, 1878.

JULY 1st.—Garland, James; 9 Bloomfield Terrace, N. Circular Road, Dublin; Lic. R. Coll. Surg. Irel. 1876.

3rd.—Hughes, Richard Lawlor; 2 North Strand Road, Dublin; Lic. R. Coll. Surg. Irel. 1878, Lic. 1878 and Lic. Mid. 1878 K. Q. Coll. Phys. Irel.

5th.—Burke, James Michael; Queenstown, Castle Dalkey, co. Dublin; Lic. R. Coll. Surg. Irel. 1877.

5th.—Ross, Frederick Agilby; Barley Park, Limavady, co. Derry; Lic 1877 and Lic. Mid. 1878 R. Coll. Surg. Irel. M.B. Univ. Dub. 1878.

6th.—Roberts, Frederic Joshua; Summer Hill, Enniscorthy, co. Wexford; Lic. R. Coll. Surg. Irel. 1878, Lic. 1876 and Lic. Mid. 1876 K. Q. Coll. Phys. Irel.

8th.—Hethrington, Reynolds Peyton; Athlone, co. Westmeath; M.B. Univ. Dub. 1878.

8th.—Cox, Henry Laurence; Portrush, co. Antrim; M.B. 1878 and B.Ch. 1878 Univ. Dub.

8th.—Johnston, Robert Henry; 26 Eccles Street, Dublin; M.B. Univ. Dub. 1878.

18th.—O'Connor, Daniel Roderick; 28 Patrick's Hill, Cork; M.B. 1878 and Mast. Ch. 1878, Q. U. Irel.

11th.—Kennedy, Hugh; 49 Eccles Street, Dublin; Lic. R. Coll. Surg. Irel. 1876.

11th.—Warnock, Robert; Aughadreena House, Fintona, co. Tyrone; Lic. R. Coll. Surg. Irel. 1878.

12th.—Bell, Thomas Vesey; Enniskillen, co. Fermanagh; Lic. R. Coll. Surg. Irel. 1877, Lic. Mid. K. Q. Coll. Phys. Irel. 1878.

13th.—Taylor, David; Clandeboye, co. Down; M.D. Q. Univ. Irel. 1877.

13th.—Fox, Patrick Halion; Ardnacreeney House, Ballymahon, co. Longford; Lic. 1877 and Lic. Mid. 1878 K. Q. Coll. Phys. Irel.

13th.—O'Kelly, Thomas Edward; Maynooth, co. Kildare; Lic. R. Coll. Surg. Irel. 1877, Lic. R. Coll. Phys. Edin. 1878.

15th.—O'Neill, John Gregg; 12 Manchester Street, Manchester Square, London; M.B. 1878 and B.Ch. 1878 Univ. Dub. Lic. Mid. K. Q. Coll. Phys. Irel. 1878.

16th.—Inman, Arthur Walter Patrick; Anglesea House. Blackrock, co. Dublin; M.B. 1878 and B.Ch. 1878 Univ. Dub.

16th.—Cowen, Edward James; Cleenish, Enniskillen M.B. 1878 and B.Ch. 1878 Univ. Dub.

16th.—Nugent, Guy Perceval Lestrange; Ardrahan, co. Galway; M.B. 1878 and B.Ch. 1878 Univ. Dub.

16th.—Wilkinson, William Cleland; 17 Beresford Road, Birkenhead, Cheshire; M.B. 1878 and B.Ch. 1878 Univ. Dub., Lic. Mid. K. Q. Coll. Phys. Irel. 1878.

18th.—Kirker, Gilbert; Royal Hospital, Belfast; M.D. Q. Univ. Irel. 1876, M. R. Coll. Surg. Eng. 1877.

18th.—Hilary, Michael; R. Coll. Surg., Stephen's Green, Dublin; Lic. R. Coll. Surg. Irel. 1861, Lic. Apoth. Hall Dub. 1878.

18th.—Neville, William Cox; Roden Place, Dundalk, co. Louth; M.B. 1878 and B.Ch. 1878 Univ. Dub.

18th.—Bennett, Edward; Shannon Vale, Clonakilty, co. Cork; Lic. R. Coll. Surg. Irel. 1878, Lic. 1878, and Lic. Mid. 1878 K. Q. Coll. Phys. Irel.

19th.—Hawkins, John Sneyd; Northumberland Lodge, Upper Leeson St., Dublin; Lic. R. Coll. Surg. Irel. 1878, Lic. 1878 and Lic. Mid. 1878, K. Q. Coll. Phys. Irel.

23rd.—Hall, James Campbell; Morne Abbey, Kilkeel, Newry, co. Dublin; Lic. Med. 1877 Lic. Surg. 1877 M.B. 1878 and B.Ch. 187- Univ. Dub., Lic. Mid. K. Q. Coll. Phys. Irel. 1878.

24th.—Carson, Walter Peter; 25 Harcourt Street, Dublin; M.B. Univ. Dub. 1878, Lic. R. Coll. Surg. Irel. 1878.

17th.—Crofts, James Groves; Ashgrove House, Upper Rathmines, co. Dublin; Lic. 1878 and Lic. Surg. 1878 Univ. Dub.

26th.—Croghan, Edw. Henry; 142 Capel St., Dublin; Lic. Apoth. Hall Dub. 1878.

31st.—Russell, Samuel; 4 Sandford Terrace, Ranelagh, co. Dublin; Lic. R. Coll. Surg. 1877.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, July* 27, 1878; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, JULY 27, 1878.														
			Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	27	139	161	29	24	18	1	1	1	2	8	7	4	3	
BELFAST . .	20,687	182,082	25	119	88	11	11	...	...	2	...	...	1	5		8	15
CORK . .	13,816	91,965	16	40	28	1	9	...	...	...	..	...	..	...	1	2	-
LIMERICK .	8,509	44,209	14	23	12	1	3	...	...	...	...	...	1	...	...	...	6
LONDONDERRY .	21,865	30,884	22	13	13	...	6	...	...	...	...	1	...	...	1	1	2
WATERFORD .	17,209	30,626	12	16	7	2	...	...	...	...	...	...	1	...	...	...	...
GALWAY . .	21,358	19,692	40	5	15	1	4	3	...	..	...	...	1	...	1	1	4
SLIGO . .	30,835	17,285	15	4	5	...	4	...	...	..	...	...	...	1	...	...	7

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 14, 1878.

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LECTURES ON LOCALISATION IN CEREBRAL DISEASE.

By Prof. CHARCOT, M.D.,

Physician to the Salpetrière Hospital, Member of the Academie de Medicine, Paris; Fellow of the Clinical Society of London, &c., &c.

(*Continued from page 79.*)

Origin of the Cerebral Portions of the Optic Nerves.

You may have remarked in the anatomical description just given that the quadrigeminal tubercles constitute the only region near the median line, where the optic tracts, after crossing in the chiasma, meet again. Is there at this point a supplementary decussation which, according to the hypothesis which I have brought forward, would bring back the optic nerves into the condition of nerves in general? This question would be very difficult to answer by means of anatomical details alone. Doubtless, in the median line, between the quadrigeminal bodies, there are numerous decussations which are verified by anatomy. But we should scarcely be able to decide that these decussating fibres were connected with the optic nerves, and still less that they are fibres from those nerves which have not passed over in the chiasma. Experimentation and pathology will probably take the lead in settling the question. Experiments made by Flourens have shown that ablation of the optic tubercles in birds and mammals results in amblyopia or crossed amaurosis. But in these the ocular axes are directed outwards, and in them the chiasmal decussation is doubtless complete.

In man, data for the solution of the matter are still wanting. Lesions of the quadrigeminal tubercles are not so very rare, but they are usually bilateral, and as they then cause double blindness, prove nothing. In fact, we have still to inquire whether lesion of the anterior quadrigemina will (like lesion of the optic tract) cause lateral hemiopia, or, on the contrary, crossed amblyopia, as it ought to be according to my hypothesis. In favour of the latter, I can only cite an observation made by Dr. Bastian in a case of unilateral lesion of the anterior quadrigemina resulting in crossed amblyopia. At present this is an isolated case, and it is related with too little detail to be decisive.

It remains for me to inquire whether crossed amblyopia is the only kind of functional disorder of vision which can result from lesion of the brain proper, or whether hemiopia may not also, as the writers say, result from certain localisations in the hemisphere. This is a point which I consider cannot be at present decided. In the absence of conflicting autopsies, I incline to believe that in most cases of hemiopia which have been attributed to a brain lesion, this lesion was not in the substance of the hemisphere, or extended in a basilar direction until it affected one or both optic tracts directly or indirectly.

To show that lesions in the substance of the brain cause hemiopia (lateral hemiopia), cases are called up in which the original trouble has arisen suddenly in consequence of an apoplectic seizure, at the same time that the limbs of one side are affected with paralysis of motion, and sometimes of sensation. Nothing is better established clinically than the existence of facts of this kind, of which M. Schoen has recently given many instances in an interesting paper. But as yet the post-mortem records have not really proved whether the lesions had affected the substance or the base of the brain. As you know, destruction or compression of one of the optic tracts causes lateral hemiopia, and, on the other hand, the anatomical relation between the tracts and certain parts of the isthmus, such as the cerebral peduncles, is well known. This being the case, a lesion in a suitable locality—in one of the crura cerebri, for example—might cause (with lateral hemiopia) motor hemiplegia, and, perhaps, hemi-anæsthesia. Such a lesion as a sudden hæmorrhage into the substance of the hind part of the thalamus might easily be followed by a like result. We can only see in such cases the phenomena of juxta position.

However that may be, it is well to remember that

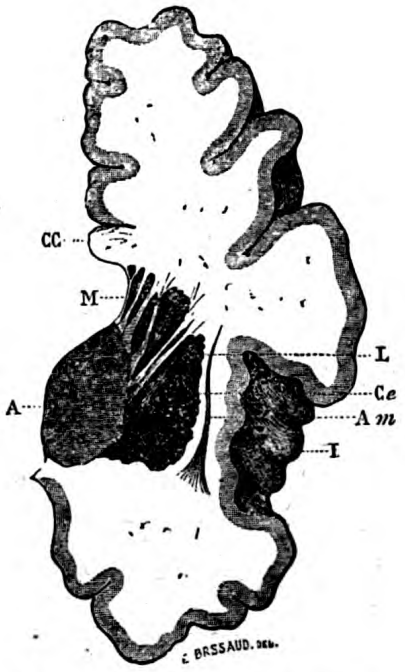
among the reported cases of lateral hemiopia, considered as intra-cerebral in their origin, there are some which do not admit of the interpretation I have given. For instance, there are instances in which right lateral hemiopia arises in concert with aphasia, and sometimes with affection of the mobility and sensibility in the right limbs. These cases do not form a homogeneous group. There is one category of instances of a peculiar kind of migraine (Tissot, Latham of Cambridge, Liveing of London) essentially transitory attacks, especially marked by scintillations, by more or less pronounced latent hemiopia, and sometimes accompanied by aphasia, by numbing of the face and right limbs; headache, nausea, and vomiting generally end the attack. Clearly, one cannot suspect in these cases the existence of any material change of substance. In another category are cases in which hemiopia, hemiplegia, and aphasia co-exist as permanent phenomena.

As matters stand, I do not see how these cases can be explained anatomically on the theory of a single form of lesion. I can only call attention to the difficulties to be solved in the future.

SECONDARY DEGENERATIONS.

We must now again transfer our attention to the *anterior region of the central masses*—to study more closely from anatomical and pathological points of view the results of lesions in those parts.

Fig. 34.



A, Optic thalamus: A*m*, Front wall; CC, Corpus callosum; I, Insula; L, Locus of former softening of the middle of the caudate nucleus and of the internal capsule. This part is really a sort of space which is separated from the lateral ventricle only by a membranous layer which has resisted the diserse.

This anterior region, which might be called *lenticulo striated*, in distinction from the posterior or *lenticulo optic* region, comprises, as you have been told: 1. The two anterior thirds of the white tract called the interior capsule; 2. Inside this the greater end or head of the nucleus caudatus; 3. On the outer side by the side of the insula the two anterior thirds of the neucleus lenticularis. Observations—and in this case many observations—as I have already remarked in the seventh and eighth lesson, show that common motor hemiplegia, unaccompanied by sensory troubles, is the result (in a sense, the fatal result) of all lesions however small, affecting the different parts I have named, always supposing that the lesions in question cause destruction or sudden compression of the nervous structures of the injured region, and not simply displacement gradually set up, as occurs so often in the case of tumours.

I have also remarked that on this point it is necessary to make an important distinction; it is this: lesions, extensive and deep though they may be, which are limited to the sphere of the grey nuclei (caudate or lenticular nuclei) do not, as a rule, set up well-marked and lasting symptoms, while comparatively slight injuries affecting the white tract (internal capsule) give rise to motor hemiplegia, not only well-marked, but lasting and often incurable.

Let us trace the cause of these differences. I will first notice the relative intensity of the paralytic symptoms, in cases where the internal capsule has been involved, compared with their feebleness in the case of lesions limited to the grey nuclei; and I will then consider the transitory character of the hemiplegia in instances of lesions of the second class as compared with the persistence of this symptom in affections of the internal capsule.

I.—On the first point, I will once more remind you of some peculiarities in the anatomical constitution of the internal capsule. You remember that it contains: 1. Fibres called *direct peduncular*, because they arise in the cortical grey matter, and pass into the lower layer of the crus cerebri, without being connected with the lenticular or caudate nuclei. 2. It also contains *indirect peduncular* fibres, which take origin from the lenticular or caudate nuclei, and have no relation to the grey cortical matter. We here disregard, for a time, bands of fibres stretching from the grey cortex to the grey central nuclei. We will suppose that the different peduncular fibres, direct as well as indirect, are centrifugal, and that they transmit to the periphery motor influences developed either in the grey cortex or in the lenticular and caudate nuclei.

If this be the case, it is easy to understand that even a slight lesion affecting the internal capsule, especially its lower part (near the foot of the crus cerebri), where all the fibres meet or are gathered in a narrow space, will impair the function both of the grey cortical matter and of the two grey nuclei; while, on the other hand, a lesion affecting only the lenticular nucleus will not interfere with the functions of the nucleus caudatus, or of the grey cortex. It is easy to conceive the different combinations of causes and effects which may arise here—lesion of the nucleus caudatus, of certain regions of the grey cortical matter of the two grey nuclei simultaneously, with or without involvement of the peduncular fibres of the internal capsule. I do not attach more importance to this theory than properly should pertain to it. Still, I may remark that it well adapts itself to clinical observations, and I would add that it is not opposed by experimental researches among animals.

It has long been known that the motor derangements which are produced in most animals by destruction of different parts of the brain (the cerebrum in particular) are, as a rule, widely different from those found in man, in consequence of lesions of the same parts caused by disease. In interpreting these experimental results, and in applying them to human pathology, it is necessary to take account of the animal's position in the scale, and of its age. For instance, removal of the whole of a pigeon's, or snake's, or frog's hemisphere does not cause a motor trouble which can be compared to hemiplegia. And it is much the same in rabbits. Some degree of weakness in the limbs of one side is the only result of such an injury to a rabbit; it can still stand and leap when the cerebrum has been entirely destroyed, provided, in all cases, that the pons is uninjured. In a dog the result is different. In some experiments lately made by MM. Carville and Duret, the results of gradual ablation of parts of the cerebrum much resemble the effects of hæmorrhages into the substance of the cerebral hemispheres in man.

And it is highly probable that the similarity would be

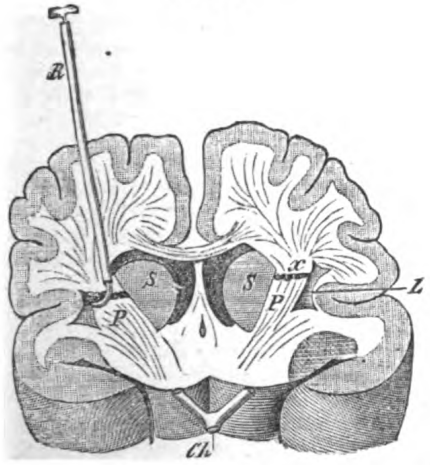
still greater if the experiments were made on the monkey's brain. The principal results of Carville and Duret's experiments are—

1. Ablation of the grey matter of the so-called motor parts of the cortex in the dog causes temporary paralysis in the opposite side of the body.

2. Extirpation of the caudate nucleus causes similar paralysis, but more strongly marked. (At present it is useless to say anything about the lenticular nucleus, because its removal has not yet been effected without injuring other parts.)

3. Lesion of the lower part of the internal capsule causes, in the opposite limbs (anterior and posterior) not only paresis, but well-marked motor paralysis, reminding one of the hemiplegia resulting from hæmorrhage in the same parts in man (fig. 35). Held up by the skin of his

Fig. 35.

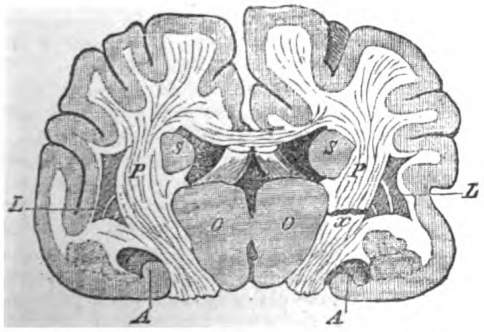


Transverse section of a dog's brain 1-5th inch in front of the optic commissure. SS, the caudate nuclei of the corpora striate: L, Lenticular nucleus; PP, Penduncular expansion (internal capsule); Ch, Optic commissure; x, Section of the internal capsule (anterior or lenticulo-striate region), producing hemiplegia on the opposite side of the body without anæsthesia; R, Veyssières spring stilette for dividing the internal capsule.

back, the animal thus operated on can still rest on his sound limbs, but the affected limbs hang flaccid and incapable of any movements not purely reflex.

To sum up, gentlemen, from these very interesting experiments, which ought to be repeated and multiplied, you see the difference noticed long since between man and the lower animals, as regards the influence of similar regions of the cerebrum on the movement of the limbs of the opposite side. This difference, I say, appears not to exist when comparison is made between animals equally high in the scale of development.

Fig. 36.



Transverse section of a dog's brain at the level of the mamillary tubercles; OO, Optic thalami; SS, Caudate nuclei; PP, Internal capsule, posterior or lenticulo-optic region; AA, Cornua of Ammon; x, Section of the posterior or lenticulo-optic part of the capsule determining hemi-anæsthesia; LL, Lenticular nuclei.

This is the proper place for remarking that, in the dog as in man (according to MM. Carville, Duret, and Veyssierre) lesions of the hinder part of the internal capsule produce crossed hemi-anæsthesia.

(To be continued.)

ON THE PROPRIETY OF IMPOUNDING ORIGINAL PRESCRIPTIONS. (a)

By Mr. R. J. DOWNES, M.P.S.I.

It may appear presuming to suggest a departure from an old established practice which in the past has been found to work sufficiently well not to have been disturbed, yet in these days of reform, innovations need no apology.

There are several questions involved, and naturally the first is: What advantage is to be gained? I think, at least, two; one to the compounder, and the second to the prescriber; and if so, I expect there will be also one to the public.

To the compounder there will be the advantage of holding the prescription in case of accident, indiscreet prescribing, or other cause which might lead to an investigation. It may be argued that such a protection is unnecessary, as the compounder is competent and bound to check the prescription before he acts on it. Not always; for do we not often get prescriptions for Miss ——, who may be any age from 2 to 100 years? or in case of such prescriptions as the following, which I have selected from nineteeen months' experience:—

℞ Acet plumbi, gr. xxxvj.;
Acet morph., gr. iij.;
Acid acet. dil., ℥j.;
Ft. mist. Half a wine-glassful occasionally as required.

℞ Camphoræ pulv.;
Ammon. sesquicarb., āā gr. xviij.;
Vitelli ovi unius;
Chlorodynæ (Dr. J. C. B.) ℥j.;
One sixth part every third hour.

Or one in which an aperient draught is directed to be made up with

Infus sennæ, ad., ℥viij.

We may guess at an error, but are not at liberty to correct. You say, "interview the prescriber," but where will you find him? In one of these cases I was five hours waiting before I could get an answer; and in another the patient had got the prescription when he was on a visit to the country. In these cases I think the compounder is bound to exercise his judgment, and entitled to hold the handwriting of the prescriber as his authority; but let him return a "copy of the prescription as compounded" by him; this copy will, of course, be laid before all prescribers who are in the habit of requiring the last prescription "to be presented on next visit."

Here is the advantage to the prescriber, that he will have a *bonâ fide* check on the compounder; and at the present time, when so many of the profession use the style and manifold-writer, retaining fac-similes of their prescriptions, this would be of great value to them and to us, by giving them confidence in those who were compounding for them, and might also serve as a check on any unqualified who may be compounding, as every registered chemist would be but too ready to have printed headings.

It would be a disadvantage if this rule was only acted on in cases of dangerous or exceptional prescriptions, for to withhold the prescription and give a copy, then would be a slur on the prescriber; but where it is the practice with all prescriptions, no such inference could be drawn.

A difficulty in effecting this is the general opinion that the prescription is the property of the person who pays

(a) A paper read before the Pharmaceutical Society of Ireland.

for it, but it should be defined that the prescription is the prescriber's note to the dispenser, as on the face of it it is, it being written in a language understood by both, and presumably unknown to the patient. The copy, with plain English translation of the directions at foot, answering all the purposes for which the patient can require it, is as much as he ought to demand.

As the Pharmaceutical Sociecy is opening up a new phase in dispensing, I thought our evening meetings would be a fair opportunity of discussing this question, and with this object lay my views before you.

BRITISH MEDICAL ASSOCIATION.

ADDRESS IN MEDICINE.

By HENRY F. A. GOODRIDGE, M.D., F.R.C.P.,
Senior Physician to the Royal United Hospital, Bath.

THE PATHOLOGY OF FEVER.

The etiological aspect of certain specific fevers and febrile processes has so engrossed attention of late, and such encouraging results have attended the study of the same, that inquiries into the essential nature and mechanism of fever in general, pyrexia as it is called, seem in danger of slipping into the background. Yet assuredly the latter are of no less importance than the former. Nay, from the entrance into the organism of the pyrogenic agent to the supervention of convalescence or of death, as the event may be, is not the process, whether longer or shorter, one and indivisible? Light thrown upon the ultimate cause of fever, of course, cannot be too highly valued, whether in reference to prophylaxis or to the part the ultimate may still play in connection with the proximate cause of the disorder. But it is just in this latter sphere that light is as urgently needed; for how can we, as practitioners of medicine, ever expect to get control over the febrile process as a whole, or how can we be justified in affirming, except provisionally, that it is *beyond* our control, while we are so little advanced in our knowledge of it that authorities among us are divided, not alone as to what extent, or as to the particular way in which the great nervous system of the body is concerned in its pathogenesis, but as to whether it has any share in it at all? Some two or three years ago, I was led to inquire a little into the existing state of this department of pathology, and I ventured to place the result before our local branch. In endeavouring now to execute the task with which I have had the honour to be entrusted, I propose to resume the subject, and to invite attention to certain work done in connection therewith since the period referred to; premising, however, that I have no discoveries, no laboratory researches, of my own to offer, corresponding to those with which my accomplished predecessor last year interested his auditory at Manchester.

But, before proceeding, I cannot forbear to allude to the loss to scientific medicine recently of two men whose names must ever be associated with the history of fever pathology. In September last died Carl August Wunderlich, the father, as he has been called, of clinical thermometry; that is to say, that, although he was somewhat anticipated by De Haen, and yet more considerably by Gavarret and Zimmermann, to Wunderlich must always be ascribed the distinguished merit of having fully established the great practical value of the thermometer and of temperature observations for clinical purposes. With the employment of this instrument for the determination of the body heat, I need hardly say, the history of modern fever doctrine must be considered to commence; for we have with it the first application of the methods of exact inquiry to investigations concerning the essence of fever. Wunderlich sank after protracted illness; not so, however, the eminent French physiologist Claude Bernard, who, four months later, was cut off suddenly, and in the midst of his work. My personal recollections of him, largely exceeded, no doubt, by those of many here present, are limited to the time when, as prosector to Magendie at the Collége de France, he was engaged *inter alia* in demonstrating the functions of the roots of the spinal nerves. His brilliant career had as yet hardly dawned, and experimental physiology, it is unnecessary to observe, was then in its infancy. To tell of Bernard's discoveries and researches were a task itself; we need it not; we are all more or less familiar with them. We know, moreover, how vast an influence they have exercised upon modern pathology and medicine; but, perhaps, nowhere more strikingly so than in the department with which we are just now concerned. Indeed, there is not a modern theory of fever that has been set up, unless it absolutely exclude the nervous system from all place in it, in which Bernard's work is not the very keystone of the arch. So, also, frequent reference to the same in anything said upon the subject, just as to physiology generally in dealing with the complicated phenomena of fever and the peculiar alteration of the heat economy of the body which we meet with in it, becomes indispensable.

The first matter to engage us, then, is the share of the musculature in the production of the body-heat. As soon as it was known that the combustion processes of the body upon which, as Lavoisier taught, its proper heat is dependant had not, as was imagined, their especial seat in the lungs, but took place in the tissues generally, it became manifest that the share respectively of these different tissues in the main result must be very unequal. In some, much heat would be produced; in others, little or even none; and in the same tissue a very varying amount at different times. Clearly, the product in a given time would be in direct proportion, on the one hand, to the quantity of tissue relatively to the entire body-weight; and, on the other, to the energy of the oxidation processes occurring in it, or, in other words, to the amount of its nutritive and functional activity. Thus regarded, the glandular organs, the great nervous centres, and the muscular tissue might well be assumed to take a prominent part in the production of heat. The results of observation and experiment show this. The secretion flowing from the salivary glands has been found to be 1·5 deg. Cent. hotter than the arterial blood supplying them. A similar augmentation of temperature in the secretion of other glands, though not hitherto proved, is highly probable. The liver we know to be a great focus of heat; indeed, Bernard maintained that it is the organ which has the highest temperature of any, but this has also been claimed for the cerebrum proper. In regard to the latter, at all events, the blood of the jugular vein has been found to have a higher temperature than that of the carotid artery. To come now to the muscles. They constitute in weight nearly half the body, and a third of the blood outside the heart and great vessels goes to their supply. We have long had much evidence to show that the musculature is a great generator of heat; numerous observations in man and animals testify to the fact. But Professor Samuel, of Königsberg, has recently succeeded in more precisely proving its influence upon the temperature of the body, by eliminating a great portion of it from the total heat production. He tied in a healthy rabbit the two subclavian and two femoral arteries, and then placed the animal in an atmosphere of zero Cent., or lower. The result was, that its temperature fell gradually within, from four to eight hours, to 72 deg. Fahr. and under, and it died with all the signs of infrigidation. In another rabbit, he made section of the cervical plexuses and of the sciatic and crural nerves without tying any vessels, and, placing it in the same cold medium, exactly the same result ensued. The two operations combined in one and the same animal did not exceed in effect that of either alone. The wounds necessarily inflicted were found to have no important share in the result. By immersion in ice-water, Samuel could

reduced the temperature of small healthy rabbits some degrees, and they endured this abstraction of heat, even with similar wounds, a very long time ; but when rabbits of whose extremities the main arteries were ligatured or the nerve-trunks divided, were immersed in ice-water, their temperature sank rapidly, and death ensued. If the animals thus experimented on were placed in a warm atmosphere, they passed into a febrile temperature, even to 107 deg. Fahr. and upwards, which, however, as soon as the heat-discharge, as by cool environment, was again facilitated, sank in a like manner as when they were exposed to the same after the operation. Here, then, by eliminating from the total heat-production the musculature of the extremities, the warm-blooded animal is reduced to the condition of a cold-blooded one, its body heat being now no longer stable, but rising and falling with the external temperature ; and all the heat producing powers of the glandular organs, nervous centres, &c., do not avail to prevent this result. But, remarks Samuel, the musculature of the extremities is in mass only about a third of the entire musculature of the body. Hence he concludes that the musculature is the great source of heat, and that the heat-production of all other organs taken together is comparatively inconsiderable.

Now, as to the condition of the muscle concerned in this thermogenic process, Claude Bernard found that the consumption of oxygen in a muscle in a state of contraction approached half the quantity contained in the arterial blood supplied to it ; in a muscle at rest, the consumption amounted to nearly a third of the same, and the proportion of carbonic acid in the venous blood, though less, of course, than that of the contracting muscle, was still considerable ; while, in a muscle paralysed from section of its nerve, the consumption of oxygen was nearly, and the production of carbonic acid, was quite *nil ;* the blood flowed through the muscle almost unaltered. The colour of the venous blood, indeed, so far allowed these differences to be recognised. That the paralysed muscle was almost as red as the arterial ; the blood issuing from the muscle at rest was moderately black, and from the contracting muscle intensely black. It is thus evident that the repose of muscle is not a state of inertia, of entire inactivity, as after section of the nerve. Bernard held that the elementary fibre is in a condition of semi-contraction, answering to the "muscular tonus" of some physiologists. Be this as it may, it is clear that there is at least a combustion-process going on in the resting muscle, which, in contrast to the intermitting character of voluntary muscular activity, is continuous and unceasing. The inference from the whole drawn by Samuel is, that the musculature at rest constitutes the silent heat-apparatus of the organism, the "local hearth" of the combustion processes of the body, which Crawford, Priestley, and Lavoisier, assigned to the lungs. In close correspondence are the results of curare-poisoning, which we know paralyses the muscular nerves. Röhrig and Zuntz found in curarised animals a marked diminution, as indicated by the quantities of oxygen consumed and carbonic acid produced ; these, indeed, might fall to half the normal. At the same time, the body-temperature sank considerably ; and this sinking was the effect, and not the cause, the diminution of the oxidation was shown by the fact that the latter continued to diminish when loss of heat from the body be prevented by wrappings of cotton wool. Similar, again, is the conclusion to which, *inter alia*, Fick and Harteneck have been led by their recent researches on the development of heat in muscular contraction : "The combustion of the nutritive materials taken up by the body," say they, "so far as the affinity of the inspired oxygen does positive chemical work therein, proceeds almost exclusively in the muscular tissue." What is to be said respecting the nervous influences concerned in this process, will appear as we proceed.

Our next topic is the mechanism of the heat-regulation, still a physiological one, but so intimately connected with the pathology of fever as to require a few moments devoted to it.

In our endeavours to explain this remarkable endowment of the warm-blooded animal, by virtue of which it maintains constant its proper heat, notwithstanding varying external conditions of temperature, and ever tends to return to it, even after considerable alterations of the same, we have been in the habit of assuming the existence of an encephalic nervous centre, to whose mysterious operation the whole was attributed ; but, if it be established that the musculature is the main seat of the production of heat, there are certain considerations which, taken together, seem much to favour the belief that this regulation, although very possibly subject to the influence, inhibitory or otherwise, of a higher centre, is in the main effected by means of ordinary reflex machinery having its central elements in the spinal cord. It will be observed that the question is, not how originally we derived our normal body-temperature—*that* we inherited from the maternal organism—but how it is maintained constant.

First, then, the law that cold contracts the vessels and heat relaxes or dilates them is, of course, paramount here ; the full extent and exact application of it, however, are apt to be overlooked. Assuming a certain degree of contraction of vessels to correspond to the mean normal temperature of the body, then, it is clear, every influence which proceeds from a lower temperature is, *pro tanto*, cold ; likewise every influence proceeding from a higher one is, *pro tanto*, heat ; and, therefore, in the two cases respectively, *quoad* contraction, so much stimulus or the reverse.

Secondly, the contraction state of the vessels, we know, regulates the heat discharge from the surface of the body ; but the quantity of blood to circulate remaining the same, the degree of contraction of the vessels will depend upon the thermal influences of the entire environment, and therefore, as has been well pointed out, at least as much upon the temperature of the interior of the body as upon that of the external surrounding, and the amount of heat-loss connected with the latter.

Thirdly, in the contraction of vessels produced by it, we recognise that cold acts as a stimulus to the sympathetic vaso-motor nerves, and brings to pass an activity of their proper musculature. The sympathetic system, then, governs the vessels which regulate the discharge of heat ; and cold restrains that discharge.

Fourthly, under the influence of cold, increased heat-production takes place, as determined calorimetrically, and by the amount of carbonic acid excreted ; with increase of the cold, the heat-production increases, unless it be carried to an extreme ; and with decrease of the same, the heat-production decreases. The chief seat of the heat-production we assume to be in the muscles. We know the skin to be the principal sensory apparatus of the body, and further that cold is felt by the cerebro-spinal sensory nerve-endings of the skin and subcutaneous tissues, considerable operation of it amounting to pain, but that it is not, therefore, to be regarded as inoperative when its impressions fail to reach the sphere of consciousness. Röhrig and Zuntz found that stimulating saline solutions applied to the skin were able to increase the heat-production, and other observers got a similar result from other cutaneous stimulants. Can we avoid the inference that the skin and muscles are correlated in the heat-economy of the organism, and that cold, meaning thereby any influence by which heat is drawn from the body, is that stimulus, which, acting upon the terminations of the sensory (afferent) nerves of the skin and immediately subjacent structures, serves to maintain in a reflex way, possibly enough in conjunction with other influences, a permanent activity of the musculature ? To assume that the reflex ganglionic centres are situated in the spinal cord, and, moreover, that they have an intimate connection one with another, seems only according to analogy ; while, as to the (efferent) nerves to the muscles, whether they be ordinary motor nerves, as Bernard's view would suggest, or nervous fibres more directly connected with the production of heat, dilator nerves, trophic nerves, &c. ; nay, further, whether peripheral autonomic centres play any part in the process—

are just so many points on which, it may be hoped, physiologists ere long will be able to inform us.

If we take now these several considerations together, does it not appear that we have all the elements of a heat-regulating mechanism? The normal body temperature given, with the restraint of the heat-discharge and the increase of the heat production, as they are both determined by the operation of the stimulus of cold, the heat-discharge, however, being influenced by the temperature of the body, as well as by that of the surrounding medium, are not the requirements of the case potentially satisfied?

(To be continued.)

Clinical Records.

ST. MARY'S HOSPITAL.

Hard Cancer of the Female Breast.—Cancer in the Axilla.

Under the care of Mr. HAYNES WALTON.
Surgeon to St. Mary's Hospital, &c.

A FEMALE, æt. 38, was brought into the operating theatre, July 17th, with hard cancer of the breast, and so advanced that it was partially adherent to the skin, which was slightly ulcerated. One enlarged gland only existed in the axilla. It was only nine months ago that the breast tumour was noticed. The patient did not know that the axilla was affected. Mr. Walton operated. After he had removed the breast and the cancerous axillary gland, he made the following remarks :—

Notwithstanding the tendency of hard cancer to return, a longer immunity may be insured by more efficient operating than that which is commonly practised. There can be no efficient operating which does not entirely remove the breast tumour, to accomplish which, the greater portion of the mammary skin, the nipple, the entire mammary gland, and the pectoral fascia beneath must be taken away. Nothing short of this can give any chance of the best results which an operation can afford. The disadvantages of the slow granulating of a necessarily large wound, are not to be considered under the circumstances in question. The travelling of the cancer to the surface, by which the skin is involved in ulceration, should not deter operating so long as the ulceration is limited, and the skin around is not infiltrated with cancer beyond the gland boundary, and the gland is not adherent to the pectoral muscle. The cancer can never be sufficiently removed where the gland is only partially excised. To remove only a part of it is to deprive patients of years of life.

Efficient operating involves, too, the removal of any cancer glands from the axilla. Surgeons of the old school objected to operate for mammary cancer when the axillary glands were implicated. The late Mr. Liston said that a surgeon who would operate under such conditions must be grossly ignorant, atrociously unprincipled, or of unsound mind. Indeed, some living surgeons think as he did, of which I have just had an example in private practice. A more favourable case, as far as the mamma was concerned, for operating on I never saw ; but because one gland in the axilla was affected, did a surgeon of high repute in London object to interference, and his great name has caused his opinion to be accepted, with, of course, terrible disadvantages to the suffering lady. There is a degree of axillary implication—as for instance, when the cancerous glands are numerous and much adherent—which forbids any exercise of practical surgery. But more may be done by operation, and with successful issues, where many glands are affected, than is generally supposed, if the surgeon thoroughly knows his work, and has hands to execute it well. It may be necessary even to cut across the pectoral muscles, to clear the axilla sufficiently.

Mr. Walton also noticed briefly the development of secondary cancer, that is the return of cancer, in and about the wound on the breast, and the secondary implication of axillary glands. He advocated the early removal of such secondary growth, and the repetition of the operation, should the cancer return, again and again. He alluded to many instances in private and public practice, in which patients so treated were alive and apparently well, although several years had elapsed since cancer had first appeared in the breast.

Special Reports.

THE PROPHYLAXIS OF INFECTIOUS AND CONTAGIOUS DISEASE.

ABSTRACT OF A REPORT ON THE TRANSMISSIBLE DISEASES, WHICH REQUIRE ISOLATION, EITHER IN GENERAL OR SPECIAL HOSPITALS, AND ON THE MEANS OF RECONCILING THIS ISOLATION WITH THE CONDITIONS AND REQUIREMENTS OF HOSPITAL ADMINISTRATION.

Made in the name of a Commission composed of

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By MM. FAUVEL, AND VALLIN.

STATE OF THE QUESTION.

As certain affections are transmissible it is evident isolation is a necessity for the benefit of the patient and society.

Practically, ideal isolation is unattainable ; it generally consists at present of the grouping, reunion, or conglomeration of patients, separated from the community. Transmissible affections vary in degree and gravity, and thus the field for inquiry is very wide.

Leaving speculation, the question has been narrowed down to a practical issue, apart from theoretical and doctrinal ideas, How can we carry out isolation practically in our hospitals in the present state of our knowledge and our municipal and sanitary organisation?

The method adopted in many of our hospitals of the present day is simply deplorable. Patients with the most varied complaints are placed together in the same wards, and too often a variolous patient transmits his affection to a convalescent from typhoid fever or pneumonia between whom he is placed.

In 1878, at Paris, infectious cases are still treated in the common wards. A child may be admitted for slight ophthalmia ; in the course of treatment it contracts diphtheria, and after having successfully undergone tracheotomy, succumbs later on to measles or scarlatina.

The necessity of the isolation of these special diseases has been eloquently insisted on, not only in France but in Germany and England. The principle is admitted by the whole world. Why then in so many of our large towns are the measures for isolation so imperfect? Is it because the surest, most advantageous, and easiest method of practically carrrying it out is not yet known. This question must be solved before deciding on the construction of new institutions, before modifying the present hospital system. This Congress affords a fitting opportunity for the discussion of this question. The united efforts of the *savants* of Europe cannot fail in removing from our hospitals a condition of things unworthy of our present civilisation, unworthy of a time when international exhibitions offer us periodic testimony of the progress realised in every branch of human knowledge.

What diseases should be isolated?

We must place in the first group *eruptive fevers*, as small-pox, scarlatina and measles.

Diphtheria.

The necessity for the isolation of these four diseases is universally recognised. In the second group *typhic affections* may be placed. *Petechial typhus* is almost entirely unknown in France, but in Germany, England, and Russia the disease is permanent and common. Its epidemics are serious and frequent, its transmissibility proved, and after variola it holds the first rank amongst diseases requiring isolation. We may also include *recurrent typhus.*

Without disputing the transmissibility of *typhoid fever*, yet

such an occurrence is extremely rare in hospitals. Louis and Chomel only remember three or four cases of contagion during their long practice in the Paris hospitals. Murchison (*a*) states that during nine years 3,555 typhoid patients were treated in the London fever hospital, in the midst of 5,144 patients suffering from diseases of specific character, without any bad result. Liebermeister has noted 45 cases occurring within an hospital, where 1,900 cases of typhoid fever were treated. Out of 400 typhoid patients treated at the military hospital of Val de Grâce in 1875-76 ten may be considered as arising within the hospital.

The opinion of French physicians is unanimous on the rarity of the extension of the disease. (*b*)

It does not, then, appear necessary in hospitals to separate typhoid patients from the other occupants. But, besides the special question of hospital hygiene there is another of general interest. For some years there has been a tendency to replace admissions to hospitals by attendance at patients' homes. When typhoid fever develops in an unhealthy house, an over-crowded lodging, in the midst of bad hygienic arrangement, it often forms a morbid centre, the activity of which increases with the number of persons attacked. Epidemics of this kind are not rare, and their progress is difficult of arrest. By the immediate isolation of the first patients in an hospital, followed by local sanitary measures, such epidemics might be stamped out. In England, seemingly with this object, patients suffering from typhoid fever are isolated in fever hospitals, though they are placed in wards common to other patients.

May we, then, adopt the following proposition?

Typhoid fever patients should be isolated from the general population, and not treated at their homes; but it is not necessary to separate them in hospitals from the general occupants.

We may next consider whooping-cough. When it is simple it is not a sufficient cause for admission to a children's hospital. But it may be complicated with broncho-pneumonia, or another disease, as an eruptive fever, scrofula, &c. Should the patient be isolated? In principle we may answer in the affirmative. M. E. Vidal (*c*) informs us that in the Children's Hospital, St. Petersburg, an isolated ward is devoted to whooping-cough.

From a practical point of view it is important not to multiply the diseases requiring isolation.

We shall next consider that

Parasitic Affections of the Skin, Purulent and Granular Ophthalmia require more precautionary measures than actual rigorous isolation. For parasitic affections, and for granular conjunctivitis, domiciliary care and medical advice are necessary.

Surgical affections, another important class, may be divided into three groups—

1. When there is no solution of continuity.
2. When there is solution of continuity.
3. When we have to deal with purulent infective erysipelas (*d*), hospital gangrene, &c.

Isolation is necessary for the third group, but it is not sufficient. It must be supplemented by rigorous individual hygiene.

The various *puerperal conditions* in which isolation is required may be placed, as regards importance, along with surgical septicæmia. Rigorous isolation is of the utmost importance in such diseases.

Though cholera rarely appears we must mention it. Isolation in this plague is now placed almost beyond dispute; and before an epidemic occurs it is well that the question should be studied.

We must lastly consider syphilis, phthisis, and dysentery.

Syphilitic patients are generally treated in special wards or distinct hospitals, more on account of order and discipline than for fear of the propagation of the disorder to others. This custom need not be changed.

On the shores of the Mediterranean, and particularly in Italy, phthisical patients are placed in special wards. During their life and after death they are the objects of certain measures of prophylaxis and disinfection. The modern works of Villimen and other observers afford a scientific foundation for customs, which for a long time rested only on popular prejudices. In the actual state of the question the isolation of such patients does not seem necessary; but it would be interesting to know whether the custom adopted in Italy is justified by the alleged facts of the transmission of phthisis.

Opinions are very much divided on the contagious nature of dysentery. In Holland, dysentery is classified amongst the transmissible infectious maladies, but unless under exceptional circumstances isolation is not demanded for this disease in Europeen hospitals.

We have passed in review the majority of diseases for which isolation may be claimed; but we believe this list should be rather curtailed than extended. At present, it would be unwise to aim at perfection, which must be the work of time and experience.

We must limit our reforms, and therefore demand isolation for the following diseases, either in special wards or separate hospitals:—

1. Eruptive fevers—variola, scarlatina, measles.
2. Diphtheria.
3. Petechial typhus, and recurrent typhus.
4. Transmissible puerperal affections.
5. Certain accidental epidemics, cholera.

(*To be continued.*)

(*a*) Murchison—*Treatise on Continued Fevers*, 1873, second edition, p. 462.

(*b*) Vallin—"Contagion de la Fevre Typhoide."—*Gaz. Hebdomadaire*, 1877, p. 49.

(*c*) E. Vidal—The isolation of contagious diseases should be obligatory in hospitals.—*Bull. de la Soc. de Med. Publique*, 28 June, 1877, vol. i., p. 244.

(*d*) The transmissibillity of spontaneous erysipelas, non-traumatic, is not yet sufficiently demonstrated to render isolation absolute.—Discus. at the Med. Soc. of Hosp., by MM. Vanall, Gubler, Herard, Bucquoy, Sept.—Oct., 1875. *Bulletin*, p. 154.

THE MEETING OF THE BRITISH MEDICAL ASSOCIATION AT BATH.

The Forty-sixth Annual Meeting of this large and flourishing Association was held at Bath, last week, under the Presidency of Dr. Wilbraham Falconer, one of the oldest members of the Association, and for long its respected Treasurer. Dr. Falconer's personal influence was in itself sufficient to attract a large gathering, and though the meeting will not compare in numbers with some of the very large recent annual meetings of the Association, still it must be regarded as decidedly a success.

The meeting commenced, as is its wont, with attendance upon Divine service, which was held in the Abbey, the Mayor and Corporation attending the service. The sermon was preached by the Bishop of Bath and Wells, from the text, "I will praise thee, for I am fearfully and wonderfully made." He dilated upon the wonderful mechanism of the human body; yet in spite of the researches of the microscope, and of organic chemistry, we could not yet answer the question, "What is life?" He went on to say that he ventured to charge those whom he was addressing to rise to a full responsibility of what he must call "their sacred office." The influence which the medical profession could exercise in consequence of their knowledge and the nature of their calling was immense, and with the magnitude of their influence so was their responsibility. Yet if the paths of science were to be trodden boldly, still it was meet that they be trodden reverently. He concluded by a well turned peroration on the duty of the created to their Creator. A collection was made at the close for the British Medical Benevolent Fund.

In the evening, the first general meeting was held in the Assembly Rooms. In consequence of the recent death of

Dr. Eason Wilkinson, of Manchester, the retiring President of the Association, the chair was taken by Dr. Husband, of York, the present Treasurer. A resolution indicative of the sympathy of the Association, with Dr. Wilkinson's bereaved family, was passed unanimously. Then Mr. Watkin Williams, of Birmingham, proposed, and Dr. Phillipson, of Newcastle-on-Tyne, seconded the proposition that Dr. Falconer be President: this was carried with acclamation. Dr. Falconer then proceeded to deliver his address. He said that thirty years ago, the Association then bearing the name of "the Provincial Medical and Surgical Association," had held its meeting at Bath. But of those who held a prominent position, there were but few here now to welcome the third meeting of the Association in that city. Thirty years ago the meeting occupied but two days; now its business could scarcely be transacted in six. Then there were but 1,300 or 1,400 members, now it counted 7,500. He then referred to the growth of the Association, pointing out that this year a colonial branch had been started in Jamaica. The Association had too its Registration of Diseases Committee, whose reports were of great interest. The Association had granted sums of money for scientific research, and the work of the late Prof. J. Hughes Bennett on the action of mercury, and the antagonism of remedies had become widely known, and had led to other similar work. In 1874, a Scientific Grants Committee had been instituted, and the investigations of Profs. Rutherford and McKendrick, of Drs. Braidwood and Bacher, and of Dr. Milner Fothergill had already appeared in the Association's Journal. Recently a sum of £100 had been voted for the investigation of hydrophobia. Recently, Dr. Middlemore, of Birmingham, had given £500, the interest of which was to be awarded triennially for the best essay on the advance of ophthalmic medicine and surgery. He then went on to speak of the position of the city of Bath, and of its water supply. The usual stock matter of these presidential addresses, the water supply, the death-rate, the rainfall were then related; after which he spoke of the mineral waters which had made Bath famous. There were remains of Roman baths, and other edifices in the neighbourhood of the springs. One of these baths was two hundred and forty feet long, by over hundred and twenty broad, which was highly decorated with tesselated pavement, columns and pilasters. In the year 675, Osric visited its hot springs, and founded a monastery. In the twelfth century, the Bishop of Bath and Wells founded baths, and also a hospital for lepers. In the last century, Bath became famous, and now there are bath rooms and pump rooms, and a mineral-water hospital. The volume of water discharged daily was 181,440 gallons. The hot-water spring has a temperature of 120° F., the King's Bath 117°, and that of the Cross Bath 108°. The outflow is not affected by rain or drought. The solid contents of these waters amount to no less than 420 tons in a year. When the waters are drunk direct from the springs they raise the pulse and temperature, and excite the secretions. When their free use produces nausea, it was well to diminish the quantity taken. It was well to drink them twice a day, before breakfast and in the afternoon. They were of great efficacy in gout, and the warm baths often brought out "latent gout" in a beneficial manner. Where deposits were forming, and in "atonic gout" they were very useful. In acute gout the waters were inadmissible. In rheumatism they were of the greatest benefit, often achieving a cure when all other treatment have failed. Palsy was benefited by them. (A picture in the mineral-water hospital shows two eminent Bath worthies of a by past time attending the paralysed, the rheumatic, and a boy with leprosy). He then welcomed the Association to Bath.

Mr. Francis Fowke, the General Secretary, then read the annual report and financial statement, which was of the most satisfactory character. The surplus of the year consisted of £3,000 in Consols, and £2,193 in cash at the

The baths were placed at the service of the members of the Association at certain hours on presentation of their tickets. The pump-room is a handsome room with a free flow of warm clear water, of not very pleasant taste, and of too high a temperature to constitute a pleasant beverage, but eminently calculated to flush and wash out the tissues when taken in the morning fasting. Further, they are scarcely appetising, and the conviction is forced upon one that the waters and the regimen enforced while drinking them were eminently calculated to effect the removal of the excessive nitrogenised waste which lies at the bottom of most, or at least many, of the maladies for which patients come to drink the Bath waters. The treatment could not, however, have been pleasant in itself, irrespective of its effects.

On Wednesday morning a meeting of the members of council was held, and it was determined that the invitation from Cork should be accepted for the next meeting. It is eleven years since the Association visited the sister isle, and the prospect of renewing the acquaintance was evidently acceptable to the members of the Association. Dr. O'Connor, Professor of Medicine in Queen's College, Cork, was elected President. After this the Address in Medicine was delivered in the Assembly Hall by Dr. Goodridge, Senior Physician to the Royal United Hospital at Bath. He referred to the heat-forming and heat-regulating processes of the body, and then reviewed the clinical phenomena of fever. He held that much of the rise of temperature was brought about in the muscles. After describing the experimental study of fever, he discussed the cause of fever as to the method of fever germs. He thought our present knowledge of the origin of fevers was very unsatisfactory; and he hoped that ere long we should be in a much better position, not only as regards knowledge of how fevers were brought about, but also as to how to control the pyretic processes, and so influence the progress of the case beneficially.

A vote of thanks was then proposed by Prof. Maclagan, of Edinburgh, and seconded by Dr. Fox.

A meeting of the Poor-law Medical Officers was held, and was presided over by Dr. Rogers. The question of remuneration and the matter of extras occupied the chief attention of the meeting.

In the Medicine Section the President, Dr. Grainger Stewart, Professor of Medicine in the University of Edinburgh, delivered an address of a retrospective nature, speaking of the illustrious men who had occupied that position before him. Several papers were read by Jonathan Hutchinson, Dr. Fox, and others, as to the diagnosis and treatment of intestinal obstruction, after which followed a discussion. For several years past now it has been the practice to discuss some special subject, with the view of eliciting all that is known about it up to the most recent date. In this discussion the chief question raised was the propriety of surgical interference in intestinal obstruction, not only for the purpose of putting the bowel right in cases of ileus, or twist of the large intestine, but of exploratory incisions to see what the nature of an obstruction may be, and as to how far it may be possible to afford relief by Amussat's, or even Littre's, operation. Dr. Gowers then read an *ad interim* report from the Hydrophobia Committee, giving an account of several cases of that terrible disease, as well as of rabies in the dog.

In the Surgical Section Mr. Callender presided, and delivered an address, after which Mr. W. Adams, of London, read a paper on "Subcutaneous Division of the Neck of the Thigh-bone." He was followed by Mr. Edmund Owen, with a paper on "The Anatomy of Hip-joint Disease in Children." Mr. Wm. Stokes contributed a paper on "Extension Apparatus for the Treatment of Fractures and Certain Deformities of the Lower Extremities." Dr. J. MacNaughton Jones read an account of "The Results of Treatment of Spinal Curvature (in Fifty Cases) by the Plaster Jacket and Suspension." The adoption of this plan, so ably advocated and so splendidly demonstrated by Dr. Lewis Sayre, of New York, at the

annual meeting (in Manchester) last year, is now general, and the results attained gratifying alike to the patient and the surgeon. He followed this account by some remarks on "Morbus Coxarum," showing a specimen with dislocation of the epiphysis of the femoral head.

In the Obstetric Section the chair was taken by Dr. McClintock, of Dublin, who in his opening address, dealt with the subject of deaths in child-bed. Mr. Grace then gave some interesting details of long practice extending over twenty years. Dr. C. H. F. Routh, then described the different forms of intra-uterine pessaries in common use. He was followed by Dr. J. G. Swayne, who discussed the effects of forceps delivery upon the fœtus.

In the Public Medicine Section the President was Dr. Arlidge, of Stoke-on-Trent, where a paper was read by Mr. North, "On the Registration of Disease;" which was followed by a paper by Dr. J. Seaton, on "the Compulsory Notification of Disease." The views taken by these gentleman being somewhat conflicting, Dr. Notter followed by a paper "On the Purification of Water by Fltration."

In the Physiological Section Prof. McKendrick presided, and attracted much attention by his introductory address on "Physiological Acoustics." He described a noise as differing from a musical tone, the musical tone being the result of equal and regular impulses upon the ear, occurring sufficiently frequently in time. This he demonstrated by the use of Helmholtz's syren. He showed by means of flames the effect of a musical note upon them, each flame answering to its own note, and being broken up into a series of tongues of flame as demonstrated by the revolving mirror. The ear, he showed, had the power of discriminating the tones of a certain pitch, it was held by means of bristles in the organs of Corti. Dr. McKendrick illustrated what he had to say by different instruments, and it is impossible to describe in writing the beautiful illustrative experiments, and the skill with which the manipulation was executed, so that the desired result was invariably attained. So satisfactory was the demonstration, that Prof. McKendrick was induced to repeat it next day, for the benefit of those who missed the first opportunity.

After the sections had closed local excursions to the different places to Bath, from which magnificent views could be obtained, were made, but a severe thunderstorm coming on, spoiled the pleasure which they would otherwise have experienced. In the evening, a soirée, given by the Mayor and citizens of Bath, was held at the Assembly Rooms, and was largely attended by the visitors and the people of the neighbourhood. Of course the telephone was there manipulated by Mr. J. D. Cogan; while the phonograph attracted a large number of auditors, and behaved itself in a creditable manner. There were a large number of drawings, especially of Bath in the olden time, exhibited; and other objects of interest, including portraits of deceased Bath medical worthies. There were also geological specimens and sections; and some excellent music.

Apartments have been prepared in Trinity College, Dublin, for the reception of the various sections of the British Association, and all arrangements are now nearly perfected. Festivities in various parts are now being organised, among them a series of excursions. One of them will be to Carton, Maynooth, the seat of the Duke of Leinster, where the visitors will be entertained, and the Earl of Meath will receive another party at Bray.

Dr. Mackintosh, medical officer of health for the Chesterfield union, has reported that scarlet fever is rapidly increasing in certain parts of that district. He attributes the spread of fever in many instances to the fact of relatives recklessly attending the funeral of persons who have died from infectious disease.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 14, 1878.

THE BRITISH MEDICAL ASSOCIATION.

The annual event of medicine—the meeting of the Association—has come off at Bath, with several special results, which give it individuality. In the first place a vigorous attempt has been made to rescue English waters from the neglect and obscurity into which they have fallen in recent years. At one time it was the fashionable thing to visit Bath to drink the waters, and the *elite* of society were to be found in the large and spacious pump room, sipping a fluid hot enough to be unpleasant to the hand. In addition to the advantages which arise from bathing the tissues of the body by draughts of water taken in the early morning fasting, these waters act pronouncedly upon the secretions, and especially upon the intestinal canal and the kidneys. But whatever their virtues Bath waters can never become popular as a beverage. Some of the water, ærated and in bottles, of the peculiar Seltzer water character, was put down for the inquiring visitor, and some of it was drank, but apparently without exciting much enthusiasm in the bibulous individual. This distinct attempt at utilising the meeting from a business point of view will probably find its reward in increasing somewhat the revenue derived from this spring; but it may be questioned whether patriotism will ever succeed in making Bath water popular. This spasmodic effort may start some permanent movement in the direction of the general use of Bath water, but it seems only too certain that the chief advantages to be derived from this spring are the pleasant character of the water for the purposes of the bath, and the society which has gathered around the

spring. Bath gives the impression of respectability in its sombre terraces, its solid stone houses, and the marble tablets of its Abbey. It bears upon its face the evidence of staidness; you feel that the great motor force of the place lies, thinly veiled from sight, in the decorous and pious ladies who inhabit these serious looking tenements. There is religious gravity in the air, just as there is moisture in the atmosphere. The whole place seems pervaded by a compound of religion blended with low-spiritedness; indeed, that state of mind which is evolved by a low barometric pressure in persons of correct principles and feelings. This has gone on through many generations until a distinct character is given to the city. The profession have caught something of this, and give the impression that there the doctor carries with him not only the care of his patient's temporal interests but also a weight of responsibility as to their spiritual welfare. This moral atmosphere is doubtless as attractive as the waters, and the two together will probably continue to be as seductive to certain persons, especially of the feminine sex, in the future as it has been in the past. It was quite superfluous to attempt to make the meeting a means of increasing the demand for the waters. The profession there need be under no alarm that they will suffer pecuniary loss from such attempt; they are saved by the forces which have just been alluded to, from any possibility of the influx of patients being checked or another direction being given to the wealth-bringing stream. The persons who wend their way to Bath are not likely to be diverted to the lighter and more frivolous society which congregates at Homburg or at Aix-la-Chapelle. If the denizens of Bath had been as keenly alive to their interests as they might be, they would have made the most of this, and through the means of this great medical gathering have spread far and wide the impression that Bath is essentially pious, and that it has the best founded claims imaginable to be regarded as "the religious watering place."

Consequently it seems specially unfortunate that this city, whose very backbone is feminine earnestness, should have been selected to test the feeling of the profession at large, and the members of the Association in particular, as to that peculiar manifestation of female earnestness, the medical woman question. The adverse decision arrived at as regards the admission of the softer sex to the privileges of the membership of the Association,—whatever they may be—came with a singularly bad grace from this city of the sex. That the country party of the profession would vote solid, as an American puts it, on this question was clear from the first; it was a foregone conclusion, not to be influenced even by the able pleading of Mrs. Garret Anderson, and the feeling of respect which everyone has for her individually. The result does not seem to have been arrived at as a consequence of the arguments used by the speakers, so far as their speeches at least are concerned; but has evidently rested on some sentiment. Even the speakers against the admission do not seem to have hinted at any intellectual deficiency in woman, any defect of character, which should debar her from the membership f the British Medical Association. The thing has a distinctly comical aspect. What advantage would accrue to the female aspirants for admission—for aspirants there must be else, or why should the thing be mooted at all—it is impossible to see? What is their grievance that they are not admitted? The value of the thing is entirely fictitious, and the ladies may be congratulated in not having the opportunity afforded of being bored by a polite attendance upon dreary reports of committees, and from that still more terrible infliction, the after dinner speeches of the annual banquet. Instead of the membership being something to hanker after, they ought to feel how truly considerate, even if unintentionally so, was the action of that majority which kept them away from such social inflictions. Whether the medical woman question has or has not that vitality in it with which Mrs. Anderson credits it, it is quite certain that it will not be influenced either one way or another by the conclusion arrived at the other day in the Somersetshire watering place.

There was another point about the meeting which is significant; we refer to the absence of the *conversazione* which has for years past now been given by the President. This evidently was in no way to be ascribed to any want of willingness or of means on the part of the present president; but must be looked at as indicating a change to be inaugurated. The last meetings of the Association have been very costly; so much so, indeed, that but a limited number of towns could afford it. And what is true of communities, holds good of individuals, and few of our hard-worked and ill-paid profession could afford the expenditure of recent years. The annual meeting of the Association has largely lost its distinctive features as a meeting of workers to exchange views, and become a social gathering; doubtless, enjoyable enough, but so costly that its presence is burdensome.

Bath, however, has set an example, and taken the first step in a new direction. The President's *conversazione* is no more, and the lavish hospitality of the Northern towns has not been imitated in the West. This self-denial is the more praiseworthy, as it was evidently the interest of the President and the local practitioners to have acted otherwise, especially as they have in other ways indicated that they wished the presence of the Association to exercise a permanent influence of a beneficial character upon the future interests of their city. Probably it is intended that the large surplus revenue of the Association now remaining after all expenses are paid, shall in the future be made to contribute towards the annual entertainment.

We fancy that for the bulk of the members they would like to feel that to some extent they were their own hosts; and that the hospitality which is extended to them was not pressing too severely upon their entertainers. Probably if the Committee of the Association would vote out of its funds one thousand pounds annually towards the fund for the yearly meeting, it would enable many towns to receive them, which at present are unable to do so. This would be a graceful act, and they might just as well do so, for they cannot spend their income, and they cannot dispose of it in grants for scientific research. A thousand pounds a year to aid original research and investigation in Great Britain. The very idea is demoralising; it cannot be entertained for a moment; and as there is no likelihood of this incorporated Association paying dividends, and each member getting a percentage

on his yearly subscription, it seems difficult to see what the Association can do with its surplus income unless it entertains itself therewith.

In several respects, then, the Bath Meeting of the British Medical Association has been remarkable, and probably future meetings will be influenced pronouncedly by this meeting at "the serious watering-place."

THE DUTY OF MEDICAL OFFICERS IN RELATION TO VACCINATION PROSECUTIONS IN IRELAND.

In the presence of a very serious epidemic of small-pox, which for nine months has marched uncontrolled through Ireland, it is necessary that we should call attention to a circumstance which, more than any other, tends to render nugatory the efforts of sanitarians to enforce vaccination in that division of the Kingdom. It is hardly necessary for us to remind the profession that, in consequence of the small fee (1s.), which Irish vaccinators receive for the operation (in comparison to that (2s. 6d.) which is paid to similar officers for similar services in England), vaccination is by no means as universal in Ireland as in its sister country, while it is more needed as a protective against small-pox, in consequence of the habits of the peasantry. Thus, a considerable section of the population of Ireland neglects vaccination, and it is essential that the system by which they are to be compelled to fulfil the law, should be administered with energy and regularity. It is the duty of the medical officer, in order that defaulters may be brought to book without loss of time, to report to his Board of Guardians the names and addresses of such defaulters within his district, and it is the duty of the Board to institute prosecutions. But these prosecutions must, and do fail, unless the medical officer is present in Court with his books to prove the default, and the service of his proper notice, and he is, therefore, always called upon to attend on such occasions. It is provided by the 13th section of the Vaccination Amendment Act, that "the Guardians may direct proceedings to be instituted for the purpose of enforcing obedience to the provisions of this Act; and as to all expenses incurred in such proceedings, if the Justices before whom such proceedings are had, certify that such expenses ought to be allowed, such Justices shall ascertain the amount thereof, and such amount shall be payable out of the Poor-rates;" and under this section the Justices are empowered to certify for a special fee to the medical officer for his attendance, and upon such certificate, the Guardians must pay. But the Justices are, at present, very generally ignorant of the law in this respect, and being often, both Guardians and ratepayers, are anxious to spare the rates any outlay. Moreover, the Local Government Board for Ireland has, most unwisely, endeavoured to discourage the payment of this special fee to the medical officer, and has stated more than once to Boards of Guardians that, in their opinion, the vaccinator ought to attend prosecutions *gratis*, and it therefore happens that the refusal by the magistrate of a fee has become quite frequent. We report a case to-day in which the medical officer had to travel sixteen miles a day on two separate days, and was, after all, refused his fee; and we have before us a similar case which recently occurred at Ballinasloe, and each week our provincial Irish exchanges supply us with several instances in which the medical officer has been thus mulcted of his time and labour. We assert that the attendance at such prosecutions is no part of his duty. That duty is set down by the Act of Parliament in the following words (Vac. Ireland Act, Sec. 1):—"And the said Medical Officer shall and he is hereby required *to vaccinate* all persons resident in his district who may come to him for that purpose, or whom he may be requested to vaccinate, being fit subjects for vaccination, subject to such regulations as may be issued by the Commissioners in that behalf." It is also expressed in the Dispensary Regulations in the following phrase:—"He shall vaccinate all persons who may come to him for that purpose at the dispensary, and shall do and perform all such other acts and things as may be *necessary for the purpose of causing such vaccination to be successfully terminated.*" In neither of these clauses is the prosecution of defaulters included as a duty of the medical officer and the Vaccination Amendment Act specially recognises that function as being altogether separate from the official duty.

It is not, however, with the object of pointing out the injustice and illegality of forcing such labour upon the medical officer without remuneration that we refer to the subject to-day, but in order to point out the result to which that policy must inevitably lead, and has led. It is to a certain extent at the discretion of the medical officer whether he will or will not report to the Guardians the defaulters of whom he may have knowledge. It is certainly his duty to do so, but it is a duty which is readily neglected, and it is difficult to detect that neglect on the part of the medical officer or to make him responsible for it. If there be no inducement to him to be energetic in hunting up defaulters or encouraging prosecutions, such culprits will certainly in the great majority of instances escape notice and will go on in life without vaccination, a danger to themselves and to the community. *A fortiori* if the medical officer be given to understand that his zeal in enforcing the law will bring upon him much unpopularity, considerable labour, long journeys, squabbles with his Board, and that he will get nothing for it, it is quite certain that all officers who are made of the ordinary human stuff will set their faces against prosecutions and will remember to forget who is in default. We are convinced that the unsatisfactory state of the present law on the subject—aggravated as it is by the discouragement to zeal which is the policy of the Irish L. G. B.—will lead and has led to evil results, and that, if the system be pursued for a few years, we shall have the satisfaction of knowing, on the occurrence of the next small-pox epidemic that a considerable population of unvaccinated persons is at large whom no law can ever reach. We trust that the L. G. B. will not incur the peril of such a misfortune, but will make it officially understood that the medical officer should be encouraged in every way to enforce the law against the defaulter and should be paid reasonably, nay, even liberally, for so indispensable a duty.

KEW GARDENS.

It is to be regretted that some of our great national institutions are national more in name than in reality, and that they are not sufficiently open to the public, for whose benefit they were in a great measure founded. This injudicious conservatism may be partly due to the majority of the community being indifferent to the matter, and to the small minority, interested in the pursuit of Science, or in the study of Nature, not being strong enough to secure those privileges to which they may justly lay claim. But it is also due to the selfish and monopolising spirit of those local authorities to whom the Government has given much power, and whose opinions carry great weight in any deliberations the Government may enter upon with respect to the management and uses of the institutions over which those authorities have so much control.

Kew Gardens have long held a high position among those public places that are devoted to the pleasure or instruction of the public. In a sanitary point of view alone, they are, as a place of recreation and amusement, a great boon to everyone within reach of them. They were formed at an enormous cost, and are supported with a revenue of over £22,000 a year; while, as a large field for the study of horticulture, botany, and vegetable physiology, they are second to none in the world. And yet those magnificent and useful gardens are closed to the public throughout the best part of the day, and for seven or eight hours after the time all other botanic gardens are open to the public. As a writer in the *Pall Mall Gazette* justly remarks, they are not open till one, which is generally the luncheon or dinner hour of most English people, and which, during the short winter days, virtually amounts to the closing of the gardens altogether. In the early morning of summer, in the early hours of a spring or autumnal day—periods equally favourable for study or recreation—these gardens are absolutely closed. Such an arrangement must appear to most people both unaccountable and indefensible, and certainly the arguments adduced in support of that arrangement are so flippant and sophistical, that it is surprising that the present management of the gardens has not been challenged more often than it has been.

First, we are told that the earlier opening of the gardens would interfere with the pursuit of science. This would be, if true, a serious allegation, considering that one of the chief purposes of the gardens is to develope and encourage a taste for botany and the sciences allied it. But the fact is, neither would the free opening of the gardens interfere with the pursuit of science, nor is there, unfortunately, much science going on to be interfered with. If the opponents of any change in the present arrangements mean such scientific work as is done in books or reports, it is done in the officers' rooms, in the library, or in the herbarium, with none of which the public wish to interfere; and with regard to such horticultural work as sending plants to the colonies, that is done in the propagating houses or packing sheds, which are always private. Even were the gardens more used, as they ought to be used for educational purposes, and the botanical classes held which are supposed to be held, the free and unrestricted admission of the public could not in the least interfere with either public teaching or private study. The gardens are large enough, as everyone knows, and there are plenty of places in them where lectures could be given, where the student could study, and scientific researches be conducted, without any hindrance from public interruption. It has even been alleged that the public would interfere with the gardeners doing their proper work! When the authorities have to resort to such an absurd argument as this, they only show the weakness of their case. It is also urged that the people have more time allowed them in Kew Gardens, than at any other gardens in the world; and that the general public do not desire to be admitted earlier than the present time. Neither of those allegations can be substantiated. The gardens at Edinburgh, Dublin, Paris, and Lyons, are all open early in the morning, and for a longer time than those at Kew are, notwithstanding the former are much nearer the cities to which they belong, than Kew is to London, and therefore, more likely to be crowded. Besides, even were the above statement correct, it does not follow that, because other countries adopt a faulty plan, we should do the same. Nor are they correct in saying that the public are indifferent on the subject. There are few of us who do not hear people constantly complaining that gardens, so far away from London, are not open till one o'clock, when the best part of the day for either recreation or instruction has gone, and the hot summer afternoons, or the short hours of a spring or autumnal day are alone left to them. As the writer above quoted remarks, throughout the whole of the winter and spring, the most agreeable time to visit Kew would be the bright morning and noon; and when the visitor lives at a distance, or when only one visit can be paid, there is literally not time, even in summer days, to see the place properly. With regard to another argument that has been urged, viz., that the proposed change would entail extra police and expenditure, it may be doubted whether much more expense would be incurred, provided the large funds at present at the disposal of the managers were economically administered.

But while the considerations that have been advanced in support of the present arrangement at Kew Gardens are such as cannot be for a moment entertained, the arguments in favour of the unrestricted opening of these gardens are, as might be gathered from the foregoing remarks, such as no unprejudiced person will attempt to disprove. It is evident that if the gardens, for the maintenance of which the public have to pay annually a large sum of money, were open in the forenoon, the advantages which the public derive from them, both from a sanitary and an educational point of view, would be far greater than they are now. On account of the short time now allowed either for study or recreation, the gardens are, except during public holidays, almost deserted. But were a different arrangement adopted, hundreds would take the place of the few visitors that are now to be daily seen there. With regard to the health and recreation of the people, these gardens may be reckoned among the "lungs" of London; but of very little use will they be in this respect, if the public are to be shut out of them during the most enjoyable part of the day, and if distant visitors are to be virtually excluded from them through the limited time during which they are open.

It is, however, from a moral and educational standpoint,

that we would insist upon every facility being given for visiting these gardens, and every encouragement being held out to students to take advantage of the fine opportunity offered them for the study of botany and horticulture. What Mr. Ruskin has so well said of "art-intellect," may be also said of science intellect. "A certain quantity of art-intellect," says that eloquent writer, "is born annually in every nation. . . . . You may lose it, or you may gather it; you may let it lie loose in the ravine and buried in the sands, or you may make kings' thrones of it, and overlay temple gates with it, as you choose." In the same manner we may say that a certain quantity of science-intellect, and nature-loving intellect, is born to us every year. We may lose much of this also, or we may gather it. We may let it lie buried in obscurity or blighted by indifference and neglect. Or we may let it expand the intellect, improve the taste, and even mould the character of thousands. We may make out of it discoveries that never would have been made, and diffuse widely a taste for the beautiful that never would have been diffused, but for the fostering influence of popular education, and the help and encouragement of all who are interested in the moral and intellectual advancement of the community. By all means, therefore, let these gardens be opened the greater part of the day, and let classes be held and lectures delivered, and every other means taken to attract the visitor, whether in search of health or of knowledge. Then, out of the thousands that will be annually flocking to them, there will be less chance of science-intellect and nature-loving intellect running to waste, and more chance of adding largely to the many eminent botanists we have amongst us. Then, perhaps, more Lindleys and more Linnæuses will spring up, who, but for the opportunities and incentives which we wish to see extended, might have been doomed to spend their lives in ignorance and obscurity.

COULD WE BUT KEEP FROM THINKING!

Could we but keep from thinking; or rather could we but keep our patients from thinking, how much better it would be for their health and our reputation. We are "called in," we give an opinion with regard to the nature of the disease, we write a prescription, give a few common place directions, and then think we have done our duty. And the patient! when he has taken his physic, does he not also suppose that he has done his duty? Both physician and patient too often forget the harm that is done by thinking—by unprofitable thinking, by unavailing regret, and by that mental recitation of the past, and brooding over present evils, to which we are all apt to give way. Thinking retards recovery, makes pain more painful, sends many to a lunatic asylum. It robs the invalid of his sleep, it palls his appetite, depresses his spirits, lowers his pulse, takes from him all spirit and energy, and makes him insensible to pleasures still within his reach.

The influence which fixed attention, or the mere centring of our consciousness on a certain organ, has upon the functions of that organ, is well known to physiologists. And if in a healthy person the heart can be made to palpitate, the cheek to blush, and the pulse to beat more quickly, by concentration of the attention, how much greater will be the influence of this condition of the mind over those organs or functions that are weakened by disease. Like all other animals, we live mostly in the present. It is only the madman or the enthusiast who lives mostly in the past or in the future. But, unlike other animals, we often live too much in the past and in the future, and that too, when neither the former gives us pleasure, nor the latter hope.

It should often be the duty of the physician to regulate as far as he can the thoughts, as well as the diet and the physical treatment of his patient. It should also be the duty of the patient to second the endeavours of his physician; for as the Father of Medicine has told us in one of his celebrated aphorisms:—The art consists in three things, the disease, the patient, and the physician. The physician is the servant of Nature, and the patient must combat the disease along with the physician. Unfortunately, we are apt sometimes to think too much of his disease and too little of the patient, as though his disease was a separate entity, apart from the rest of his body, apart from his mind, and over which his thoughts exercised no influence or control. The invalid will say:—"How can I help thinking, especially when the past brings so little ease, and the future so little hope?" But he can help it. It is not that he cannot turn the current of his thoughts; it is that he makes no effort to do so. There is the power, but neither the inclination nor the will. There are few things in Locke's writings more admirable and more useful than his remarks on "Transferring of Thoughts," and as they are particularly applicable to our present speculation, a short quotation will not be unwelcome to the reader. "There is," says the great philosopher, "scarce anything more for the improvement of knowledge, for the ease of life, and the despatch of business, than for a man to be able to dispose of his own thoughts; and there is scarce anything harder in the whole contest of the understanding than to get a full mastery, over them, especially if we have let the contrary grow to a habit. But constant endeavours will by degrees prevail, and at last make it easy . . . . so that at last a man may have full power over his own mind, and be so fully master of his own thoughts, as to be able to transfer them from one subject to another with the same ease that he can lay by anything in his hand, and take something else that he has a mind to be in the room of it.' Now it is just this "transference of thoughts," that might be turned to some good account, both in the treatment and prevention of disease; and as the ability to transfer our thoughts from one object or event to another is in proportion to the effort we make, it is the duty of us all to make that effort when we are affected in body or in mind, or whenever we are tempted to brood over any misfortune the continual contemplation of which may sow the seeds of some serious or even incurable disorder. It is equally the duty of the physician to always bear in mind the influence of the mind over the body and its ailments, and to encourage by all means in his power that frame of mind in his patients, and that regulation and "transference" of their thoughts, which will be most conducive to their recovery.

On this subject, which has received too little attention from medical writers, we might say much more, did time and opportunity permit. We shall therefore draw this

article to a conclusion by citing a simple anecdote which may perhaps bring home more forcibly to the reader the truth of the above remarks.

It is narrated by an American physician, Dr. Frank H. Hamilton, of New York, who thoroughly appreciates the "value of forgetfulness as a means of curing purely physical maladies." A little child was suddenly, and under very painful circumstances, separated from her mother. She went to bed and laid all night with her eyes wide open and directed to the wall, shedding no tears, making no noise, and refusing obstinately to take either food, drink, or medicine. After some time had elapsed without any improvement in the condition of the child, it occurred to her physician that probably she was thinking, and needed diversion. At the suggestion of his wife, to whom the incident had been related, a doll with blonde hair was dressed with great taste, with plenty of blue, red, and yellow ribbons, arranged in most attractive contrasts. Provided with this new medicine, which by the way is not mentioned in our works on materia medica, her physician visited the hospital early on the following morning. Her condition had not changed. For more than thirty-six hours she had lain in the same position, refusing to take, to do, or to attend to anything, and gazing steadily at the dead wall. The gaily dressed doll was held before her, and very shortly a little skeleton hand came out slowly from under the cover, and the doll with its ribbons was drawn into the bed. From this day her recovery was rapid and complete. Such is the simple, and, as some may say, oft-told tale. Nevertheless, it is not without its moral, for are we not all of us children, and have we not all of us some doll with which we are or may be amused?

Notes on Current Topics.

Liverpool and the Contagious Diseases Acts.

Mr. Frederick W. Lowndes, surgeon to the Liverpool Lock Hospital, has recently published a pamphlet in which he shows the advisability of extending these Acts to Liverpool and other seaports. According to his statement, venereal diseases have not diminished in frequency nor in severity in Liverpool, Bristol, Cardiff, Dublin, Hull, and, with some modifications, Glasgow; whilst in other seaports, where the Acts are in operation, these diseases have considerabiy diminished in frequency, while their type has assumed a much milder form. It may also be shown that the moral and social improvement of the latter has been at least on a par with their physical improvement. He could not imagine, he says, anything more beneficial than would be the extension of these Acts, if not generally, at least to those places where the evils which they have so much mitigated elsewhere are still rampant. With regard to Liverpool, even the preliminary step of appointing a special police to ascertain the number, abode, &c., of the common prostitutes of that town, would be attended with marvellous results. "Many a den of abomination which has been permitted to exist year after year, would, from the daylight thus introduced, be swept away. Many a street that is now entirely composed of the abodes of filthy and diseased prostitutes would, after a few visits of the special police, assume a totally different appearance to what it now presents."

There can be no doubt that the same reasons which have been urged in favour of these Acts with regard to the places where they are now in operation, hold good with regard to their extension to those seaports where venereal diseases are so extensively prevalent. If, as we all know to be true, they have done so much good in one case, there is no reason why they should not be as beneficial in the other. Our merchant seamen have scarcely less right to be protected from the disease than the army and navy have. We quite expect the time will come when the Acts will be extended among all large populations. No one who watches the signs of the times can fail to notice that the prevention of disease is now receiving an amount of attention which it has never before received; and in all probability this great hygienic movement will, ere long, lead to the general extension of these Acts. Medical men need not be told why it is of the greatest importance to the community that a check should be put upon the propagation of venereal diseases; and when the public themselves begin to realise the necessity of some legislative control over public prostitution and the evils to which it gives rise, the extension of these Acts will not meet with so much opposition as is now offered to them. Mr. Lowndes concludes his pamphlet with a very apt quotation from the well-known work of Parent Duchatelet on "The Prostitution in Paris," which it would be as well for the opponents of the Contagious Diseases Act to read and digest. "If legislation cannot render men virtuous; if it cannot correct the judgment and repress the impetuosity of passions which appeal to their senses too loudly to leave them the consciousness of duty; at least, it may meet the danger to which the imprudent expose themselves and, for the sake of these men's wives and children, look after the health of the guilty in order to preserve the innocent. I will go further, for I maintain that it ought to do so, and that those who have neglected this important duty have been unfaithful to their trust, and can only be excused by their ignorance of the benefits of the sanitary surveillance of prostitution."

The Typhoid Epidemic at Bristol.

It appears that the outbreak of typhoid fever in the suburbs of Bristol has increased to an alarming extent. The medical officer of health for Bristol has reported that all the cases had been traced to one milk supply at a farm on which was a well of water contaminated with sewage and typhoid germs, a patient convalescent from that disease having been staying at the farm. He also learnt that other convalescent patients had also been accommodated at farms which largely supplied milk to Bristol, and this fact, he thought, pointed to the desirability of placing the milk supply of a large city under some efficient supervision.

Should the above statement prove to be perfectly correct, it will go far to corroborate the opinions entertained by some pathologists respecting the specific origin of typhoid fever, and to throw doubt upon the pythogenic theory of that disease. We quite agree with the medical officer of

health in thinking that the milk farms supplying large cities with milk should be placed under some kind of supervision. This might be easily done through the existing sanitary authorities, who should have the power to make periodical inspection of these farms, to see that there were no means by which their milk could become contaminated with sewage matter. Moreover, the above facts show one way in which convalescents may spread disease in places far removed from those in which their illness was originally contracted. But not the only way; for there can be no doubt that convalescents removing prematurely to the seaside and other health resorts often, through their clothes and other agents, jeopardise the health of those who come within reach of the contagion.

Accidental Poisoning with Carbolic Acid.

It is time that chemists and everyone else in the habit of using this disinfectant should be careful that it is not dispensed or left about in such a manner as to run the risk of being taken for some other substance. A few days ago a boy, aged 13, died through drinking some of this acid out of a bottle which had been carelessly left in a shed without the cork being tied down, and without any label upon it. The deceased, with another boy, supposed that the bottle contained beer, and accordingly drank some of its contents.

It is to be regretted that a valuable new remedy cannot be employed long, before the abuse of it, or the careless sale or dispensing of it, entails some serious and often fatal accident among the community. It is not long since both chloral and carbolic acid were first brought to the notice of the profession, and already there have been many cases of poisoning by these drugs. In the case above mentioned one of the jurymen was for bringing in a verdict of manslaughter against the local sanitary authority, to whom the bottle belonged. Such a verdict would have been scarcely justifiable, but perhaps few accidents of the kind would occur if the chemist or the owner of the poison, as the case might be, were subject to a heavy fine in the event of a fatal accident arising through their negligence. Besides, the frequent occurrence of these accidents prejudices the mind of the public against drugs which, if used in a proper manner, are very valuable agents, either in the prevention or treatment of disease. It has, for instance, been suggested that carbolic acid should not be used at all as a disinfectant, but few who are acquainted with the composition and properties of this agent will admit the propriety of the suggestion.

The Oldest Inhabitant.

The Registrar of the sub-district of Spitalfields has just registered the death of an old resident in that neighbourhood who completed his 103rd birthday in last January. He dwelt for nearly seventy years in the same house, where he was never known to be confined to his room by a single day's illness.

Whether this case would bear the investigation of those sceptics who, like the late Sir George Cornewall Lewis, would scarcely believe there was a well-authenticated centenarian, we will not venture to say. But we know, partly on physiological grounds, and partly from a few instances in which the alleged age has never been disputed, that there is no insurmountable obstacle to centenarians becoming much more numerous than they are at present. At all events, the occasional reports of men who have attained to a very advanced age, should suggest to everyone the propriety of so managing their bodily estate as to make it as great, as lasting, and as profitable as circumstances will allow. That we can only do by systematically adopting those hygienic practices which are inculcated by a knowledge of the laws of health—a knowledge which it is to be hoped will daily become more and more a part of our general education.

The Medical Bill.

As we anticipated in our last issue, the opposition of the Scotch Licensing Bodies and the Queen's University, and the difficulty of satisfying the views of the ladies, have proved too much for the Bill, and it is withdrawn. We greatly regret that the Government did not avoid the necessity for adopting this course, which they might have done if they had faced the opposition and overcome it by a vote of the House of Commons. The Bill had the whole profession and most of the public as its supporters, for we do not count as worthy of consideration the opposition of those who are interested in maintaining abuses, or of the small minority who do not know what they want except to show their own importance, and assert what they conceive to be their grievances. We may, however, satisfy ourselves with the assurances that if the Duke of Richmond and Lord George Hamilton hold their present offices next session, and if the country has nothing to occupy it except domestic legislation, the Bill will certainly pass in the early part of 1879. Ministers are, apparently, quite determined in reforming the profession, and there is really no opposition which need deter them, nor would it alter the case if they were indifferent, for the feeling of the country upon the subject has been aroused, and we should certainly have one or two private Bills, which would oblige the Government to take action upon the matter. Nevertheless, in the interest of all parties concerned, we regret that the Bill did not pass, for we consider that a moderate measure of reform which it proposes will be less dangerous to the profession, and more advantageous to the community, than a measure of violent revolution, which we may yet have to discuss.

Upon the Treatment of Strumous Disease by what may be called the Solfatara Method.

To the north of Naples, and in the rear of Pozzuoli (or Puteoli of the New Testament), is the crater of an extinct volcano called the Solfatara. The crater is easily accessible by carriage or by foot passengers, and presents the appearance of a mammoth circus ring of somewhat uneven surface, and having at different points—chiefly where the floor joins the circumferential wall—a number of fissures or volcanic vent-holes called *stufe*. From these holes is emitted steam and vapour in varying quantities, charged with fumes of sulphur and arsenic.

Dr. Horatio R. Storer, of Newport, sends to the Boston *Medical and Surgical Journal* an account of the benefits which have been derived from the inhalation by strumous

and consumptive persons of the fumes, and among the number he includes the case of his son.

The first attempt of which he has knowledge when these fumes were utilised for medical purposes was by Dr. Abele Franza, in 1871. A Russian affected with advanced tubercular disease was removed from Naples to Pozzuoli, and during six weeks was carried from time to time to the Solfatara, in order that he might inhale the vapours. Improvement was declared to have been immediate and permanent.

A second case of acute tuberculosis was similarly relieved without resort to other measures. Prof. de Luca has made numerous observations on the composition of the thermal mineral waters of the Solfatara and on the temperature and exhalation of the greater throat (*fumarola*) of the crater; and his papers on the subject are referred to by Dr. Storer. Young Storer is said to have commenced to improve almost immediately after resorting to the crater, but he also drank of the waters found in the crater, containing sulphuric acid.

The beneficial effect of the treatment is presumed to depend upon the arsenic contained in the vapour.

The Normal Inequality of Lower Limbs.

From the Proceeedings of the King's county Medical Society, U.S., it appears that the first trial for malpraxis, that ever hinged on this fact in nature, transpired recently in America. Suit had been brought because of a shortened femur, after treatment, of five-eighths of an inch. The defendant's witnesses testified that a want of symmetry in legs frequently existed where there had been neither fracture nor injury. The cause was non-suited without delay, and "the imperilled surgeon went free." Drs. Agnew and Hunt, of Philadelphia, testified that they had measured many limbs and had found them unequal, without previous fracture; the brother of the plaintiff, whom they chanced to measure, had a normal difference of three-eighths of an inch. This trial is destined to become widely known, and to materially influence the history of this class of suits for malpractice.

The Egyptian Medical School.

The Egyptian Medical School at Kars-el-Aïn was founded in 1827, by Mehemet Ali, closed by Abbas Pasha in 1849, and reopened by Saïd in 1856. It has since then, under the teaching of Professors Clot Bey, Reyer, Lautner, Bilharz, Griesinger, and others, restored Egyptian medicine to the rank of a science, and replaced the Frankish quacks of the last generation by a native faculty which, probably, has no equal in the East. The Mohammedan prejudice against dissection has here long been overcome, and the latest results of Western pathology having obtained free adoption, this College turns out physicians, surgeons, and apothecaries, many of whom would be a credit to the best European schools. Its curriculum extends over five years, the first two of which are appropriated to further pursuit of the general education previously begun in the lower schools, and the remaining three to exclusively medical studies. A large and well-organised hospital in connection with this school furnishes ample means of clinical instruction to the students, and gratuitous medical treatment to all comers. Attached to it, also, is the School of Midwifery, in which thirty young native women are taught reading, &c., and the elements of medical science and obstetrics; passing through a three-years' course of instruction, they are certified, and sent into the provinces where the common prejudice of Arabs and Copts forbids male practitioners of the obstetric art.

Vaseline as a Base for Eye-Salves.

In a recent clinical lecture, Dr. Galezowski speaks of the great advance in the treatment of scrofulous affections of the eye, chiefly keratitis and conjunctivitis, by the use of the yellow oxide of mercury. The preparation is almost a specific in phlyctenular keratitis and phlyctenular kerato-conjunctivitis.

In order that the salve shall be the most efficacious, it must be as little irritating as possible. Vaseline he regards as the most suitable preparation as a vehicle. It is free from acids, and is unalterable,—properties not possessed by any of the fats. He says his trials with the vaseline have far surpassed his expectations, and ends with giving two formulæ that he uses, the one of the yellow oxide of mercury, and vaseline for scrofulous phlyctenular keratitis, the other of nitrate of silver, and vaseline for granular conjunctivitis.

Hospital Saturday Fund.

The fifth meeting of the Board of Delegates for the present year, was held in the Board Room of the West London Hospital, kindly lent for the occasion. In the absence of Mr. Samuel Morley, the President of the Fund, Mr. John Hughes, Q.C., the chairman of the Council, presided. There was a good attendance of members, and the Secretary, Mr. Parr, gave a full report of the progress of the work, which the Delegates seemed to think, portended a successful collection. Mr. A. W. Mackenzie (Honorary Secretary), then brought up the plan of distribution as approved by the Council. In moving its adoption, he explained that the Distribution Committee in order to make the plan as perfect as possible, had put themselves in communication with some of the leading medical men of London, who had been good enough to give some valuable advice, they had also examined the plans in use by the Saturday or Sunday Funds of Dublin, Liverpool, Manchester, Portsmouth, Leeds, Nottingham, and Birmingham, and he thought the scheme as now submitted would be found to work well. After some discussion, the plan as proposed was adopted. It was stated that the Council had extended the time for the receipt of applications from Hospitals and Dispensaries, to participate in this year's collection to the 13th of August. Hospital Saturday itself has been fixed for the 7th of September.

An application has been made to the Master of the Rolls to restrain Mrs. Annie Besant, whose writings we have frequently commented upon, from molesting or annoying her husband, the Rev. Frank Besant, by letter or otherwise, and also from instituting any claim, action, or other proceeding for the purpose of compelling him to live with her. The Master of the Rolls granted the restraining order until the first day on which the vacation judge shall sit, with liberty to serve notice of motion for that day.

The Toilet Habits of Ants.

The Rev. H. C. McCook, of Philadelphia, eulogises the neatness of the agricultural ant, as observed in confinement at any rate. The most minute particles of dirt are carefully removed, and the whole body is frequently and thoroughly cleansed, especially after eating and sleeping. They assist each other in the general cleansing, and the attitude of the ant under operation is one of intense satisfaction, like that of a family dog being scratched, a perfect picture of muscular surrender and ease. Mr. McCook has seen an ant kneel down before another, and thrust forward the head under the face of the other, and lie motionless, expressing quite plainly the desire to be cleansed; the other ant understood this, and went to work. Sometimes this is combined with acrobatic feats, in which these ants excel, jumping about and clinging to blades of grass in a remarkable fashion. Sometimes the cleansing ant hangs downwards from the grass, and to her the ant operated upon clings, reaching over and up with great agility to submit to her friend's offices. Evidently moisture from the mouth is used for washing. Mr. McCook has observed most minutely the whole of these processes, which are recorded in the Philadelphia Academy's "Proceedings" for this year. He suggests that with ants as with the human kind an artificial condition induces greater attention to personal appearance.

Sanitation of Jarrow-on-Tyne.

Dr. Spear, the medical officer of health for Jarrow-on-Tyne, in his last report to the council, makes a lamentable revelation as to the state of the drainage of that borough. A man occupying a house in Duke Street, lost his wife and three children in ten months; it was a two-roomed dwelling, and on taking up the boards the foundations were found covered by a slimy liquid, the stench from which was unbearable, and on the surface of which gases from decomposed matter kept bubbling up. A house-to-house visitation showed that the whole of the dwellings in the street were more or less infected from the same cause.

Parasitic Diarrhœa in China.

In Cochin China (our readers are doubtless aware), the French troups have suffered greatly from a form of diarrhœa, which is now known to be caused by entrance of small animalculæ into the alimentary canal; these have organs of suction or prehension, and fix on the mucous surface (somewhat like lecches), causing an irritation which is manifested as dysentery. An interesting paper on the subject and dysentery in general by Dr. Dounon, appears in the *Moniteur Scientifique* for July. There are seven varieties of the Cochin China diarrhœa, and it certainly arises from the rivers and marshes, the active principle being conveyed into the body in drinking the water. The Chinese and Annamites are free of it, because they drink either tea or water purified with alum. Dr. Dounon recommends, as a remedy, the more simple method of boiling the water, as this at once destroys the germs and animals. He thinks it very probable that various other forms of dysentery in other countries are of parasitic origin, and to be prevented by the same means.

The office of Professor-Superintendent of the Brown Animal Sanatory Institution (under the Government of the University of London) being about to become vacant by the resignation of Dr. Burdon Sanderson, applications are invited from candidates for the appointment. The objects of this institution are—(1) The investigating, studying, and endeavouring to cure, maladies, distempers, and injuries, any quadrupeds or birds useful to man may be found subject to; (2) the promotion of the science of comparative pathology by the examination of bodies of dead animals; (3) the diffusion of the knowledge so acquired by the delivery of at least five lectures annually. The salary attached to the office is £300 per annum, and the trustees provide a residence, a laboratory, and an able veterinary assistant.

At the Graduation Ceremonial in Medicine and Law in connection with the University of Edinburgh held on August 7 the honorary degree of LL.D. was conferred on James Risdon Bennett, M.D. Edinburgh, F.R.S., President of the Royal College of Physicians, London, Sir Joseph Fayrer, M.D. Edinburgh, K.C.S.I., F.R.S., John Richard Green, M.A. Oxon, Joseph Lister, M.B. London, F.R.S., lately Professor of Clinical Surgery in the University of Edinburgh, and now of King's College, London.

Mr Charles Darwin has been elected Corresponding Member of the Paris Academy of Sciences in the section of Zoology by 26 votes against 14. This success is all the more notable that Mr. Darwin obtained only 5 votes in a scrutiny which took place quite recently. Prof. Asa Gray has been elected a corresponding member in the Section of Botany in succession to the late Dr. Braun, of Berlin.

As several lunatics from the Bodmin county asylum were being taken for exercise near the sea coast of North Cornwall, two of them escaped from their keepers and ran up the rocks. Stripping their clothes off they sprang into the sea. Being excellent swimmers, they were in no danger until their return, when waves dashed them violently on the shore. They struggled long, and one succeeded in landing, but the other at length succumbed, after having nearly drowned his companion by catching his leg.

A lady who desires no notoriety has given $20,000 to the Commissioners of Charities, in New York city, for the purpose of erecting a surgical pavilion on the grounds of Bellevue Hospital, where respectable patients may receive care separate from those who cannot be regarded as respectable. The building will contain rooms for thirty patients.

Intelligence from Senegal announces that yellow fever has broken out there. Six doctors and apothecaries will leave for Gorea by the first mail steamer, and measures have been taken to prevent the epidemic from spreading.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY FOR IRELAND.

THE committee of the Belfast branch of this society held a quarterly meeting on Aug. 7 in the chambers, 33 High Street, at twelve o'clock. Present—Dr. Purdon, Dr. Arnold, Dr. Ferguson, Dr. Drennan, Dr. M'Cleery, Dr. Higginson, Bangor; and Dr. M'Gee.

On the motion of Dr. M'Gee, seconded by Dr. Ferguson,

Dr. T. A. Purdon was called to the chair.

The Hon. Secretary (Dr. Arnold) read the minutes of the last meeting, which were confirmed. He intimated that he had seen their friend, Dr. Browne, hon. treasurer, who regretted his inability to be present at their meeting. Had Dr. Browne been with them he would have reported that the grants recommended to be paid to the annuitants of this branch had been duly awarded at the annual meeting of the parent society, and had been distributed by their hon. treasurer; and that the recipients of their bounty had expressed themselves as grateful for the timely aid thus afforded. The hon. treasurer would have further intimated that, although the great mass of their subscribers had with promptitude and generosity responded to the call of their hon. collectors, yet a few subscriptions remained unpaid; and he would have expressed the hope, in which he (Dr. Arnold) was sure the meeting would join, that the brethren who might not yet have paid their subscriptions would kindly remit the same to Dr. Browne, hon. treasurer, 19 College Square East, without delay. (Applause.)

Dr. Ferguson believed that their brethren had overlooked the matter.

Dr. M'Cleery thought a circular should be sent to each of them.

Dr. Drennan—On reading the report of this meeting it will recall the omission to memory. Many men think they have paid when they have not.

Dr. Higginson (Bangor) reported as to his district in the County Down.

The annual report was then laid upon the table. It was stated that a copy of it would shortly be in the hands of all the members.

Dr. Ferguson was called to the second chair, and, a vote of thanks having been accorded to the chairman,

The meeting concluded.

BRITISH PHARMACEUTICAL CONFERENCE.

THE fifteenth annual meeting of the Conference is now in session in Dublin. The sitting commenced yesterday the 13th. The Irish Committee have pleasure in announcing, as far as possible, the completion of their arrangements—viz.: The Conference meetings are held at the Great Hall of the College of Physicians, Kildare Street, members of the medical profession being invited to be present. The following papers will be read:—

1. Report on the Aconite Alkaloids, C. R. Alder-Wright, D.Sc. Lond., and A. P. Luff. 2. Report on Brucia and the Constituents of Strychnos Bark, W. A. Shenstone, F.I.C. 3. Bismuth Residues, Dr. Letts, F.I.C. 4. Soluble Essence of Ginger, J. G. Thresh, F.C.S. 5. Note on Reichert's Improved Thermo-Regulator, C. Symes, Ph.D. 6. Nitrite of Amyl, Mr. D. B. Dott. 7. Note on Beberia, Mr. D. B. Dott. 8. Notes on the Titration of Hydrocyanic Acid and Cyanides, and its Relation to Alkalimetry, L. Siebold, F.I.C., F.C.S. 9. The Presence or Absence of Sugar as a Normal Constituent in Urine, L. Siebold, F.I.C., F.C.S. 10. The Microscope in Materia Medica, T. Greenish, F.C.S. 11. Miscible Copaiba, L. B. Groves, F.C.S. 12. Baycuru, C. Symes, Ph.D. 13. Note on an Improved Preparation of Ergot, A. W. Postans. F.C.S. 14. Chloroform, A. H. Mason, F.C.S. 15. A Comparison of the Strength of some of the Cinchona Preparations, C. Ekin, F.C.S. 16. The Assay of Cinchona, Mr. J. B. Smith. 17. The Extraction of Emetia from the Deposit in *Vinum Ipecacuanhæ*, G. Brownen, F.C.S. 18. Adulteration of Drugs, C. R. C. Tichborne, LL.D., &c. 19. Authoritative Formulæ for Unofficial Preparations, F. Baden Benger, F.C.S. 20. Solution of Iodoform and Iodoformed Lint, G. A. Keyworth, F.C.S. 21. Notes on Opium, Mr. B. S. Procter. 22. Notes on the Methods of distinguishing Carbolic Acid, Cresylic Acid, and Creasote, A. H. Allen, F.I.C., F.C.S. 23. On a Reaction of Orange Flower Water, R. Reynolds, F.C.S., and Mr. C. H. Bothamley. 25. Preliminary Examination of Pituri or Pitchere, A. W. Gerrard, F.C.S. 26. Note on *Jacoranda procera*, A. W. Gerrard, F.C.S. 27. Note on the Preparation of Phosphorus Pills, A. W. Gerrard, F.C.S.

On to-morrow the 15th the Irish vice-presidents and committee, on behalf of the chemists of Ireland, have invited the visitors of the Conference to accompany them on an excursion to Glendalough or the Seven Churches. A special train has been engaged to start from Harcourt Street at 8.30 o'clock. Visitors and friends should be at the station at least five minutes before the time of starting. Arriving at Rathnew at 9.30 o'clock, cars and waggonnettes have been engaged to convey the party to the churches by Devil's Glen. All who desire it may walk through the Glen and meet the vehicles at the other end and drive on to Glendalough, where lunch will be provided immediately on arrival at one o'clock. Returning at 3.30 o'clock through Vale of Clara to Rathdrum, where the special train awaits them, starting for Dublin at 5.30 o'clock, which is reached about seven o'clock, when they will proceed to the Exhibition Palace, where at 7.30 o'clock dinner will be provided.

Correspondence.

FEES FOR VACCINATION PROSECUTIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—On July the 4th I was summoned by the Board of Guardians of the union in which my dispensary is situated to give evidence in some vaccination prosecutions at the petty sessions (held eight miles from my house). As there was no magistrate in attendance the cases were postponed till the following month. I again attended at court and gave my evidence, after which I handed a printed application for my fees and expenses to the presiding magistrates to be signed. Two of them were for signing the paper, but the chairman, though considering my claim quite just, was opposed to signing it, on the ground that he would be censured severely by the other guardians at the next meeting of the board. He therefore asked me to allow him to refer the matter to the board at their next meeting, and he would do all in his power to get me my expenses. The meeting has been held, and this day I have received a letter from the clerk to the union, informing me that my "application being new to the guardians they did not allow it." Now what am I to do? Have I any legal redress? In addition to the loss of time I have had to pay 18s. for car hire. This I consider too hard, and am thinking of writing to the Local Board on the subject, but am not sure if it is the right course. It is no wonder that vaccination should be inefficiently performed in Ireland when public vaccinators are treated so. When I came to this district about four months ago I found children five years of age and upwards unvaccinated, and to put a stop to this abuse I reported some cases to the Board of Guardians with the above result. This my first effort to have the Vaccination Act properly carried out in my district has taught me a lesson not easily forgotten.

Yours obediently,

M. B.

[If our correspondent had a definite order from the guardians to attend and give evidence he can make them responsible, and may issue a process as soon as he pleases. In the case of Kisbey *v.* The Boyle Guardians (see Report of Irish Medical Association) it was ruled that an order from the guardians is a valid contract, even if the magistrates did not grant a certificate for the fee. If our correspondent had no definite order from the guardians, his only course is to apply again to the magistrates, pointing out to them their powers under the 13th section of the Vaccination Amendment Act ("Irish Medical Directory," p. 501). If they still refuse to certify, appeal should be made to the Local Government Board, and if necessary to the Council of the Irish

Medical Association. Under the New Public Health Act, which was in operation since August 1st, the guardians *must* pay whether they like it or not.—Ed. M. P. & C.]

PRACTICAL SCIENCE AT THE POLYTECHNIC.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Whilst thanking you for your kindly notice of the Polytechnic in your issue of July 31st., I shall be glad if you will permit me to say a word, lest your remarks may convey an erroneous impression respecting my duties at the Institution. I am not *Managing* Director, but simply one of the Board of Directors. The former office was undertaken by me some few years back, at a time when the Polytechnic was in such a position that it could not afford to pay a competent manager, and I performed the duties for about three years gratuitously. The labour, however, in addition to my professional work, was too heavy to allow me ever to undertake such an office again, but in answer to the unanimous wish of the shareholders in general meeting, I returned to the Board, where I hope to be of service to it and the public.

Whilst my pen is in hand, I should like to call your attention to an arrangement the Directors have made, likely to be of great practical value to students entering our profession. They have determined to separate the laboratory and classrooms from the rest of the building, with a view of establishing a high class school of science, to enable students to pursue *practical* work. After much deliberation, they have selected from many candidates as an occupant of the laboratory, Dr. E. B. Aveling, who will in future direct the studies of those who enter. This gentleman, who is a Doctor of Science of London University, Lecturer on Comparative Anatomy at the London Hospital, and on various branches of science at several well-known institutions is, I think, well fitted to fill the post; and I hope, therefore, that before long we shall see a large and flourishing school of practical science in our time-honoured institution, which is situated in a spot that for convenience of access is second to none in the metropolis.

Yours, &c.,

Robert Charles Crofts.

August 5, 1878.

OPENING OF THE NEW MUSEUM AND LIBRARY AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

On Saturday last the new buildings were formally opened by his Grace the Duke of Marlborough, Lord Lieutenant. The new wing contains a large apartment on the ground floor for a library, and one of the same dimensions above it for a museum, the foundation stone of which was laid in 1876 by the Duke of Abercorn. The new wing extends parallel to York Street. The library is seventy feet long by thirty-six in width, and is built as an extension of the old library, which was twenty feet in length, a wall of which has been replaced by pillars, and a descent of two steps leads from the one chamber to the other. The books, including the collection known as the "Jacob" Library, occupy the shelves. The museum is extremely spacious and handsome, and has a handsomely designed wooden roof. There is a gallery at a height of about twelve feet from the ground. On each side below are projecting glass cases, the frames of which serve as supports to the gallery in lieu of pillars, while light is obtained laterally through the glazed sides of the case. The result of these arrangements is that ample light is secured for the contents of the glass cases and of the museum generally. There is a hot water apparatus for heating the room in winter. This museum is connected by a new corridor with the old museum and the board-room, and is devoted to the reception of between four and five thousand pathological specimens, and also of the valuable collection of wax anatomical models presented to the College in 1830 by the Duke of Northumberland, then Lord Lieutenant of Ireland. There are also rooms for the curator. The new buildings have cost nearly £10,000. The entire interior of the College has been repainted and decorated.

His Grace the Duke of Marlborough and the Duchess of Marlborough and suite were received by the President of the College of Surgeons, Philip C. Smyly, M.D., and members of the Council and of the Courts of Examiners, and by a large assemblage of the fellows and licentiates, and of ladies, and were conducted through the new building. Having inspected the whole of the College, their Graces descended to the library.

The President of the College of Surgeons, addressing the Lord Lieutenant, said he had, in the name of the Council, to thank him for his presence on that occasion. His Grace's predecessor had on more than one occasion honoured them by his presence there; but it had been reserved as a crowning honour to him to welcome her Grace within those walls. That College had now been in existence for nearly a hundred years. During that hundred years it had ever endeavoured to advance the study of the art and science of surgery. They had done so by strict and searching examinations, of which they were very proud, and by the opportunities which they had afforded to their students in the school attached to that institution, and in the affiliated schools in which the students were taught. Their library and museum were also means by which they taught those who aspired to admission to their profession. The library and museum had completely outgrown the space that they had available for their purpose, and therefore, they had had to enlarge those buildings in the way that his Grace had already seen, having inspected the new Museum and Library which he had so kindly come that day to open. The foundation stone of those buildings had been laid by the Duke of Abercorn, and his Grace the Lord Lieutenant—acting as he always did in respect of anything calculated to advance the interests of Ireland—had now come to open those buildings to the profession. During the hundred years that it had existed the College of Surgeons had accumulated funds which had been expended for the benefit of the medical profession, and for the advancement of surgery. The only source of income that they had ever enjoyed had been the fees paid for their diplomas. He desired to allude to the Medical Bill which had been lately before Parliament. That College had given the Government every assistance in their power to pass that Bill. They thought that in many points it was a most valuable Bill; and, as a member of the Council of the College, he begged, through his Grace, to thank the Government for the great courtesy with which they had received their deputation in London, and for the kindness with which the Lord President and Lord George Hamilton had assisted their recommendations.

His Grace the Lord Lieutenant said—Mr. President and Fellows and Licentiates of the Royal College of Surgeons of Ireland, I can assure you that it is with the greatest pleasure that I find myself present here to-day to fulfil the task which has been requested at my hands by your President of declaring this building open; and it needed not those eloquent words which have fallen from your President, in describing the past history of this institution, to make one aware of the great benefits which it has already conferred, and is still conferring, not only upon this country in which we are, but on the world at large. Great names—the names of Cusack, Carmichael, Crampton, Colles, and others, which I have had the pleasure of looking at in that record of presidents which greets one on one's entrance into the hall, have shed their lustre on this institution, and on the degrees and instruction which it has conferred; and behind those great names there has followed a band of, perhaps, less distinguished, but not less laborious students, who have gone forth into the arena of life after having studied that frame of ours which is so wonderfully and so fearfully made, and who have carried the blessings of the healing art into every portion of the globe. It is not only in the hospital and in the sick chamber that those qualifications are exhibited. The ranks of the naval and military services are largely recruited from those who have pursued their education within those walls. The prosperity of the institution needs little to assure it. Its antiquity is known to us, and its history, to which eloquent reference has been made by the president, is before us. It needs little more to assure it; but still, if anything were wanting, nothing could be more appropriate than these new buildings, which in their permanence, will be a symbol of its own permanence, while they minister to its prosperity and utility. Mr. President, you have alluded to the legislation which has been before Parliament. I believe that at one moment of that proposed legislation a certain danger, through misapprehension and some mistakes in the provisions of that measure, was incurred, and it is owing to the gentlemen connected with the Royal College of Surgeons and the Royal College of Physicians, who, at great personal inconvenience,

visited London, and represented the facts to the Government, that those facts were properly brought before them; and I am quite sure that I only speak the feelings of my colleagues when I say that it was only necessary to bring before them the danger that might have been incurred through those provisions, in order to have that danger removed. I beg now to declare this building open for the future use of the Fellows and Licentiates of the Royal College of Surgeons of Ireland.

The proceedings then terminated.

Medical News.

University of London.—The following candidates have passed the recent first M.B. Examination:—*First Division.* Bowe, Francis, Cantin, Louis Alfred, Cuffe, Edward Meade, Day, Donald Douglas, Graham, Albert William, Jones, Robert, King, David Alexander, Kirsopp, Thomas, St. Bartholomew's Hospital; Dickinson, Thomas Vincent, Weber, Charles Alfred, B.A., B.Sc., St. George's; Chisholm, William B.A., Sydney, Colborne, William Wriothesley, Horsley, Victor Alexander Haden, Maudsley, Henry, Mott, Frederick Walker, Murray, Hubert Montague, Parker, William Rushton, Parkes, Louis Coltman, Pasteur, William, Permewan, Arthur Edward, Pratt, Reginald, Shearman, Percy Edward, University College; Newsholme, Arthur, Shaw, John, St. Thomas's; Rake, Beaven Neave, Guy's; Cox, Frederick Augustus, St. Mary's; Hoole, Henry, Charing Cross; McDonnell, Denis, King's College; Bassett, Henry Thurstan, Queen's College, Birmingham, and Guy's Hospital; Bredin, Richard, Honeyburne, Richard, Liverpool Royal Infirmary School of Medicine; Maguire, Robert, Owen's College.

Second Division.—Collins, William Job, Groom, Henry Thomas, Rice, Edward, Smith, Henry, Sykes, William Ainley, Tait, Edward Sabine, Thomas, Walter Duncan, St. Bartholomew's Hospital; Marsh, George Ryding, Oram, Richard Rundell William, Guy's; Ballance, Charles Alfred, Swale, Harold, Walters, Frederick Pufenacht, White, Charles Haydon, St. Thomas's; Atmaram, Anundrao, B.Sc., Dallmeyer, Andrew, William, Donovan, Denis William, Hoskyn Donald Templeton, Routh, Amand Jules McConnell Squire, John Edward, Watkins, Christopher James, University College; Davidson, John, Silk, John Frederick William, King's College; Collingwood, David, Liverpool Royal Infirmary School of Medicine; Hurst, George, B.A., Sydney, University of Edinburgh; Brooke, Henry Ambrose Grundy, B.A., Owen's College.

Excluding Physiology.—*First Division.*—Barnes, George Frederic, St. Bartholomew's Hospital; Sellers, William, University of Edinburgh.

Second Division.—Whiting, John, St. Bartholomew's Hospital; Smith, John, Guy's.

Physiology only.—*Second Division.*—Fooks, George Ernest, Hughes, Richard, Roeckel, Waldemar Joseph, St. Bartholomew's Hospital; Crisp, Thomas, St. Thomas's Hospital; Suckling, Cornelius William, Birmingham School of Medicine.

Royal College of Surgeons of Ireland.—At an examination held at the Royal College of Surgeons, Ireland, on the 2nd and 3rd of August, Kendal Franks, M.D. Univ. Dub. was admitted to the Fellowship of the College.

Army Medical Department.—List of candidates for commissions as Surgeons in Her Majesty's British Medical Service who were successful at both the London and Netley Examinations.—August, 1878.

	Marks.		*Marks.*
* 1. A. J. Landon ...	4514	11. J. G. MacNeece	3017
2. J. Stevenson ...	4450	12. M. D. O'Connell	3010
3. W. L. Lane ...	3750	13. H. J. Noad ...	3005
4. W. P. Feltham...	3598	14. A. S. W. Young	2965
5. J. L. Ritchie ...	3595	15. A. Harding ...	2957
6. W. Leah ...	3546	16. J. J. Falvey ...	2945
7. P. J. Dempsey ...	3512	17. J. F. Dowman ...	2930
8. K. S. Wallis ...	3445	18. H. R. O. Cross	2887
9. J. W. H. Flanagan	3402	19. C. Seymour ..	2877
10. O. E. P. Lloyd ...	3331		

* Gained the prize in Military Surgery.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

TREATMENT OF RHEUMATIC GOUT.

BY A SUFFERER.

"Try lemon-juice, or colchicum,
Unsweetened gin, or Bahia rum,
Or with gout pills your stomach cram,
Or mustard seed.
You might as well just suck your thumb—
You won't succeed." A. Cameron.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

On Hystereo-Neuroses. By G. J. Engelman, M.D.
Newport and Cardiff as Shipping Ports. By J. C. Parkinson, J.P.
School Life in its Influence on Sight and Figure. By R. Liebreich, M.R.C.S. London: J. & A. Churchill.
Report of the Sanitary Condition of Birkenhead.
Ziemssen's Cyclopædia of the Practice of Medicine. Vol. XIII. London: Sampson Low & Co.
Health Lectures for the People. Vol. I. Manchester.
Habitual Drunkenness and Insane Drunkards. By Dr. Bucknill
The St. Louis Medical and Surgical Journal. Medical Record, New York. Boston Medical and Surgical Journal. Practitioner. Estudos Medicos. Louisville Medical News. Cincinnati Lancet and Clinic, &c.

VACANCIES.

Cranbrook Union.—Medical Officer. Salary, £55, with the usual fees extra. Applications, with testimonials, to the Clerk by August 7.
Cumberland Infirmary.—House Surgeon. Salary, £100, with board, &c. Applications to the Rev. A. Edwards, Ash House, Carlisle, by September 19.
Dorking Union.—Medical Officer and Public Vaccinator. Salary, £95, with fees extra. Applications, with testimonials, to the Clerk on or before September 4.
Droitwich Union.—Medical Officer. Salary, £120, with fees extra. Applications, with testimonials, to the Clerk to the Guardians on August 20.
Kent and Canterbury Hospital.—Assistant House Surgeon and Dispenser. Salary, £50, with board, lodging, &c. Applications, with testimonials, to be sent to the Secretary on or before August 23.
Lincoln County Hospital.—House Surgeon and Apothecary. Salary, £100, with board and lodgings. Election, September 5.
Machynlleth Union.—Medical Officer. Salary, £36, exclusive of extra fees. Applications, with testimonials, to the Clerk by August 21.
North Staffordshire Infirmary, Hartshill,—House Surgeon. Salary, £100 per annum, increasing £10 per annum, with furnished apartments, board, &c. Applications to the Secretary not later than August 28.
St. Pancras, Middlesex.—Medical Officer for No. 4 District. Salary, £110. Applications (to be made on forms provided for the purpose), with testimonials, to be sent to the Clerk to the Guardians, Vestry Hall, St. Pancras, not later than August 26.
Staffordshire General Infirmary.—House Surgeon and Secretary. Salary, £100, with board, lodging, &c. Applications, with testimonials, must be sent to the Secretary on or before August 22.
West Herts Infirmary, Hemel Hempstead.—House Surgeon and Dispenser. Salary, £100, with board, &c. Applications, with testimonials, to the Secretary on or before September 5.

Birth.

Smyly.—August 3, at 4 Merrion Square North, Dublin, the Hon. Mrs. Smyly, of a daughter.

Marriage.

O'Flynn—Mullins.—August 5, at Dublin, Phillip O'Flynn, M.D., Knt. Ord. P. IX., Knt. Ord. Greg. Mag, Surgeon Major in the Pontifical Army, of Glencairn Lodge, Lismore, to Mary Josephine, only daughter of the late Anthony R. Mullins, Esq., of Ashley Park, Galway.

Deaths.

Barker.—On August 3, at Hungerford, Berks, Richard H. Barker, M.R.C.S.E., aged 68.
Burnup.—On August 5, at Derwent Place, Newcastle-upon-Tyne, Martin Burnup, M.D.
Hunter.—On August 8, C. Hunter, M.R.C.S., son of the late Dr. J. C. Hunter, Wilton Place, aged 43.
Ireland.—On July 26, at Linton, Edward Ireland, M.R.C.S., aged 40.
Lawton.—On July 16, on board the *Taymouth Castle* (homeward bound), Dr. Joseph Lawton.
Parratt.—On July 31, at Victoria Road, Charlton, James Edward T. Parratt, M.R.C.S.E., Inspector-General, Army, aged 71.
Pattullo.—On August 2, at The Manse, Parton, N.B., William Pattullo, M.D., Staff Surgeon, R.N., aged 40.
Ross.—On August 2, at Nowgong, Bundercund, India, Richard Edmund Ross, L.K.Q.C.P.I., Surgeon, 20th Madras Infantry.
Young.—On July 29, at Olney, Bucks, Henry Young, Surgeon, aged 58.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 21, 1878.

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THE MECHANICAL SYSTEM OF UTERINE PATHOLOGY. (a)

By GRAILY HEWITT, M.D. Lond., F.R.C.P.,
President of the Harveian Society, &c., &c.

LECTURE I.

MR. PRESIDENT and GENTLEMEN,—The subject which I have selected for these lectures is one which I venture to think very suitable for discussion before this Society. Great scientific interest at present attaches to all questions relating to the pathology of the uterus. We have been too long reproached for the diversity and differences of opinion prevalent on these questions, and I feel sure you will bear with me in the attempt I am now about to make to reconcile these differences and to produce some satisfactory and useful generalisations on the subject. For several years the complex subject of uterine pathology has been a principal object of my attention. Starting with no preconceived views on the subject, my sole object has been to attain to a rational understanding of the cases which presented themselves to my notice. The result of my observation and inquiry has been the adoption of certain general principles in reference to this interesting subject, which have, as I conceive, a very widely extended application, and which I shall now endeavour to lay before you. The principles in question have evolved themselves naturally and logically from the facts before me. They seemed to me of so sweeping and general a character, that at first I was distrustful of my own observation, and could hardly believe that such simplicity belonged to a subject which had always appeared so difficult; but as time went on, it was plain that there could be no mistake about it, and the more cases I saw, the more exactly and truly did the principles in question seem to apply themselves naturally to the observed fresh facts.

It was not until five years ago that I ventured to put forward in a succinct and positive form the conclusions which observations spread over several years had previously induced me to come to. In the third edition of my work "On Diseases of Women," these conclusions were submitted to the consideration of professional brethren, as the basis of what I ventured to designate the "mechanical system" of uterine pathology.

The following three propositions embody these conclusions:—

"1. Patients suffering from symptoms of uterine inflammation (or, more properly, from symptoms referable to the uterus) are almost universally found to be affected with flexion or alteration in the shape of the uterus of easily recognised character, but varying in degree.

"2. The change in the form and shape of the uterus is frequently brought about in consequence of the tissues of the uterus being previously in a state of unusual softness, or what may be often correctly designated as chronic inflammation.

"3. The flexion once produced is not only liable to perpetuate itself, so to speak, but continues to act incessantly as the cause of the chronic inflammation present. (a)

Since that time nothing has occurred to shake my confidence in the substantial truth of the conclusions just stated; I have had, on the contrary, more reason than ever to be satisfied of their accuracy. But additional experience, together with the great advantage of the subjection of these conclusions to various searching, if not always favourable, criticisms, enable me now to develope the subject more completely.

There has been much misconception in reference to the word "mechanical," as used in the phrase "mechanical system of uterine pathology," a misconception which it is necessary that I should at once deal with. The word mechanical is here employed to convey an idea as to the origin and nature of the disorder. By it is meant that

(a) Being the Harveian Lecture delivered before the Harveian Society of London, December, 1877.

(a) "On the Pathology, Diagnosis, and Treatment of the Diseases of Women." P. 2. Longmans. 1872.

mechanical changes and mechanical influences have the greatest share in the production of these disorders. By it is intended to be conveyed the importance of the share which acquired distortions and alterations of position of the uterus—in a word, mechanical changes—have in the production of uterine suffering. The word mechanical has, however, apparently led some who have criticised the doctrines which I have upheld, to imagine, quite unjustifiably, as I shall by-and-by show, that it has been my intention and desire to inaugurate the universal and indiscriminate employment of instruments and mechanical appliances in the treatment of uterine disease. Nothing can be farther from my intention. At present I content myself with simply pointing out that the adoption of the mechanical system of uterine pathology does not mean the use of a pessary in any and every case that presents itself. It is one thing to recognise that the patient before us is suffering from a mechanical derangement of the internal generative organs, it is another to insist on the treatment of such a case by applying various internal mechanical apparatus.

It is high time that some more rational, intelligible, and generally comprehensible ideas on the subject of uterine pathology should prevail. Knowledge has in this department of science, been defective. The subject is one which cannot be studied on a large scale by a large number of individuals, and the great mass of the profession has felt itself obliged to accept the reigning doctrines, and apply them as they best could to the treatment of actual cases. The breakdown of one system has thus disposed many to think hardly of a new one, and to exclaim against a novelty simply because it is a novelty. I gladly avail myself of the opportunity now offered of presenting to your notice a general view of the mechanical system of uterine pathology, and of setting forth the grounds on which it claims to offer a rational interpretation of the clinical phenomena, and the pathological changes observed in cases where the uterus is diseased.

Certain of the mechanical disturbances of the uterus have been long known, their nature understood, and their inconveniences recognised. I mean those forms of prolapse uteri where the organ, wholly or in part, and dragging with it or not portions of the adjacent organs, protrudes from the vulva. There is no dispute as to the mechanical nature of such a lesion as this. The malady could not well escape recognition.

But displacements of the uterus falling short of this external protrusion were not so readily recognised, though a moment's consideration would seem to be sufficient to show that a descent or movement transgressing the normal limits would be really a displacement. In point of fact, the slighter displacements were known to exist, but were not thought much of, because no one had specifically indicated the nature of the evil effects they produced. But, besides these slighter degrees of internal displacement, another physical change of the uterus—bending or flexion of the organ—has of late years attracted much attention. It is plain that this latter is a mechanical affection, and that it must be looked at from a mechanical point of view. It is not less a dislocation than is prolapse of the uterus.

The proper signification of these various mechanical diseases of the uterus is not yet known, nor is their relation to other diseases and alterations of the uterus as yet defined with the necessary degree of precision. Almost inconceivable differences of opinion prevail as to their nature and effects, and there are infinite differences of opinion as to their actual importance. It is my object on this occasion to attempt to render the matter more intelligible.

The importance of this or that lesion of any particular organ is usually judged of by its disturbing effect, by the pain or discomfort to which it gives rises, or by its disturbing various physiological processes essential to the preservation of health. Observation has convinced me that as a rule, far too little attention is bestowed by practitioners on the statements and complaints made by patients as to their own painful or distressing sensations. I can only say that, in investigating supposed cases of uterine disease, I have always gained a great amount of assistance from these statements in arriving at a conclusion as to the nature of the case. Earlyin my practice I was led to adopt the course of questioning patients closely in regard to their sensations. Coupling these statements with the results of careful internal exploration of the uterus, and other adjacent organs, the result was in process of time to show such a close connection between internal mechanical changes of the uterus and the existence of painful sensations such as induced the patients to apply for relief, that I was insensibly led to attach the highest importance to this connection. And, in fact, this is the explanation I have to give of my adoption of the mechanical system of uterine pathology, that clinical evidence and clinical facts not only indicated these conclusions, but forced them upon me.

Frequency of Uterine Distortions.

Let me, in the next place, lay before you a brief statement of facts bearing on the question of the actual frequency with which the mechanical diseases of the uterus are met with in practice. I am quite aware that "frequency" is not necessarily identical with "importance." But for the moment I direct attention to the frequency question. During a period of a little over four years, from August 1865 to December 1869, I kept notes of all cases treated in my out-patients' room at University College Hospital. The number of recorded cases of all kinds is 1,205. Of these, 714 were cases where the patients presented uterine symptoms. Of these 714, 620 were subjected to an internal examination, and the diagnosis thus arrived at. In 94 no such examination was made.

Of the 620 examined cases, 61, or 9·8 per cent., were set down as suffering from absence or malformation of uterus, or various symptomatic affections only.

In 182, or 29·3 per cent., the patients were found to be suffering from fibroid tumour, cancer, or pelvic cellulitis.

In 377, or 60·8 per cent., the shape of the uterus was materially changed, or its position markedly changed.

These 377 cases are further resolved into—

Flexions	Retroflexions, 112 / Anteflexions, 184	296	377
Prolapses	- - - -	81	

Further, "the flexion cases were very generally attended with alterations such as would be properly termed as of a chronic inflammatory character; but it is precisely in those cases where the symptoms of irritation or inflammation were most marked that severe and well-established flexions were found to exist." (*a*)

It thus appears that in 60·8 per cent. of these hospital out-patient cases which presented uterine symptoms of sufficient importance to suggest the necessity for making an examination, marked physical changes in the form, shape, or position of the uterus were detected.

The total number of cases recorded was, as I have before stated, 1,205, of which 714 are accounted for in the above analysis. There remain 491 cases, which include many of syphilis or gonorrhœa, pregnancy, general debility, over-lactation, diseases of the bladder or external generative organs, phlegmasia dolens, tumours or inflammations of the ovaries, cases of doubtful diagnosis, cases of disease of other than the generative organs, &c.

The above is an exact account of observations made and recorded in public. Before the observations in question were made I had been led to regard alterations of shape of the uterus as of high clinical importance. But these observations, made between 1865 and 1869, are more reliable than any previous ones, for the reason that they were made by a more experienced observer. The generalisation arrived at from a careful analysis of these cases is embodied in the three propositions already alluded to.

These statistics were valuable in my own estimation. But no statistics are of themselves quite capable of settling any question in an indisputable manner, it being always open to an objector to state that in other hands a very different result could have been shown to be deducible.

(*a*) "On the Pathology, Diagnosis, and Treatment of the Diseases of Women," p. vii. Third edition.

In endeavouring to demonstrate, therefore, the importance of these mechanical diseases of the uterus we must appeal to reason as well as to statistics. These ideas must in fact be shown to be in accordance with anatomy and physiology. They must also be shown to offer an intelligible explanation of clinical phenomena, and there must be such a conformity between them and the daily observed facts as will convince the inquirer that the ideas in question rest on a scientific as well as a clinical basis.

FIG. 1.

Fig, 1 represents the normal position and relations of the virgin uterus.

Mechanics of the Uterus.

I propose, in the next place, to consider the mechanics of the uterus, for it is obvious that accuracy of knowledge of this subject is an essential preliminary to the matter before us.

Those who regard the uterus as a part of the body subject only to general influences, and participating in the effects of those general influences in common with the other organs of the body, will naturally have little sympathy with any disquisition on the subject of the mechanics of the uterus. But the uterus is subject to the action of mechanical laws, and it is impossible to escape from the necessity for making due allowance for their operation in the construction of a rational system of uterine pathology.

Nature has so placed the uterus that it is comparatively well protected from accident. It is fixed in such a manner that it yields a little to forces which may be so applied as to change its position. Downwards, and forwards, and backwards, and even upwards, the uterus may be, to a certain extent, moved without injury or inconvenience. Various strong forces, however, are capable of dislocating it severely. The soft but elastic connections of the uterus are very numerous, and the relation of the organ to adjacent ones is such that motion is comparatively restricted.

But while motion of the uterus, as a whole, is comparatively restricted, motion of certain parts of the uterus is more free. The centre of the uterus, with its axis of suspension, is more fixed, but the body and cervix are more free to move backwards or forwards. And if the uterus were a rigid organ, various forces would obviously easily produce a tilting or version of the uterus, the fundus going forwards and the cervix backwards, or *vice versâ*, according as the force was applied at the back of the fundus or at the front of the fundus uteri. The body of the uterus particularly is very free to move backwards and forwards, this part of the organ having little to fix it, so far as the ligaments or attachments of the uterus are concerned. The amount of motion enjoyed by this part of the uterus in a state of health is probably not a great deal. Probably about an inch and a half represents the variation of the top of the fundus uteri in health, this variation being dependent on the fulness or otherwise of the intestines posteriorly, and of the bladder anteriorly.

(To be continued.)

AFTER giving a description of the new waterworks at Sandringham, the *Sanitary Record* remarks it will be evident that no private house in Great Britain has a better supply of water for all purposes than that now possessed by Sandringham. It is much to be desired that the example set by the Prince of Wales in matters of sanitation may be followed by all the great landowners throughout the country.

b

ON THE ADULTERATION OF DRUGS.

By CHARLES R. C. TICHBORNE, LL.D., Ph.D., F.C.S., &c.

In considering the adulteration of drugs, three points naturally present themselves for consideration, namely, the bearing of the Adulteration Act upon the question. 2ndly. The bearing of the question itself upon the practice of medicine; and lastly, the moral responsibility of the Pharmaceine in connection therewith.

In disposing of the first of these points I wish to confine myself to a few remarks, as it is impossible to go into the merits of the Act, or Acts in the time at my disposal. Any unprejudiced observer, however, must be alive to the fact that as regards drugs and chemicals, the Adulteration Act is a failure—particularly the first—and also to the fact that in two cases out of three the analyst appointed under that Act has never received the peculiar education necessary for such a post. It requires not only considerable ordinary analytical experience, but also that rare practical training in connection with the apothecary, or pharmaceutical chemist, which is generally wanting. There are exceptions to the rule as regards my remarks about competency, and Dublin and London may be instanced as notable examples of these exceptions.

There is a general notion that it is the most expensive drugs and chemicals, such as saffron, scammony, quinia, nitrate of silver, that are commonly adulterated. There are no doubt many such cases; but as details of these examples would be more than twice-told tales, it is not my intention to weary you by repeating them.

In the following examples, however, I wish to bring before you a few adulterations which I have picked up lately in the course of my experience. They are in a degree typical, and also illustrate the fact that adulteration is perhaps even more extensively carried on with cheap drugs than dear ones. I have been informed on good authority that powdered hæmatite—red iron ore—is frequently sold as the peroxide of iron. It is still a favourite remedy, particularly among amateur doctors; and as the pharmacopœial article is only worth a few pence per lb., a variable rock with various proportions of oxide of iron—10 to 70 per cent.—should not be substituted for it. I am not, however, prepared to vouch for the correctness of this statement from actual observation; but the instances I am now about to mention are some that have come under my own immediate notice, and which I am now in a position to bring before you.

Phosphorus and nitric acid are not very dear substances, and therefore we would suppose that a preparation like phosphoric acid would always be made, as directed, from those chemicals, particularly when sold as the British Pharmacopœial acid; but I place before you a specimen of the so-called B. P. acid which is made from bone ash and oil of vitriol. On reference to Watt's "Dictionary of Chemistry," vol. iv., pages 500 and 544, it is there stated that a very pure acid may be obtained by treating bone ash with oil of vitriol, repeatedly treatment with H_2SO_4, evaporation, and other manipulations not necessary to specify in this paper. The writer says, after describing the process—"The filterate, when boiled, constitutes a solution of ortho-phosphoric acid, contaminated with a trace of sodium, but otherwise pure." Now, whether it is possible to remove the whole of the lime and magnesia by easy and cheap means, I am not prepared to say. It is evident that by treating the phosphate directly by sulphuric acid, the first stage is to remove only $\frac{1}{3}$ of the calcium, as is evidenced by the following equation—

$$Ca_3(PO_4) + 2H_2SO_4 = CaH_4(PO_4)_2 + 2CaSO_4$$

But, as far as I can see, the sample of so called phosphoric acid under examination is very little removed from the acid solution represented by the above equation, and more exactly represents the biphosate of lime of the manure-makers than the Pharmacopœial acid. It gave a voluminous precipitate on adding chloride of ammonium and carbonate of ammonia, and also contained appreciable quantities of magnesium. Here we have a chemical product cheap in itself, cheap as regards the sources from which it is procured, and yet "it shall not escape calumny." The doctors' dose—30 drops—is not much, and yet it must be cheapened for the commercial greed.

Lint-seed is a very cheap commodity, owing partially to the extensive cultivation of the plant for flax and other purposes, and also because, as regards the seed, we utilise the whole of the residue after expressing the oil. After getting the latter valuable product we have the linseed cake, also valuable as a cattle feeder, which, when ground, is prized by the medical man for its emollient properties. Well may the plant be called *Linum usitatissimum*. Of such universal application is this substance that it becomes important that we should have it extremely pure and free from extraneous matter. Yet even the cheapness of this commodity has not saved it from the adulterator's hands. Extensively as it is pressed for oil, grapes are much more extensively pressed for wine, and, unfortunately, the wine grower cannot utilise the produce of his wine-press except for manuring his vine-yard; therefore the wine-press residue may be practically considered as a dead loss. but one ingenious wine-grower bethought himself that, as he had a press, it was only necessary to add a little linseed farina to grape residue to produce a very presentable linseed cake, as far as the eye went. I show you now specimens of linseed cake manufactured abroad, in which the residue of the grape, stones and stalks, can be easily recognised by a very low power of the microscope.

I was rather amused by a late number of the *Pharmaceutical Journal* calling attention to a paragraph in the *World* of July 31. The writer in the *World* points out that the well-known drug colocynth is an indigenous Cyprian plant, and imported at a shilling a pound. "No wonder," he says, "apothecaries and chemists make fortunes when we see what we have to pay for a few pills containing a few grains of it." Now, like all gentlemen who go out of their sphere, he makes a mess of it. He is evidently ignorant of the fact that of the five ingredients of the pill he has pitched upon one of the cheapest, whilst it contains double the quantity of scammony, a very expensive drug. The writer having been so successful in finding the word colocynth in some encyclopædia, comes to grief in the Pharmacopœia, he has got from the shoe-latchet to Appelles' legs, *Ne sutor ultra crepidam*. How much more surprised would he be to hear that the wonderful drug that costs so little is extremely difficult to procure in commerce in a state of purity if we are to take the Pharmacopœia as a standard. The official part of the colocynth is, as expressed in the Pharmacopœia, "the dried decorticated fruit freed from seeds."

Now, we have in commerce three articles, none of which represent the colocynth of the Pharmacopœia. The colocynth-apple may be anatomised into the rind, pulp, and seeds. Although Pereira says "that the seeds are bitter as found in commerce, and that a scruple will act upon a dog." This bitterness is only skin-deep, and is more strikingly observed in the dry pulp than in the fresh fruit, the seeds of which are stated to be an article of food in North Africa.

The albumen of the seed is perfectly tasteless. If we wash the seed for some time and th try it, we shall find that the seed is nearly free from bitterness, and *ergo*, the seed contains no colocynthin. These remarks also apply to the rind, although in a somewhat less degree. Therefore, I maintain that as these parts are inert, it is as much an adulteration to sell such an article for the medicinal powder as a direct adulteration with starch would be. It is another method of lowering the price at the expense of quality, and constitutes a system adopted in more drugs than *Pulv. colocynthides*.

I have carefully anatomised a colocynthin apple, and find that it consists of—

Seeds (inert)	47·19	per cent.
Rind (nearly inert)	33·78	„
Pulp	19·03	„
	100·	

So that if we take Meissner's analysis, which states that colocynthin pulp only contains 14 per cent. of colocynthin. We shall be astonished at the small amount of colocynthin in some commercial samples.

	Per cent. of active principle.
Pure sample	14·3
Turkey pulp ground without removing the seeds	4·2
Colocynthin ground with rind and seeds	2·6

In a substance in which the medical man depends upon a dose of 2 to 8 grains, this presents a wonderful range of active principle, from 14 per cent. to 2½ per cent.

The samples exhibited to this meeting were all in commerce. One is a sample of the very best average quality, but still containing a very large proportion of seed; in fact, it is very seldom without indications of the presence of that substance, and I believe it is generally the practice to powder the colocynthin pulp with the seeds remaining in it.

The second sample is one which is much darker in colour, and consists of the whole colocynthin apple ground. The third sample is not only the whole colocynth ground up, but a sufficient quantity of potatoe starch added to make the colour light—as well as being a profitable transaction. A medical man, indeed, prescribing 8 grains of such a powder, would be disappointed in the results.

The second point of the adulteration question, viz., its bearing upon the practice of medicine has been indirectly touched upon, and is, perhaps, more strikingly viewed from the consideration of the adulteration of very active drugs, such as opium, chloral hydrate, &c. We all know the acknowledged superiority of the English made alkaloids over the foreign. Some time since, I had to perform experiments, pathologically and otherwise, with atropia. The English specimen (specially manufactured by Messrs. Hopkins and Williams) proved itself at the lowest computation six times as strong as the German. How is the physician to regulate his dose in such a case where 1-50th of a grain will produce a marked result.

As regards the moral responsibility, I wish emphatically to express my conviction that the control of drug adulteration must come from the pharmaceutical chemist himself. In time, the public analysts will be selected from this body, and if he once realised his great responsibility, and it is a very great responsibility, he will be able to control the manufacturer. He is much more than an ordinary trader. He has been declared to have an education outside the three R's, and outside his buying and selling. This in itself is a responsibility. If he says I must have a colocynth, which represents 14 per cent. of active matter, get it how you like, the manufacturer or grinder will supply it. He, the Pharmaceine, will satisfy the doctor—the public in years to come, will learn to appreciate him—but best of all he will satisfy his own conscience.

Nought's had, all's spent—
Where our desire is got without content.

ON DIAGNOSIS OF ENLARGED GLAND SIMULATING HERNIA.

By DR. G. DE GORREQUER GRIFFITH,
Senior Physician to the Hospital for Women and Children, Consulting Physician-Accoucheur to St. Saviour's Maternity.

The following case I publish, with the full permission of my colleague.

Mrs. Smith, æt. 66, presented herself amongst the out-patients, complaining of a "rupture in the right groin," attended with considerable pain and tenderness; which, she said, came on after over-straining herself by carrying a scuttle full of coals up stairs. She had applied at a Provident Institution, where a truss was supplied to her a few days before she came as an out-patient to Dr. Folwell. She then stated that she was no better, but rather worse, since she had worn the truss, pain having become so great that she could hardly bear the instrument. Acting on his advice, she went to the charity whence she had obtained it, and there it was considered that much of her distress was due to her wearing the truss *while the bowel was down*—that is, unreduced—and that her symptoms were so grave as to need her admission into hospital at once. Accordingly she was taken into the Hospital for Women and Children without delay. As my colleague had to go to the country he asked me to see her. I found her greatly agitated and alarmed lest she should have to be operated upon, but the urgency of her symptoms had diminished, and the bowels had been moved daily by the castor oil which Dr. Folwell had ordered her to take every morning. On examination I found a swelling in the groin of about the size of a large walnut cut in halves; this, I determined by careful examination, did not lie in, or in any way communicate with, the inguinal region proper; the ilio-pubic rim and Poupart's ligament being distinctly made out, as well as that the inguinal rings were free, *i.e.*, not engaged by this swelling, or by any protrusion. Moreover, the lump could be distinctly moved, but more readily downwards, towards and into the region of femoral hernia, than upwards into the inguinal rings. At this examination I ascertained there was no inguinal hernia to deal with; yet I could not determine whether femoral rupture did not exist, having understood that Dr. Folwell and the Provident Charity medical officer had pronounced the case to be one of irreducible and possibly strangulated hernia; and finding, as I did, some points complicating diagnosis. Minute examination enabled me, by sinking the fore and middle fingers into the crural ring, to feel something exceedingly like a neck to the tumor, but doubting whether a rupture existed at all, I gave it as my opinion, that if one were present it was not an inguinal, the resemblances being more to a femoral—that it was too moveable and too hard to be a *strangulated* knuckle of intestine, especially as the hardness is unaccompanied with any grave signs. Grouping the symptoms therefore, it seemed that an enlarged gland was really what was before us, and the redness of skin and tenderness on palpation led to this conclusion, even though the last two named symptoms might be met with in a case of strangulated, irreducible hernia, more particularly if the truss had been improperly worn. We decided to keep her in bed, and wait for further development of symptoms, nothing being now urgent; continue the oil, so as to ensure the action of the bowels, and let her have a hot sitz bath each night; give fluid diet, soothing medicine internally; and externally a lotion of aconite and laudanum tinctures, in equal parts. Next day the swelling was increased to quite the size of half a small orange, was softer, and gave a sensation as if omentum lay beneath, and, I am bound to say, there were more of the semblances of inguinal rupture than before. So completely was the entire appearance altered that I should not know I was examining the same case, the small hard tumour had yielded to a soft and somewhat resilient, and much larger one—of the size I have just stated; nor was it limited to the crural region, but, passing up from it in front of the pubis, it came to occupy the position of an inguinal protrusion, so that were the case now seen for the first time it might have been exeeedingly difficult to pronounce a determinate diagnosis, whether a direct, or oblique, irreducible inguinal rupture existed, or an irreducible femoral which, having forced its way more to the surface than it had when first seen, afterwards had turned upwards, till it engaged the site of an inguinal protrusion. Still the swelling could not be pushed down in the course of a femoral hernia, nor in the direction of an oblique

inguinal; the redness of the skin, and the tenderness, were less; the mass was readily moved under the integument, though not returnable through any opening. As there were no urgent symptoms, and none whatever of strangulation, I still advised continuance of all the treatment already pursued. I did not see the patient for some days, and then the swelling had diminished very much, even to smaller dimensions than when I had first seen it, and had, as it were, subsided into the crural region.

On the occasion of my last visit I had found great irritation in the rectum, and so much tenderness, that I no longer hesitated to affirm, I considered the case to be one of gland enlargement, dependent on the condition of the rectum, a condition of such constant irritation that it had almost occasioned suppuration of the gland.

Mr. Adams saw her in consultation with Dr. Folwell and myself, on April 20th, and after hearing a *résumé* of the history of the case, and carefully examining her, he came to the conclusion that the tumor was not a knuckle of intestine, though it closely simulated it, but was more probably an enlarged gland; moreover, he said, it was too hard to be the former, and that if anything like such hardness existed there would be very much more constitutional disturbance, and that there was also too much mobility of the swelling for prolapsed intestine which, if it could be moved about like this, would not remain the same shape and size after being thus moved, for in such movement the intestine (if it were so) would be dragged out of the ring (and might not afterwards be returnable) and in this manner an alteration in shape and an enlargement in size would be produced. The condition of the rectum also helped to determine the diagnosis in favour of an enlarged hard gland.

Mr. Adams advised continuance of the treatment as already ordered, aud that the symptoms should be carefully watched.

Saturday, April 28th, I again saw her, and for the first time a number of small glands were to be felt in the immediate vicinity of the swelling, as though a chain of them had been formed, and that the one now under special consideration was the largest link.

The end may be thus summed up—rest in bed, relief of the condition of the rectum, and the local application of dispersives, such as unguent hydrarg. and compound tincture of iodine, brought about the objects sought to be obtained by the treatment, so that before she left the hospital all her symptoms had completely disappeared.

BRITISH MEDICAL ASSOCIATION.

ADDRESS IN MEDICINE.

By HENRY F. A. GOODRIDGE, M.D., F.R.C.P.,
Senior Physician to the Royal United Hospital, Bath.

THE PATHOLOGY OF FEVER.

(*Continued from page* 122.)

But we hasten to the subject of fever. The regulation of heat, we know, is not annulled in fever. It is performed more feebly than in health, but its great and important characteristic is that it is set at a higher degree of temperature. The view that has been taken of the share of the musculature in the production of the normal body-heat, would suggest that in the production of the abnormal heat of fever, we have to do with an inordinate activity of the same tissue. The state of the *voluntary* muscular energy, as we are all aware, is one of marked depression from the first. General debility, impairment of active working power, and indisposition to move, are among the earliest symptoms; but the sensation of weariness and languor, notwithstanding complete rest of the body, and the aching and feeling of soreness in the limbs, may well be regarded as signs of over-exertion, of excessive work of the musculature during suspended volitional activity. The clinical phenomena and pathological alterations have for some time past led observers to recognise that the muscles play a very prominent part in the febrile process. Attention was especially directed to this fact by our late illustrious countryman, Parkes, who pointed out that the muscles are the chief source of the increased production of urea. But we have some additional experimental evidence. Samuel has shown that, whilst in animals in which fever has been artificially produced, location for some time in cold air caused their temperature to sink only a little; in animals similarly treated, who had the four main arteries of their extremities ligatured, or the nerve-trunks of their extremities divided, a very considerable sinking of temperature rapidly ensued. Thus the seat of the heat-production in fever does not seem to be other than in health. In both conditions, upon the musculature is the heat-production incumbent. That this itself undergoes an *increase*, the researches and calculations (calorimetric and by determination of carbonic acid excreted) of Leyden, Liebermeister, and Immermann, must be held to have sufficiently proved.

The experimental study of fever with antipyretics—a new field of inquiry—has recently been undertaken by Carl Emil Buss of Basle, who, we may remark, was one of the first, if not the first, to introduce salicylic acid in the treatment of acute rheumatism. To determine the influence of the antipyretics, either heat discharge or heat production might serve as the starting point of the inquiry. The determination of the heat-discharge is attended with difficulties. It was found simpler and safer to determine the heat-production within the time in which the fluctuations of temperature occur, since this indirectly permits also a judgment concerning the amount of the heat-discharge, and disturbing influences are much more easily avoided. The determination of the excretion of carbonic acid was adopted as being the best criterion of the heat-production of the body in investigations of the kind. The method employed was the same in principle as that of Liebermeister's—viz., placing the patient either recumbent or sitting during the period of observation in a box or small chamber, especially contrived for the purpose. I described this in my former paper. Buss's apparatus differed only in its being furnished with a more complicated system of tubes, designed to give increased accuracy to the results. The antipyretics used were the sulphate of quinine, the salicylate of soda, and the creosotate of soda. The last mentioned is not much known in this country, but is, I believe, both chemically and therapeutically allied to the salicylate. The object was to ascertain what alterations the heat production undergoes when the febrile regulation of heat passes into the normal, that is, when the heat regulation of the fever patient is set to that of the healthy person. The result was quite unexpected; viz., whereas under the influence of quinine a considerable diminution of the carbonic acid production occurred, after the administration of salicylate of soda or of the creosotate, the carbonic acid production continued unaltered as it was before; that is to say, that while both medicaments brought down the temperature much alike, and to the extent of 2 deg. Cent. and upwards (3 deg. to 4 deg. Fahr.), in two or three hours, the quinine reduced the carbonic acid production considerably, but the salicylate left it unaltered. Now this negative, but definite, result of the salicylate, it will be observed, carries with it a positive conclusion of pathological importance; viz,, that by heat-discharge alone, and without diminished heat production, the resetting of the heat-regulation to the normal temperature can be effected. With reference to the quinine, the results are indefinite, and allow the supposition, favoured by other considerations, that along with the diminished heat-production increased heat-discharge is co-operated.

But further, Buss argues that during the fever itself, the heat-discharge must have been *relatively* diminished, although *absolutely* (as has been shown by Leyden) in excess; otherwise, by the law of compensation, the temperature must have returned before to the normal. The fever patient does not give out as much heat as corresponds to his higher temperature. He has, in short, retention of heat. Hence Buss arrives at the conclusion that the febrile elevation of temperature is determined essentially by an arrest of heat-discharge, but by no means by increased heat-production. A due consideration of the processes concerned in the normal regulation of heat, before referred to, and of their correlation and *modus operandi*, would seem to lead *à priori* to much the same conclusion. That fever does not consist in excess of heat-production alone, the case of tetanus

suffices to show. Here with inordinate muscular activity, persistent tonic spasm, the heat-production is so great that the maximum heat-discharge is inadequate to meet the demand, and a marked rise of temperature ensues; but immediately we succeed by hydrate of chloral or other means, in subduing the reflex excitability, the adjustment is made and the temperature returns to the normal standard. Nor, on the other hand, does fever consist in diminution of the heat-discharge alone, as Traube maintained; the investigations, already cited, of Leyden and Liebermeister have conclusively established the presence of increased heat production. This, indeed, is a phenomenon which appertains to the essence of fever like the arrested heat discharge; but notwithstanding the co-ordination of the two reflex operations, the arrest of the heat-discharge is for the syndrome of fever, and the disturbance of the normal condition determined by it, of so much greater importance that, relatively to the increase of heat-production, it must positively be placed in the foreground. By fever, then, according to Buss, we are to understand that pathological modification regulation of heat of the body, in which with increased heat production there is relatively diminished heat-discharge, whereby the temperature is elevated above the normal standard.

We are brought now to rather to etiological matters; and, in reference to the causes of the febrile regulation of heat, as manifestly new conditions come in to complicate those which obtain in the normal regulation, we have to consider the operation of those agencies which originally call forth the febrile process, and what part, if any, they take in maintaining the same. The ultimate causes of fever, we have come to learn, lie for the most part outside the body. A *materies morbi*, a pyrogenic virus, is taken into it; how, is not sufficiently known; but in various ways we can, in the warm-blooded animal, artificially produce fever. As to the nature of this virus, we need not to be reminded that recent pathological researches have wonderfully enlightened us. We now know that the virulent matter is not in itself liquid, but particulate, composed of corpuscular particles; that it is not matter possessed of peculiar physical or chemical qualities, but that, in many cases at least, it consists of distinct organisms of their germs, capable of development and endowed with the property of self-multiplication. Only in one or two diseases in man, I believe, have specific organisms as yet been actually demonstrated, but the existence of such in others is capable of indirect proof, and in others still is an almost imperative assumption or a more or less probable supposition. Indeed, if we are prepared to go along with an eminent German pathologist, we shall bring into the category of diseases caused by parasitic organisms, not only those just referred to, but nearly all febrile diseases, acute rheumatism, and rheumatic endocarditis, pneumonia, nephritis, tuberculosis, syphilis, &c.; nay, this authority anticipates the time when all infective diseases—among which, of course, he includes those enumerated—will be classified according to the botanical genus and species of the organisms which have occasioned them.

But to return to the pyrogenic virus in its relation to the proximate causation, the mechanism, of fever. Where the virulent particles, the organisms of germs, are deposited until according to the duration of the incubation in each instance they get into the blood, is, except perhaps in the case of one or two diseases, unknown. That they *do* get into the blood before exerting their special activity, seems admitted on all hands. The arrival in the capillary vessels was pretty conclusively shown by Chauveau's "bistourge" experiments. That these virulent particles, moreover—or, if not themselves, secondary particles developed under their influence, products of decomposition—thrown into the periphery of the vascular system, make their way through the walls of the capillaries and diffuse themselves in the tissues, may perhaps be an assumption not unwarranted by the present state of our knowledge. But here, I need not say, we reach its limits. Much prejudice has arisen in some quarters against speculative views in matters of science, but, in my individual opinion, those of original investigators are entitled to attentive consideration, as at least indicating future paths for inquiry. Buss's theory, then, briefly is as follows. According to him, these particles, escaped from the vessels and free in the tissues, exercise an irritating influence upon the terminations of the sensory or afferent nerves: they gradually again are taken up by the lymphatics, and, returned to the venous blood-stream, circulate afresh, reach the periphery, and so on. Thus there occurs a gradual saturation of the entire tissues of the body with these irritating particles, and a permanent irritation of the entire sensory nerve-terminations is kept up. This will tell upon both the sympathetic and the cerebro-spinal afferent nerves. In the former case, constriction of vessels will ensue; in the latter will develop in a reflex way, in like manner as in normal regulation of heat, an increased passive (this word being allowed) or even active muscular activity, and therewith a similarly increased production of carbonic acid. Accordingly there will be persistently maintained a condition of more or less exaggerated contraction of the peripheral vessels, as also of increased production of heat. This excessive vascular contraction necessarily reduces in proportion the heat-discharge. Also the heat-production is no longer influenced alone by the stimulus of cold, but simultaneously by the irritating particles also. Thus the temperature of the body reaches a definite abnormal height, determined by the intensity of operation of the irritating particles, and will remain at the same so long as the irritating operation continues at the same amount. The regulation of heat, moreover, is set accordingly.

It will be seen, then, that by this theory the kind of influence of cold, and of these pyrogenic particles upon the nervous system, is exactly the same. Both effect in the same way peripheral contraction of vessels, and excite the latent muscular activity. But there is yet an essential difference. The operation of the stimulus of cold is, *eo ipso*, always connected with abstraction of heat, a peculiarity which is excluded in the operation of irritating particles. And as the regulation of heat of the healthy person is adapted to the stimulus of cold—that is, to a stimulus attended with simultaneous loss of heat—and can regulate exactly only for this, it answers necessarily to the irritation arising from the pyrogenic particles in like manner as if it were the stimulus of cold. And as with it no abstraction of heat stands in connection, it follows that the temperature of the body must be raised above the normal. Herein, then, according to this authority, lies the true cause of the febrile elevation of temperature, and the essential reason why, with the most heterogenous causes, always one and the same effect ensues, viz., the febrile elevation of temperature.

Samuel's views on the pathology of fever are more readily told. While recognising generally the mechanism of the heat-regulation, before indicated, he holds that certain matters in the blood of a chemical nature, products of tissue-change, concur with the thermal influences (stimulus of cold) in maintaining the reflex ganglionic centres, which he calls "heat centres," and considers automatic, in their normal persistent excitement; and that the essence of fever lies in an excessive production of these matters (Ganglienreize), which is followed by that of similar matters, supposed by him to be the special stimuli of other automatic centres, and thus is determined an over-action, an abnormal tension of a group of centres. Changes in the blood, then, Samuel regards as the essential *point de départ* of the febrile disorder, whether these changes be called forth by the introduction of foreign substances from without or not. He enunciates his theory thus: "Fever depends upon a simultaneously exalted tension of the automatic heat, and heart-centres, and upon an intercurrent one of the automatic vaso-motor nerve centres, and of the ganglia of the sensorium; that this tension, however, is brought about not directly by introduction of pathological nerve irritants, but indirectly by increased production of the physiological nerve stimuli in the blood." Professor Wood, of Philadelphia, U.S., has recently carried out a series of experiments in the dog, on the effects of section of the spinal cord upon the evolution and production of animal heat; but, as far as I can gather from a brief report of the same, with no very novel results. He found, as others have done, that at a low external temperature, after section of the cervical cord, there was increased evolution, with diminished production of heat; while, at a high external temperature, both the production and evolution of heat were diminished. The animal died in winter of cold, and in summer lived much longer on account of the high external heat. Wood attributes the fall of temperature, as likewise others have done, to paralysis of the vaso-motor nerves of the arterioles at the surface removing the restraint upon heat-loss, and this, of course, is one factor in the

result. But the main one is clearly, as Samuel's experiments show, the paralysis of the muscular nerves, and the consequent suppression of the heat-producing processes of the musculature. Here may be the proper place to observe that, neither from these experiments, nor from any other source, is a quite satisfactory explanation yet forthcoming of those rare, but still well-authenticated, cases in which, after accidental injuries of nervous centres in man, or artificial lesions of the same in animals, remarkably high temperatures have occurred, and with a cool surrounding. The possible existence, however, of an inhibitory centre, perhaps in or near the upper part of the cervical cord, has been before duly recognised.

Leaving to others more competent the task of criticism, I may yet be permitted a word or two. It appears to me, then, that Buss has conclusively shown that a *relatively* diminished heat-discharge is an essential constituent of the febrile condition. That the pyrogenic particles, or "irritatants," as he calls them, should select the sensory nerve-endings for their special operation, if ultimately proved to be correct, must at any rate, for the present, be taken as pure hypothesis, and, as far as I know, unsupported by analogy. Samuel seems to regard increased heat-production as predominant in the genesis of fever—this being, as we have just seen, the result of an excessive production of his also hypothetical ganglion-stimuli. He, however, *does* appeal to analogy, citing an observation of Rauke's in the frog—viz., that urea and hippuric acid exercise a direct influence upon Setschenow's reflex inhibitory centre. In the higher animals also, as is well known, the respiratory centre is affected by the condition of the blood; but the analogy hardly serves further, for it has been found that it is not the excess of carbonic acid which affects the centre, but the deficiency of oxygen.

As was intimated at the outset, there are some authorities who do not admit the dependence of fever upon alterations of the nervous system, but contend that it originates in the living tissues, and is from first to last a disorder of protoplasm. This is the view of our eminent English pathologist, Burdon Sanderson, as maintained in his elaborate article in the *Local Government Scientific Reports* of 1875. His argument seemed based very principally upon certain experiments of Murri, a Florentine physician, made upon the dog. Having first divided the cervical cord (which produced a cooling), Murri injected fœtid pus under the skin; whereupon, he affirms, the temperature rose quite as much as after injection of the same in animals not operated on. But these experiments, as detailed in the original Italian publication, have been carefully examined by Handfield Jones, and he considers the results do not warrant the statement made. "Though some elevation of temperature followed the injection of pus," says the latter able physician, "yet it never reached fever-height in rectum or skin, and soon fell again considerably." And, in reference to another experiment, "it is clear that the pyrogenic effect of the pus did not avail to bring up the temperature to the normal, and consequently the result was not such as in animals with sound cords." Three years and more have elapsed, and one has heard of no repitition of these experiments or other evidence confirmatory of Murri's statement. On the contrary, Samuel's experiments prove, as we have seen, that alike the febrile heat and the normal heat are dependent upon the musculature, and that when this is paralysed, as in section of the cervical cord, the heat of the body is dependent upon that of the surrounding medium. Moreover, the fact remains that no one yet has ever succeeded in producing fever in cold-blooded animals, to whose thermal condition the warm-blooded one is reduced by section of its cervical cord.

Very interesting are the recent observations of Volkmann and Genzmer on the asceptic wound-fever. Its apparent independence of all external infection (as in the case of subcutaneous injuries), the presence of high temperature (even to 40 deg. C.—104 deg. F.) with absence of the ordinary symptoms of disorder, and its harmless course and issue, are remarkable peculiarities. The observers themselves attribute it to absorption of matters nearly allied to the physiological products of retrogade tissue-metamorphosis, instead of to heterologous matters, as in septic fever—an explanation quite in accordance with Samuel's views, but admitted by them to be provisional only. We have yet to learn more about aseptic fever. In reference, however, to the tolerance of high temperature, I must confess myself to be one of those who hold to the doctrine of Liebermeister, that unremitting high temperature constitutes the chief element of danger of fevers generally. While he was the first to insist on this point, practical medicine is not less indebted to him for introducing the antipyretic treatment by which this danger may be in great measure controlled.

A word upon hyperpyrexia. This, as we know, mostly occurs in the course of acute rheumatism or rheumatic fever, and it has long been my conviction that in a majority of the cases the same is due to mismanagment. What determines the remarkable activity of the sweat-glands observed in this disease is not yet ascertained; but a very little consideration suffices to show that in any given case, except for this copious perspiration, the temperature would at once be higher; it is just so much natural heat-discharge; and the true indication would be to promote it and assist cutaneous transpiration. But how often is just an opposite course followed! The patient from an exaggerated dread of chill and the painfulness of all movement, is allowed to remain for days together under an impervious load of blankets and counterpane, enveloped perhaps in flannel, his skin uncleansed, reeking in his own exhalations, and with, by-an-by, a copious miliary eruption testifying to the folly perpetrated. Without ignoring individual susceptibilities, I believe it is under these circumstances that rheumatic hyperpyrexia is most prone to arise. A case of my own, some years ago, in which the employment of warm baths (not cold) obviously contributed to recovery, first suggested to me this view, and further experience has only served to confirm it.

It has been said recently by one of our leading men, that all we know of the pathology of fever can be set down on a single page of octavo; and certainly the literature of the subject in our language is, with one or two exceptions, a blank. Yet, what is fever? Is it not the most common morbid condition of the organism? And, again, though it may sometimes be only a trivial disorder, is it not very apt to be as formidable as any we have to deal with, carrying off its victims from all classes of society? We can hardly congratulate ourselves upon this state of things. But lest any should reproach on the one hand, or despair on the other, we may, in conclusion, just look for a moment at the difficulties attending investigations into the nature of the febrile process, and then at what should be encouragment to the same. Under the former head, as we are painfully aware, we have no State aid, but rather the contrary. The method of proceeding, then, being comparison—comparison of the febrile state with that of health—in order that reliable results may be obtained, it is clear that all conditions and circumstances should be similar in the two cases, fever alone excepted. The healthy person should be, like the fever patient, confined to bed, with an equal quantity of clothes, and upon the same fever diet; he should be of equal body weight; further, he should be, in the language of physiologists, in a state of nutritive equilibrium, or brought thereto at the commencement of the period of observation; that is to say, his tissues should be neither growing or wasting; either there must be no therapeutical treatment at all for the time being, or it must be carried out alike in both cases. Failing any one of these particulars, a normal standard of comparison is wanting. Recourse for the purpose to non-febrile invalids, hospital patients, the subjects of chronic disease, is but a poor alternative. More satisfactory, in some respects, have been observations made upon patients suffering from intermittent fever, who could then be compared with themselves in the pyrexial and in the apyrexial periods. Observations upon patients under the influence of antipyretics, a new method, we have already had occasion to notice. As to researches carried on in certain of the lower animals in whom fever is artificially produced, of course the deductions are founded upon analogy. But I have wearied you.

Regarding the *encouragement* to these investigations, I think if we could only realise what it would be to have an effectual control over the febrile process, based, as such effectual control ever must be based, on a thorough knowledge of its pathology, we should want no more. The prospect of such a large accession to the powers of our art should suffice.

"In order that the medical treatment of the febrile process should be perfect," writes John Simon, "the process ought to be thoroughly understood in respect of all the dynamics of its constitution; so thoroughly, indeed, that the bedside practitioner shall be able to apply his counteragents with the precision of one who conducts a merely physical experiment." This is an ideal which, far from the doctrine of despair that

fever is essentially beyond our control, and that we must be passive in its presence, is worthy to engage our highest powers and best energies in its pursuit ; is worthy of those commissioned to "heal the sick," and in the service of Him by whose Divine fiat ἀφῆκεν αὐτὴν ὁ πυρετός. ;

Clinical Records.

CASES OF EAR DISEASE.

By GEORGE P. FIELD,
Aural Surgeon to St. Mary's Hospital.

Mr. B., a gentleman living in the country, completely deaf from childhood in the left ear, and lately suffering from slight deafness in the right, was recommended by his medical attendant to blow air forcibly, by Valsalva's method, into his ear. On one occasion, as he was unable to get any air through the Eustachian tube, he went on blowing until suddenly the air rushed through the tube with great force, causing acute pain in the right ear and leaving him very deaf. The noise in his ear at the same time became so loud and distressing that he talked about committing suicide. He came to London to try and get relief, and was sent to see me by Mr. Tapson. I found him to be in a highly nervous state ; he said the tremendous roaring in his right ear prevented sleep, and he was so exceedingly deaf that it was necessary, to carry on conversation, to write down on paper what was said to him. I considered that the force used had caused very considerable congestion of the blood vessels, with perhaps slight effusion into the internal ear. When I saw him the membrana tympani still looked red, but all pain had ceased. He was leeched freely and blisters were applied behind the ear, and purgative medicines were ordered. The effect of this treatment (*a*) was highly satisfactory, as he in a short time regained his hearing and almost completely got rid of the noise in his ear.

K. P., æt 2, deaf and dumb, was brought to see me at the hospital, March 1878. Her father, who brought her stated that the eldest of his six children was born perfectly healthy, but the mother, four or five months before the second child was born, met with severe fright from the house being on fire. The five children that were born subsequently are all deaf and dumb ; the father did not marry a near relative, and both parents are in good health. Most of the children were brought to see me, but they were all incurable.

Mr. C., æt. 25, came to me, giving the following history of his case : Severe attack of scarlet fever eighteen years ago, followed by considerable deafness of the right ear, from which there had been a very offensive discharge going on constantly ever since. He could hear my watch only when within half an inch from the deaf ear ; the purulent matter was making its way through a large perforation in the membrana tympani, thereby setting up inflammatory action and causing very great pain. The pain entirely left him after the application of a few leeches, and I then prescribed weak lotions of carbolic acid and acetate of lead, to be used frequently, the strength being gradually and carefully increased. I also ordered a mixture containing iodide of potassium and nux vomica, under which treatment he gradually improved until he could hear my watch at the distance of eighteen inches, and the discharge, of which he complained so bitterly on account of its offensiveness, both to himself and friends, entirely ceased.

A. E. A., æt. 3, was brought to the hospital, Feb., 1878, totally deaf in both ears. Her mother stated that a year ago the child had had a severe attack of scarlet fever, with great discharge from both ears, and that four or five "little bones" came away from her ears.

I have seen three exactly similar cases during the last year, in which the ossicles have come away in like manner, and I cannot help thinking that in most of them, if more energetic local measures had been promptly adopted, total deafness at any rate might have been avoided. Paracentesis of the membrana tympani is, in some of these cases, most useful ; and Roosa recommends that a cataract-needle should be passed through the posterior membrane, in any case, whether bulging was seen or not, when the use of leeches did not markedly diminish the pain within a few hours.

J. B., æt. 38, a labourer, came to the hospital, April, 1878, suffering from intense pain on the left side of the head. He stated that he had been almost completely deaf in both ears since he had had a fall six years ago, and that for the last three months he had been under treatment for the intense pain in the head, which was attributed to neuralgia. At the end of April he came to St. Mary's, and was seen by one of the physicians for the out-patients, who at once discovering ear mischief sent him to me. I found a large polypus blocking up the external meatus ; I removed it, and immediately a large quantity of thick fœtid pus was released and escaped from the ear.

He at once obtained relief ; his hearing afterwards slightly improved ; the pent-up pus had no doubt given rise to the severe head symptoms, and probably would have led to much more serious results if evacution of the discharge had not taken place.

Miss Q., æt. 22, of Bury St. Edmunds, came to consult me, Oct., 1877, for deafness in her left ear. She said that she had been slightly deaf for several years, but for the last two months she had almost entirely lost her hearing. She stated that her mother and a sister were both deaf in the left ear. I removed a large plug of crumen, and she heard perfectly well. Her sister, aged 18, afterwards came to see me. She could not hear the watch in contact in her left ear, and she remarked that she never remembered having heard a sound of any kind on that side. After some slight difficulty I removed an immense lump of black-looking wax, and her hearing was likewise restored.

Remarks.—The two first are uncommon cases of considerable interest.

The third is an instance of long-standing otorrhœa with its attendant miseries, and is typical of a vast number of persons who year after year go unrelieved, simply because all rational treatment is neglected from a popular idea that discharges from the ear, however offensive, should be left alone. Is it to be wondered at that a third of all cases of abscess of the brain are due to chronic suppuration from the ear ? (*a*)

The fourth marks the ravages of scarlet fever, and points to the advantages of an early incision through the membrana tympani.

The fifth is not at all an uncommon instance of error in diagnosis. The patient assured me that for three months he had been treated for violent headache and neuralgia, and in the hope of getting relief had spent all his savings, till at length he was compelled from want of funds to seek relief at an hospital. The polypus was somewhat deeply seated in the external meatus and so had escaped notice.

Were it not for the apparent ignorance of the bulk of the profession of the rudiments of aural surgery, I should not think of publishing such a case as the sixth (or of many of the others), but while so much and yet so easily remediable suffering exists, surely it becomes a duty to try and disseminate the simple truths necessary to relieve it.

Minnie Warren, the well-known dwarf, who has delighted so many audiences, died at Fall River, in America, on July 30th. in childbirth.

(*a*) See *Lancet*, March 30th, 1878, p. 458.

(*a*) "Reynold's System of Medicine," vol. ii., p. 544.

Special Reports.

THE PROPHYLAXIS OF INFECTIOUS AND CONTAGIOUS DISEASE.

ABSTRACT OF A REPORT ON THE TRANSMISSIBLE DISEASES, WHICH REQUIRE ISOLATION, EITHER IN GENERAL OR SPECIAL HOSPITALS, AND ON THE MEANS OF RECONCILING THIS ISOLATION WITH THE CONDITIONS AND REQUIREMENTS OF HOSPITAL ADMINISTRATION.

Made in the name of a Commission composed of

MM. FAUVEL, LEGOUEST, LEON COLIN, LE ROY DE MERICOURT, MARIE DAVY, MICHEL MORING, PINARD, ROCHARD, TARNIER, VALLIN, VIDAL, VIOLET LE DUC,

By MM. FAUVEL, AND VALLIN.

(*Continued from page* 123.)

I.—ON THE METHODS OF ISOLATION IN GENERAL.

1. *Individual Isolation.*—Isolation may be either individual or collective. Individual isolation is surrounded with enormous practical difficulties. We shall briefly enumerate some circumstances in which it may be required :—

1. In such grave and transmissible affections as diphtheria in the adult, glanders, rabies, and charbon.

2. When a patient has two transmittable affections, as scarlatina and diphtheria.

3. When the diagnosis is uncertain. We shall have, subsequently, to speak of observation-wards.

4. In cases of surgical septicæmia, purulent infection, traumatic erysipelas, and hospital gangrene.

5. On the principle of individual isolation the new system of maternities is based.

But it is necessary that this isolation should not be illusory, as it so often is. The small rooms joined to large wards and opening on a common corridor are useful under certain conditions, as when violent delirium, alvine incontinence, &c., occur in the course of some disease, but such isolation is imperfect.

In connection with all hospitals, there should be one or two pavilions on the cell system, with two or four chambers.

Architects should bear this in mind. The construction of these chambers should be of such a nature that they can be easily flushed with water and disinfected by some chemical agent on the removal of each patient.

2. *Collective Isolation.*—This form is much easier of application, and, with certain precautions, affords a sufficient security for the patients themselves, for their neighbours, and the attendants. There are objections raised against the system which we must consider.

A.—*Has collective isolation any danger for the patients themselves?*—We may take petechial typhus and variola as two different types of diseases, the concentration of which, at one point, might be dreaded.

As regards petechial typhus, Murchison (*a*) has devoted one chapter of his work to prove the innocuity of this reunion of patients in special wards.

As regards variola, Dr. E. Vidal has shown in his excellent report of 1864 that the fears of those who opposed concentration were not justified by experience.

From 1815 to 1825 all patients suffering from variola were treated in the hospital of La Pitié and placed in a separate quarter ; in spite of the bad hygienic conditions of this hospital, Serres did not remark any aggravation of the affection from this concentration of patients. The deaths were very few.

But it is impossible to find a more conclusive example than the one furnished by M. L. Colin, (*b*) Chief Physician of the Hospital of Bicêtre, which was exclusively devoted to small-pox in 1870-71

The same results have been noticed by Isambert (*c*) at St. Antoine, and by M. Brouardel (*d*) at the Hospital of La Charité-Annexe. The small-pox mortality of these two hospitals varied from 18 to 20 per cent., a proportion which we find at all times and in all countries in civil hospitals.

(*a*) Murchison. "Continued Fevers." Chap. viii., p. 689.
(*b*) L. Colin. "Variola from an Epidemiological and Prophylactic Point of View." Paris, 1873. P. 113.
(*c*) Isambert. "Bul. Hospital Medical Society." 1870. P. 306.
(*d*) Brouardel. "Bul. Hospital Medical Society." 1870. P. 315.

The following figures are taken from the annual reports of the metropolitan asylums :—

Stockwell Small-pox Hospital, London.

	Number of cases admitted.	Mortality.
1871	2,288	18·6
1872	601	18·9
1873	64	18·9
1874	59	8·6

We may, then, conclude that the concentration of a large number of patients in one ward suffering from typhus or from small-pox does not increase the mortality or the gravity of the disease.

It may be the same for measles, scarlatina, and diphtheria, but epidemics of these diseases are so variable that it is difficult to demonstrate this point.

This innocuity ceases as soon as we have overcrowding, and the accumulation of too great a number of patients in one ward, and hence we see such complications as erysipelas, abscess, &c.

In some epidemics hospital resources become insufficient, and supplementary beds accumulate in special hospitals. What is really due to banal hospital influences, is too often imputed to the concentration of the virus, or to increase of the toxic properties.

B.—*Is Collective Isolation a Source of Danger to a Neighbourhood?*

It is alleged that collective isolation may become a source of danger by forming as it were a centre from which the epidemic may spread into the neighbouring streets or houses. We may here again take typhus and variola as an illustration.

At London and Glasgow there are fever hospitals, but they have never become a point of departure or origin of an epidemic in a neighbourhood. The London Small-pox Hospital, which has received 6,000 patients from 1835 to 1851, has never propagated small-pox in Highgate.

Isambert in 1870, has established the same immunity in the neighbourhood of the Hospital St. Antoine.

At one period the two London Fever Hospitals were filled with scarlatina patients, but the neighbourhood did not suffer in consequence.

During the last few years some instances have been adduced on the other side. In 1869 M. Moutard Martin noticed the relative frequency of cases of small-pox in the houses near the Hospital Beaujon.

In 1870 small-pox became common in the *Quatier de Notre Dame des Champs*, near the Hospital of the Incurables, which had been transformed into a temporary small-pox hospital. The inhabitants of that quarter complained, and attributed the propagation to the hospital.

A report of the Committee of Hygiene, 1870, was negative on the fact of its propagation. Another report of the Council of Hygiene, 1870, admitted the reality of this influence, but the reporter, M. Delpech, made some reserves, and admitted that the exceptional mortality in the neighbourhood of the Incurables was only remarked when the hospital was crowded with patients. (*a*)

During the epidemic at Pavia in 1871 the two hospitals Il Gallo and La Rotonda were used. It was remarked that small-pox was much more intense near these two hospitals, and in particular near the Rotonda. (*b*)

At London 15 patients died of small-pox in the neighbourhood of—from 500 to 1,600 metres—the Hampstead Small-pox Hospital.

An injunction has been demanded against this hospital, and the case is pending in the Court of Queen's Bench. These facts may be real, but they have not the signification assigned to them. They may be explained by the too easy communication of the infirmarians with the exterior ; by the visits of the parents or friends of the patients living in the neighbourhood of the hospital, and sometimes even, as in a case quoted, by giving the hospital-linen to a washerwoman in the neighbourhood.

The hospital of Bicêtre furnishes some important evidence on the propagation of the disease ; one of the pavilions was occupied by the *etat-major* of a military division ; each day numerous soldiers passed through the hospital on various duties. Small-pox raged in the regiments camped around the hospital;

(*a*) Report 180. "Official Journal," December 5th.
(*b*) J. Rendon. "On the Isolation of Small-Pox Patients at Home and Abroad." *Gaz. Hebdom.*, 3rd May, 1878.

but the fort Bicêtre, nearest the hospital escaped, because the marines had not occasion to enter the hospital.

If we collect together in one ward a large number of cases of small-pox, scarlatina, cholera; if communication with this ward is easy; if the *personnel* and materiel are common, it is probable that the contagion will extend. But we should conclude, not that concentration is dangerous, but that isolation does not exist.

Everything proves that the diffusion of the germs, especially of eruptive fever, is difficult, and that a distance of 15 to 20 metres is sufficient guard, provided that the line is not broken by persons or things.

C.—*Influence on the personnel of the Hospital.*—It cannot be disputed that an individual apt to contract typhus, variola, or scarlatina, will be attacked, in an hospital devoted exclusively to these fevers, more surely and promptly than in one containing only one or two patients; but this is not the question. Most of the affections we are considering have the privilege, that a first attack confers immunity. It is easy then to select infirmarians with this acquired immunity, and this condition is so common that the staff can be maintained.

F. Jacquot, during the war in the East, decreased the mortality of infirmarians by employing soldiers who had typhus in the preceding year. At the London fever hospital, cases of transmission were not numerous, 1 to 100, rarer than in the general hospitals, 13 to 100.

In conclusion, collective isolation, practised under proper conditions, does not seem to be a source of danger, either to the patients, neighbours, or attendants. It is desirable that testimony from various independent sources should confirm this.

All transmissible affections should be removed from general wards. In certain grave and contagious affections we require still more; isolation in the interior of general hospitals it is only a half-measure.

We shall next examine, by the aid of the experience acquired in other countries, the advantages, inconveniences, and methods of isolation adopted.

(*To be continued.*)

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 21, 1878.

THE ADDRESS IN SURGERY—BRITISH MEDICAL ASSOCIATION.

THIS time last year it was our pleasing task to comment upon the address which Mr. Spencer Wells delivered at the last annual meeting of the Association. With equal pleasure we proceed to notice the address of Mr. Wheelhouse, the delivery and subject matter of which distinguished it from all the other addresses that were delivered at the meeting at Bath. Now, as then, a very gratifying review was taken of the great progress surgery has made within the last quarter of a century; but whereas Mr. Wells confined his remarks to the more prominent features of this progress, and, as might have been expected, to that special operation which he had himself done so much to perfect, Mr. Wheelhouse took a more extended view of surgical advancement—from the removal of a nævus to the operation of gastrotomy, from the application of a ligature to the reunion and restoration of divided nerves.

Mr. Wheelhouse first acknowledged the great advantages in many cases of the "bloodless surgery," introduced by Prof. Esmarch, of Kiel; and he cited a case in which that method of operating saved the life of a little child whose leg had to be amputated at the hip-joint; but who was in such an exhausted and emaciated a state that the loss of two or three ounces of blood would have proved fatal. The "battle of the ligatures," and "antiseptic surgery," next claimed his attention. With regard to ligatures, he believed that the rule laid down by Jones, as long ago as 1805, and afterwards affirmed by the late Mr. Hodgson, was as true now as it was then—viz., that the only safe way of securing an artery is fairly to divide its inner and middle coats, and that the only ligature to be trusted to do this efficiently, is a well-made firmly twisted round cord of silk. Of the antiseptic method of operating, Mr. Wheelhouse is a strong supporter. It has been recently asked whether in adopting this antiseptic principle, we "may not possibly be encouraging a great delusion." "As a practical surgeon," says Mr. Wheelhouse, "I emphatically answer 'No,' it is not a delusion but a truth of the greatest value; and I can call to my mind, many cases in which, except for this 'delusion,' my patients would have lost their limbs, and oftentimes their lives also." Nor did the orator forget to acknowledge the great gain to surgery which has resulted from surgeons securing, wherever it is possible, that physiological rest on which Mr. Hilton long ago insisted in his admirable lectures on "Physiological Rest and Pain." The treatment of "irritable bladder," from stricture, by freely dilating the urethra, as practised by Sir Henry Thompson, and other surgeons, was a recent application of this principle; while Mr. Wheelhouse and his colleagues, in order to carry the principle to its logical conclusion have, in several cases of severe ulceration of the bladder, gone so far as to operate as if for lithotomy, with the view of procuring absolute quietude for the time, and they have met with encouraging success.

At the meeting of the Association at Manchester last year, Dr. Sayre, of New York, demonstrated to the profession his new and successful method of dealing with curvatures of the spine. We need not tell the reader that this method has received the entire approval of the profession; and now, we find Mr. Wheelhouse adding his testimony to the great value of Dr. Sayre's method. "When I think," he says, "of the many cumbrous and expensive contrivances which, for years past, I have seen in

use in the treatment of such cases, I feel inclined to blush for the skill which had failed so long to seize and act upon an idea so simple, and at the same time so perfect." The great acquisition, both to medicine and surgery, of Dieulafoy's aspirator, is next spoken of in equal terms of praise, and he noticed how by its use, an empyema, a fatal effusion into the pericardium, a bladder distended almost to bursting, a dropsical knee-joint, and even a pyæmic abscess in the centre of the lung, are placed as easily under control as the ascitic abdomen was in former days. "Indeed," said the Orator, "there seems to me to be no organ in which suppuration has occurred, or within whose investing membranes the normal secretions have become superabundant, that may not be dealt with by this useful instrument.' And while the question is asked: Is it too much to hope that the time may come when we may be able to empty an offensive vomica, and wash it out with some innocuous antiseptic fluid! It is being satisfactorily answered, for Mr. Wheelhouse was writing the above passage, such an operation was twice successfully performed,—once in London by Mr. Erichsen, for a patient under the care of Dr. Theodore Williams, and once in Leeds by Mr. Jessop, at the suggestion of Dr. Clifford Allbutt.

But of all the triumphs of modern surgery, none can be compared in magnitude or importance with those obtained in the region of the abdomen. When we remember the number of years that have, by the operation of ovariotomy alone, been added to the sum of human life, and call to mind the fact that by the hands of two operators alone, Mr. Wells and Dr. Keith, the lives of more than 1,000 women have been rescued from death, to say nothing of the results of the operation in other hands, surgeons have, said Mr. Wheelhouse, as much reason to be proud of their work as any class of men in the world. Even surgical relief in cases of intestinal obstruction is far more frequently and successfully resorted to now than it was a few years back, so that surgeons are beginning to question the propriety of permitting anyone to die from obstructive intestinal mischief without first ascertaining whether the patient cannot be saved by this means. Then there is the operation of lithotrity, which, in the adult, bids fair to supersede the operation of lithotomy. The experience of Mr. Wheelhouse leads him to hope that the time will come when, under the improved methods of diagnosis now at hand, no stone will be allowed to remain so long in the bladder as to pass beyond the reach of the lithotrite, and that, except in the case of children, lithotomy will have become one of the operations of the past.

There are many other points of interest in this Address to which we might have called attention, such as the remarks that were made in reference to the modern treatment of dislocations, the use of the drainage tube in chronic suppuration of the kidney, the successful extirpation of that organ, &c., but we must hasten to draw this notice to a close. Before doing so, however, we must not pass over a triumph in surgical art which Mr. Wheelhouse himself has very recently achieved, and by which a completely paralysed and useless limb was so restored to health as to enable the patient to return to his work. A severe cut with a scythe had completely divided the sciatic nerve, and led to a paralysis of the limb, in the treatment of which all ordinary measures proved perfectly powerless. An attempt was then made to re-unite the ends of the divided nerve. After these ends had been exposed by careful dissection, and had been pared obliquely until apparently fresh nerve tissue was exposed, they were, although much separated by the shortening or shrinking of the nerve, brought together by fully flexing the knee. They were then carefully stitched together with very fine carbolised catgut thread; the wound was closed, the ankle was firmly lashed to the buttock, and in this position the patient was put to bed. Gradually sensation was found to be returning in the limb. At the end of five weeks Mr. Wheelhouse began to relax the position of the leg, and to let it down inch by inch until it became straight again. By slow degrees the power of voluntary motion also returned, and on August 7th (three months after his admission to the hospital) he was discharged so far cured that, with the help of two sticks, he was able to walk about. From that time to this he has gone on improving, and during the whole of the past winter he has worked in the fields as he was wont to do before his accident.

But even the interesting and comprehensive retrospect which Mr. Wheelhouse has taken of modern surgery is far from embracing all the improvements which have recently taken place in this department of medicine, and could we but picture to ourselves all the improvements and discoveries that have been made in practical surgery compared with the practice of our forefathers two centuries ago, we should be struck with the marvellous progress that this science has recently made. Towards the end of the 16th century a celebrated Frenchman was afflicted with that painful disease which it is now the pride of modern surgery to cure, namely, the stone. In the medicine of his time, however, Montaigne had no faith. "I submit myself," he said, "to Nature, confident that she is armed with claws and teeth to defend us against the assaults of maladies," and he would even, with bitter sarcasm, remark that "he could excuse the medical profession for living by the folly of mankind when he reflected that it was not the only proof of the weakness of the age." How different would his opinion have been had medical art been, in his day, as perfect as it is now!

Lastly, nothing can better show the progress that modern surgery is making than the manner in which it is encroaching upon the domain of practical medicine. Diseases with which surgical interference would, years ago, have been thought the height of folly and temerity, but the fatality of which could not be denied, are now robbed of their terrors, or completely cured by the aid of that art which was formerly contemned. Now there is scarcely a part of the body, or a disease, which is sacred to the knife or exploring trocar of the surgeon, and over and over again the surgeon rescues from imminent death patients to whom the physician can no longer hold out any hope. Nevertheless, a comparison of the relative achievements of modern surgery and modern medicine need not create any feeling of envy or jealousy on the part of the physician, for are not both physician and surgeon striving to arrive at the same goal, and are not surgery and medicine twin

offspring of one parent Art, whose beneficent object is to prolong the life and relieve the physical sufferings of mankind?

SANITARY DISORGANISATION IN DUBLIN.

We have been so frequently obliged to submit the Public Health Committee of the Dublin Town Council to criticism, that it is unnecessary now to remind our readers of the sins of sanitary commission and omission of which that conclave has been guilty. The utter laziness, carelessness, and incapacity formerly displayed by the Committee, may be passed over for the present, inasmuch as that body has completely collapsed and has deliberately abandoned its control of sanitary affairs in Dublin, making not even a pretence of dealing with the public health of the City. How this state of affairs has come about is worth narrating, because it illustrates more forcibly than anything we could say, how hopelessly, impracticable, and incorrigible the sanitary tribunal of "the second city in the empire" has come to be. The Dublin Corporation, as every citizen knows, has been spending money in the most lavish way, for while its administration has been continuously mean and niggardly in respect of such expenditure as would be directly beneficial to the citizens; while it has been unable to find funds for cleaning the streets, to keep the sewers in order, to purify the Liffey, to provide for the housing of the poor, or even to mend the pathways, it has always had a thousand or two for a pic-nic to London, a law contest in Parliament, or a superannuation job for an ex-official whose "cronies" are sufficiently influential to carry a pension vote in his favour. This has gone on for a long time, and the cash has been always forthcoming by a financial shuffle by which one fund borrowed from another, and paid back the loan in such a way that the transaction was not noticeable in the accounts.

Within the past year, however, Mr. John McEvoy (a gentleman of remarkable financial ability, who has already rendered to his fellow citizens the most valuable services), observed that, in order to cover a heavy deficit arising from these extravagancies, the Corporation has levied a borough rate, which they had no earthly right or power to demand, and as it appeared to him that there was not the least intention on the part of the Corporation to abstain for the future from the practices which had run them into debt, he thought it right to put a short stop to the corporate proceedings. Accordingly, he applied to the Court of Queen's Bench for a *certiorari* to quash the rate, and at once an injunction was issued restraining the Corporation from collecting the money.

This story is necessary to our theme, because the Public Health Committee has, hitherto, derived its funds from the borough rate. At the moment when the rate was quashed an epidemic of small-pox existed in Dublin. With an alertness which savoured of hearty satisfaction at being able to get rid of sanitary responsibility, and at the same moment to punish the citizens for Mr. McEvoy's contumacy, the Public Health Committee decided to abandon Dublin to its own miasms, and to leave the sick poor to find their own way out of the small-pox. They at once decided to sell the hospital cab, to cease payments for destroyed infected clothing, to shut up the disinfecting chamber, and to dismiss all the sanitary officers; in fact, to abandon the whole sanitary organisation, and thus the matter now stands.

We have to observe, in the first place, that there is no good ground for supposing that the Public Health Committee is dependent upon the borough rate, and there is, therefore, no good reason why they should cease their functions when that rate has been withdrawn.

We have to remark, secondly, that this determination is a spiteful attempt of the Corporation to punish the citizens for troubling them with complaints as to corporate extravagance. The Town Council has made not the least move towards reducing the expenditure on matters from which no one but corporators, their officers, and their friends derive any benefit; but it has hastened to retrench in the items in which the outlay is most beneficial to the city, nay, absolutely indispensable to the sick poor. On this subject the *Dublin Builder* says:—

"No one will object to see the Corporation, although acting under compulsion and against its will, retrenching its expenses; but while doing a compulsory duty, the Municipal Council aims at committing a public wrong. It hopes and endeavours to alarm the citizens by pleading insufficiency of funds to carry out its sanitary duties, and tries to throw upon others the consequences that may result from leaving sanitary work undone. If bankruptcy stares a merchant in the face, he begins at once, if he is an honest man, to cut down his household expenses, so far as these relate to luxuries or things that may be dispensed with until better times return. If he has too many servants he reduces their number or the salaries. He will not, on the other hand, if illness, small-pox, fever, or other diseases are in his house, and his wife or children stricken down, neglect to send for the doctor or procure for them the needed medical attendance their cases may require. It is clear to everyone that knows aught about the various offices, appointments, salaries, &c., of the Corporation, that a great reform and a great retrenchment of expenses could take place, apart altogether from any consideration of the alleged difficulties appertaining to the quashing of the new borough rate."

The Executive Committee of the Dublin Sanitary Asscciation also adopted the following resolution:—

"That this committee are of opinion that retrenchment should, in the first place, be effected in all other departments whose expenses are defrayed out of the said borough fund, and that during the epidemic of small-pox, there should be no interruption of the sanitary measures at present being carried out in the city."

We cannot contemplate with as much ease of mind as the Corporation does, the prospect of an increase in the small-pox epidemic, or an outbreak of dirt fevers, resulting from neglect of sanitation; but there is some satisfaction in the consideration that if such a misfortune should occur, it might quite possibly result in the Corporation being turned out "bag and baggage" by the Local Government Board, and an administrative commission appointed in its place. Such a step the Government will certainly not take except in the last necessity, and in exasperation against the members of the Town Council; but the step has been threatened on a former occasion, and any proceedings of that body which bring us nearer to their extinction or their root and branch, reform cannot be regarded without a sense of pleasurable hope.

Notes on Current Topics.

The Sanitary State of Leicester.

THE reports presented by the Medical Officers of Health, the one for the past quarter and the other for the half-year ending the 30th of June, showed a state of things highly satisfactory—the death-rate being below the eighteen large towns reported upon by the Registrar-General. This the medical officers attribute very largely to the course pursued by the Sanitary Committee in securing an efficient inspection of the town, and ordering the abatement and removal of nuisances. This state of things is the more remarkable when the position of the town, the nature of the subsoil, and the admittedly imperfect drainage is taken into account. The aim of the Sanitary Committee has been to rid the town of all "filth-produced" or zymotic diseases, and the measure of success which has attended their labours may well encourage the committee to persevere in the same direction. By frequent examination of the drinking water, attention to defective surface drains, filling up thousands of abominable cesspools with which the back yards of the town were honeycombed, the air, water, and general surroundings of the dwellings of the inhabitants have been purified, and the diminution in the death-rate, betokening an improvement in the general health, has been the result.

In making the above remarks, the *Midland Free Press* says that it is not oblivious to the exceptionally high death-rate in that town from infantile diarrhœa during the month of July, but it takes exception to the severe strictures which one of our contemporaries has made upon the authorities of Leicester for the neglect of sanitary reforms. "Only in one direction (says the *Midland Free Press*) can it be said that Leicester has 'lagged behind' any other town in sanitary measures, and that is in relation to the enlargement of its sewers and the provision of an outfall. Owing to the rapid increase of the town the sewers have become inadequate to fulfil the work required of them, and the physical position of the town, lying as it does in a valley, adds to the difficulty of cleansing them, as no free outfall can be easily obtained. To meet this difficulty a scheme has been propounded the cost of which is roughly put at a quarter of a million sterling, but which if carried out has been considered by some as of doubtful efficacy. With such a project, involving such an immense outlay of public money, it need hardly be wondered at that the authorities should be chary at entering upon the scheme until they are fully assured of its practicability." Nevertheless, the criticism of which the Leicester authorities complain is somewhat justified by the investigation which Dr. William Johnston, the medical officer of health for that town, made last year into the causes of the great infantile mortality from summer diarrhœa. It will be remembered that in 1875 a Government Sanitary Committee made inquiry into the subject, the result of which was that they attributed the cause of the disease to "heat in conjunction with a waterlogged soil." But Dr. Johnston, in an able and laborious report, which we noticed in May, quite discredited this theory, and came to the conclusion that the summer diarrhœa of Leicester "is dependent upon the pollution of the air by the escape of sewage gas from the hastily devised, badly constructed, non-ventilated system of sewers."

We will, however, admit that there may have been other causes in operation as influential—or even more influential than the defective state of the drainage. As we pointed out on a former occasion, it seems strange that a diarrhœa of a specific nature should (as was shown to be the fact) in a large majority of the cases have been confined to infants under twelve months; infants, half of whom could not have been exposed to the disease through drinking impure water—whose parents were living in premises the sanitary condition of which is said to have been pretty good—half of whom were brought up by hand, improperly fed, and doubtless subject to other conditions which, when combined with the prevalence of very hot weather, might, independently of breathing air or drinking water contaminated with sewage exhalations, quite account for so many of them being carried off with diarrhœa.

At all events, it is satisfactory to find that the authorities at Leicester are anxious to redeem the character which that town has had for its unhealthiness, and no doubt it will not be long before they have removed the only remaining blot upon their sanitary arrangements.

Poisoning by Arsenic in Food.

MR. CARTTAR, West Kent coroner, opened an inquest at the Royal Albert, Manor Road, on the body of Frederick Arthur, aged eleven months, son of Charles Nevill, of 77 Manor Road, blacksmith, who died at half-past seven, p.m., on the 9th. Rose Hoskins made a rice pudding for her husband, a portion of which she gave to the deceased and another child aged four years, deceased's mother being present. Five minutes afterwards the eldest child began to vomit, and in order to attend to it the mother placed deceased in a cot or cradle, but before she could see to the other child the deceased began to vomit. The mother and lodger became alarmed and sent for four or five neighbours, who each tasted the rice pudding, feeling a burning in the throat followed by vomiting. A doctor was sent for who found the deceased under the effects of poisoning, and he took possession of the remainder of the pudding, rice, condensed milk, and ground nutmeg of which it was made. The deceased continued very bad and died the next day, and the other child is not out of danger. The coroner tasted some powder produced, a portion of which had been used in the pudding, and was of opinion that it was only ground nutmeg. In order that the ingredients might be examined to trace the poison, the inquiry was adjourned.

Small-pox from Ireland.

AT a meeting of the West Derby (Liverpool) Guardians the chairman called attention to the fact that small-pox had been imported into the workhouse by the arrival of families from Dublin, where the disease is epidemic. The sufferers came by steamer, but were subject to no quarantine examination as they would be if they came from a foreign port where disease prevailed. He thought it was very hard that Liverpool should suffer in this way. The chairman's remarks were endorsed by the board, and it was resolved to direct the attention of the port medical officer of health to the matter.

The Study of Medical Botany.

In the *Daily Telegraph* for the 17th inst. attention is drawn to the satisfactory and progressive prosperity of the Royal Botanic Society. In no department, observes our contemporary, was the growing utility of the Society so marked as in the increase of students' admission orders and the number of specimens distributed for purposes of scientific study, the former having increased from two hundred and thirty in 1871 to four hundred and eighty, and the latter from forty thousand last year to sixty thousand in this.

It is to be regretted that botany is not more seriously cultivated by the medical, as well as by the general student, especially as medicine is so much indebted to the vegetable kingdom for many useful drugs. Some idea of the number, the value, and even the beauty of our medical plants may be formed by a glance at the admirable illustrated description of these plants which has been given to the profession by Messrs. Bentley and Trimen. Were the medical student only acquainted with the botanical characters and uses of one-half the plants there described, and most of which he can see in the gardens of the Botanic Society, of the Apothecaries' Hall, or at Kew, he would not regret the short time he had spent in the acquisition of that minimum amount of knowledge. As a rule, however, he gives little or no attention to the subject, and it is almost ignored by some of the examining boards. The fact, too, that the study of the natural orders of plants is of great value in the mental training of the medical student, is almost entirely overlooked, so that even our lecturers on Botany, who, one would think, should make their lectures as popular as possible, give the greater part of their course to the consideration of the morphology and physiology of plants, much of which could be as well studied at home, and only leave a few lectures for the demonstration of the characteristics of the various natural orders and species. This is a great mistake, for by learning to distinguish one plant from another, or to recognise the natural order to which any given plant belongs, the student's mind will be all the better prepared to seize and appreciate those various symptoms by which one disease is distinguished from another. Hence the devotion of a little time and study to the diagnosis of the different classes, and orders, and genera, into which plants have been divided, is about the best intellectual training he can have preparatory to his study of medical diagnosis.

Royal College of Surgeons of England.

From the annual report which has just been published by the Council of the College, and about to be presented to the members, it appears that of the receipts and expenditure from Midsummer-day, 1877, to Midsummer-day last, the former amounted to £15,486 9s. 5d., derived principally from fees paid on admission to the fellowship and membership—viz., £12,028 5s.; rent of chambers adjoining the College and dividends on stock, £2,550 15s. 10d. The expenditure amounted to £14,528 16s. 2d.; the chief item under this head was in fees paid to the Council, Courts, and Boards of Examiners for their many meetings during the year—viz., £5,814 10s.; salaries and wages for the large staff of officers and servants for the three departments of museum, library, and college required £3,858 9s. 6d.; Government taxes, rates, and stamps absorbed £1,380 6s.; expenses in connection with the examination, £319 0s. 10d.; pensions, £278 12s., now reduced by £200 since the death of Mrs. Belfour, the widow of the late secretary; subscription to the statue of William Harvey, £105, leaving a balance at the banker's of £957 13s. 3d.

Health of our Troops at Cyprus.

The health of our troops at Cyprus is not so satisfactory as we should wish. From the latest intelligence from this island, it appears that although the fever and ague, that are very prevalent now, are not of a malignant type, they are diseases of a very depressing nature. Several of the staff officers and a large number of soldiers have been attacked. This fact is not one that can create surprise, considering the amount of exposure to which the men have necessarily been subjected, and the sanitary state of their surroundings. Not only has the heat been excessive, but the variations of temperature have been extremely trying. They have had the thermometer, under canvas, between 100 and 110 in the daytime, and falling as low as 67 during the night. Bell tents are ill-adapted for this climate. No doubt matters will improve in this respect when sites for cantonments are decided upon and huts erected.

Abscess of Lower Lip, attributed to Poisoning by Paris Green.

Dr. R. Wilson, of Washington county, N. Y., writes to the *Philadelphia Reporter*:—

"The ravages of the potato bugs in this section have caused the farmers to use an immense quantity of Paris green, to destroy them. About a week since a young man, by the name of Albert Calkins, picked an apple from the ground, where it lay among potato vines upon which 'Paris green' had been used, and ate it, or rather sucked the juice. Shortly his lower lip began to inflame, and after acute suffering an abscess formed, which, on being opened, discharged a large amount of pus. Abscess of the lip is not, I believe, of common occurrence."

Paris green is said to be a compound of arsenic and copper. Of Scheele's green, Dr. Taylor says that it produced, in a watchmaker, "swelling and ulceration of the lips."

Myositis Ossificans.

At the Vienna Medical Society, Docent Dr. Nicoladoni presented a girl, seven years of age, as an example of a very rare affection of the muscles, viz, ossification of the muscles of the trunk and limbs. The disease had been going on for about a year, commencing in the muscles of the neck, whence it extended to the spine, the anterior part of the thorax, and the limbs. On each side of the spine a rigid line (sacro-spinales) extends. The scapula is fixed to the thorax; and in the cervical regions are found fibrous cords containing bony plates. The right knee-joint is contracted, and the pectorales are almost entirely ossified. There are only three similar cases on record.

Overcrowding and Disease.

JUST as we are going to press the following facts are brought to our notice :—

The Coroner for Central Middlesex held an inquest on Saturday at the Board Room, Little James Street, Bedford Row, respecting the death of the illegitimate child of Elizabeth Mason, of 6 Half Moon Court, Gray's Inn Road. Evidence was given to the effect that the deceased had died from the close and stifling atmosphere of the room in which the family lived, that the house was crowded to excess from basement to roof with large families, living under the most unsatisfactory and unsanitary circumstances, and 2s. 9d. a week was paid for the room in question. The grandmother of the child stated that she was compelled to go out to work to help to support her children, and neither she nor her husband could afford to live away from London, but when the Metropolitan Board of Works had taken down the houses to make room for improvements, she, with hundreds of other families, had to manage as best they could, no additional places having been built for their occupation. She was five months before she could get a room suited to her means and near her work, and she, her husband, and four children all lived in one room.

At the time the foregoing inquest was being held, Mr. Peacock, the sanitary inspector for the district, received by post the following letter :—"Aug. 16, 1878. Sir,—As an inhabitant of this district I would call your attention to a case that requires investigation by the sanitary authorities, viz., where two men, three women (one just confined), and six children, are the occupants of one room at 21 Eagle Street, Red Lion Square, and at this season of the year, when fever is so easily engendered, it behoves all persons to endeavour to have those sanitary measures enforced that may tend to the prevention of disease."

We shall reserve our comments on this deplorable state of things for our next issue.

Scientific Education amongst Women.

SCIENTIFIC study does not yet appear to have attracted a superfluity of women, to judge by the number of candidates at the Cambridge Higher Local Examinations recently held. *Nature* says that only about thirty out of 500 took the science subjects ; twenty-one took botany, one failed, and three obtained distinction ; twenty-six geology and physical geography, of whom two failed, and seven were distinguished ; seven geology, one failed, three distinguished ; nine chemistry, three failed, none distinguished. Ten of the science candidates sat at Cambridge, and among them they gained ten out of fourteen of the distinctions given. Miss Clarke, of Cambridge, was distinguished in geology, zoology, and botany, and passed in chemistry. Mathematics got only twenty-three candidates, of whom four failed ; only two, however, were placed in the first class (being Cambridge students), and two in the second. We are glad to learn that two new subjects are to be set in the science group next year namely, physics and physiology, the latter so much needed in all girls' schools.

Kew Gardens.

IN the House of Commons on Monday evening, Sir T. Lawrence gave notice that early next session he should call attention to the regulations affecting the admission of the public to Kew Gardens, and should move that, in the opinion of the House, the whole or part of Kew Gardens should be open from 10 a.m. daily, and declaring that that there was no reason in connection with the maintenance thereof to justify the exclusion of the public till 1 p.m. In our last issue we entered so fully into the reasons why Kew Gardens should be more freely open to the public than they are, that for the present we need not make any further remarks on the subject. No doubt when the question comes before Parliament for discussion some strong representations will be made in the interest of the public ; but there is some reason to be afraid that might will prevail over right, and that the authorities at Kew will have too much influence over the Government to admit of their cherished arrangements being interfered with. However, we trust that all the supporters of the proposed reform will, in the meantime, do all in their power to attain the object they have in view, and to show by fair and temperate argument the good reasons they have for pressing the subject upon the attention of the House of Commons.

The British Pharmaceutical Conference.

THE meeting of the Conference which was held in Dublin within the last week may be taken as an unquestionable success. The number of members who attended was in excess of that at any previous meeting. The character of the scientific work done was quite up to the level of any former year, and the hospitalities extended to visitors by the Dublin Committee bore out to the fullest extent the character for good fellowship on which Irishmen are wont to pride themselves. Mr. Schacht, of Clifton, occupied the Presidential Chair, and the management of the conference was principally under the care of Professor Tichborne, Mr. Hayes and Mr. H. N. Draper. The last day of the meeting was devoted to an excursion to the County Wicklow and Glendalough, at which place those present were entertained at luncheon by the committee. The weather was happily propitious, and the excursionists numbered nearly two hundred. Finally, the assembly of the conference for the year 1878 was brought to a close by a valedictory dinner in the Exhibition Palace. The conference is obviously in a state of robust health, and, as far as we can judge, deserves its prosperity, and we trust that an organisation capable of so much benefit to pharmacy and, through it, to medicine, will continue to flourish.

Hydrophobia.

JOHN NUNN, a hay carter, has just died in Ongar Union House, Essex, from hydrophobia. He was bitten as long ago as May, 1874, by the same dog which bit Mr. Brown, veterinary surgeon, of Stanford Rivers, whose case excited so much interest about twelve months ago, and whose death from hydrophobia occurred three years after the bite.

Expectant Surgery.

A WRITER in *The Philadelphia Medical and Surgical Reporter* supplies us with an amusing illustration of the "take it easy" system of surgery. He deprecates the clipping, or scraping, or evulsion of the toe-nail in cases of in-growth, and propounds his views as to what ought to be done. Our friend here must wear a loose shoe, in the first place. This is a *sine quâ non*. Then the maltreated nail must be allowed to grow and regain its proper shape. While this is going on *she will suffer considerable pain*, but this will be her penance for having done wrong. *By the end of six months* the nail will have regained its normal outline. If much inflammatory action should continue while this is going on a slippery elm poultice may be applied from time to time. *The chances are, however, that our patient will become dissatisfied* in waiting so long for a cure to result, and resort to the fatal scissors, but we can at least give her fair warning of the long course of suffering which by so doing she will bring upon herself.

This valuable contribution to the surgery of a painful and refractory disease, reminds us of an occasion when we were driven by the torments of a toothache to seek a remedy in the cookery book. Turning up the index we found, "Toothache, remedy for," and hastened to the page that would teach us how to still our agony. We found the following: "Toothache — this distressing malady usually arises from exposure of the nerve, resulting from a carious cavity. Caries may be avoided by a careful attention to the washing of the teeth every day.

Mortality in Irish Workhouses.

WE learn from the recently issued Report of the Irish Local Government Board that the total number of deaths in the workhouses in the fifty-two weeks comprised in the table has been 11,190. In the last annual report the total number of deaths was set down as 10,129; so that there has been an increase of 1,061 deaths, as compared with the number last year. Deaths by fever were 617, against 612; by lung disease, 1,850, as against 1,633; and deaths by small-pox, 12, as against 2 in last year. An increase of 3,589 has taken place in the total number admitted in sickness during the year; an increase of 13,165 in the number admitted who were not sick; an increase of 364 in the number suffering from fever and other dangerous contagious diseases, and an increase of 16,754 in the total number relieved.

An Early Symptom of Tabes Dorsalis.

DR. BERGER has a note in the *Centralblatt für Med. Wis.*, relating to an early symptom of tabes dorsalis, which is described as consisting in the disturbance of the perception of pain of such a kind that stimuli of slight intensity, as well as tactile impressions of a slightly painful kind, such as needle-pricks, are perceived normally; but that more severe and often very strong stimuli produce no greater pain. This analgesia in respect to excessive stimuli may be present before other symptoms of tabes appear, and is of semeiotic importance. This peculiarity, as a common rule, is especially perceived in the skin of the lower extremities, and may finally be observed on the whole cutaneous surface, and even on the mucous membrane. It appears to be a symptom depending on an initial lesion of the grey substance.

Further Uses of Marsupials.

TENDON ligatures are now being generally used in surgery, and some have been prepared by Mr. Girdlestone, one of the surgeons to the Albert Hospital, Melbourne, from the tendinous structures of the kangaroo. In England they have been prepared from the tendons of the horse. Tendon ligatures, like those made of catgut, dissolve, but more slowly; are tougher, make better knots, and do not slip. They make capital sutures. It is usual to soak them in carbolic water before use.

Etiology of Diphtheria.

SOME interesting particulars bearing on the causation of diphtheria have recently been published in an American journal by Van Wagenen. The doctor believes in the filth origin of the disease, and he cites several cases in support of his contention. Of 112 cases concerning which observations are given, 59 followed direct exposure to the poison of the disease, whilst 13 more were suspected of having been so exposed. The greatest number of cases occurred amongst females, and in December; 74 of the cases were children under 10 years of age, and only 3 were persons over 40 years.

Dr. Baxter Langley.

A MEETING of the friends of Dr. Baxter Langley was held last Friday, at which a report was made to the effect that since his imprisonment in Coldbath Fields on the charge of fraud in connection with the Artisans' Dwellings Company, his health had been greatly impaired, and that he was now gradually sinking in the prison infirmary. A resolution was passed instructing Mr. T. N. Cathrall to lay the facts before Mr. Cross, in the hope that he would recommend the exercise of the Royal clemency.

The Humboldt Monument.

THE monuments of Alexander and Wilhelm Von Humboldt, the former by Professor Begas, the other by Herr Otto, will soon be erected, one on each side of the entrance gate to the Berlin University. Both monuments are in marble, and the figures are represented in a sitting posture.

AT the last Lurgan Petty Sessions Dr. Hugh A. Gribben, of Lurgan, was ordered to find bail for his good behaviour for twelve months, himself in £40 and two sureties in £20 each, or in default to be imprisoned for three calendar months at hard labour, for using threatening language towards his mother-in-law, Mrs. Alexander, of Corso Lodge. Having failed to find the necessary bail Dr. Gribben was arrested under a warrant and was yesterday conveyed to Armagh Gaol to undergo the term of imprisonment. It may be mentioned that Dr. Gribben served for some months as a medical officer with the Turkish army during the late war.

A SICKENING discovery has been made near Aberystwith. In a farmhouse, in a totally dark room, the

police have found a male lunatic, stark naked, wallowing in filth, and his body covered in sores. He is believed to have been confined in the same room during the past five years. It is reported that several lunatics are kept in private houses in the district, and that they are systematically neglected and shamefully treated.

A COURSE of six lectures on meteorology will be given under the auspices of the Council of the Meteorological Society of England, commencing in October next. The subjects of the lectures will be :—"The Nature and Physical Properties of the Atmosphere ;" "Air Temperature, its Distribution and Range ;" "Atmospheric Pressure, Wind, and Storms ;" "Clouds and Weather Signs ;" "Rain, Snow, Hail, and Electricity ;" and "The Nature, Methods, and General Objects of Meteorology." It is intended that these lectures shall give a concise account of the present state of knowledge on the above subjects. The lectures will be open to the public, admission being by ticket, to be obtained at the office of the Society, 30 Great George Street, Westminster, S.W.

ON Friday, August 9, the Société Française d'Hygiène held a banquet at the Continental Hotel, Paris, for the reception of the Sanitary Institute of Great Britain. Dr. Ricord was in the chair, assisted by M. de Lesseps and Anatole de la Forge, the Director of the Press Department in the Home Office. The toast of the Sanitary Institute was replied to by Mr. Chadwick, who handed to the Société Française d'Hygiène a diploma of affiliation signed by the Duke of Northumberland and Dr. Richardson. Some members of the English Ladies' Sanitary Association were also present at the banquet.

BY the death of Patrick Coleman, late of 2 Suffolk Street, in the city of Dublin, grocer and spirit merchant, who died on the 7th day of April, 1877, the following legacies are to be paid, viz :—St. Vincent's Hospital, £200 ; Mater Misericordiæ Hospital, £300 ; Blind Institution of Merrion, £300 ; Institution for Blind Boys at Glasnevin, £300 ; Cork Street Fever Hospital, £100.

BRITISH MEDICAL ASSOCIATION MEETING.

(Continued.)

ON the Thursday morning the Members of the Association in large number attended the breakfast of the Temperance League, under the Presidency of Mr. Samuel Bowley, who accompanies them year by year to elicit the opinion of the profession on the use and abuse of alcohol. There were the usual personal experiences of teetotalers, medical and other ; but the best they said was about the food value of alcohol. The speaker in urging upon the League the desirability of admitting that alcohol is a food, said "that its ordinary use did not rest upon its food value ; that before a man could make a substantial meal of alcohol he would be dead drunk." The League certainly has had an influence in inducing the profession to look more earnestly at the alcohol question than it otherwise might have done.

Then at eleven Mr. Wheelhouse gave his address on Surgery. Able, eloquent, and effective, Mr. Wheelhouse's address will rank amidst the best ever delivered before the Association ; rivalling, if not indeed somewhat excelling, the address in Medicine delivered on the Wednesday, by Dr. Goodridge, which is passing through our columns *in extenso*, so that our readers can judge of it for themselves. After this, papers were read in the sections, of varying value.

In the Medicine Section Dr. Althaus read a paper on Lateral and Posterier Sclerosis of the Spinal Cord, which elicited a good discussion. Syphilitic Disease of the Nervous System was discussed in a paper by Dr. Gowers and Dr. Dowse. A paper on Athetosis by Dr. Fletcher Bach ; one on Latent Pleurisy of the Apex, by Dr. Clifford Allbutt, and a short note on the Specific Origin of Diphtheria, by Dr. J. C. Ewart, were the leading events in this section.

In the Surgical Section Dr. Fowler read a paper on a Case of Lithotomy where the Supra-pubic Operation was resorted to in consequence of the size of the stone. This was a large mulberry calculus occurring in a boy of sixteen where the bladder was unusually high up. The operation was quite successful. Mr. Teevan contributed an account of Fifty cases of Lithotrity. A communication of the highest value, which unfortunately could not be discussed. Professor Humphry, of Cambridge, read a paper on Successful Removal of Fungus Growth from the Bladder, while Dr. Henry Humphry read a paper on Symmetrical Gangrene in Congenital Syphilis. But the address of the President on the Avoidance of Pain, was of such merit that it must be alluded to here, having merely been mentioned in our first account of the meeting. He said that "now from first to last a patient might undergo an operation freed from pain. By anæsthetics the operation was performed without the patient being conscious thereof. Then, by support, rest, and care, combined with the judicious use of morphia, all pain afterwards might be practically avoided." He gave the morphia hypodermically, by which plan the evil effects upon the stomach were largely obviated.

In the Obstetric Section papers were read by Dr. L. Weatherby on a case of Concealed Internal Uterine Hæmorrhage, and by Dr. Marion Sims, on Simpson's and his own operations for Stenosis of the Cervix Uteri compared. Then Dr. Lloyd Roberts contributed a paper on the Differential Diagnosis of Abdominal and Pelvic Tumours, which was followed by one on Chronic Cervico-Endometritis as a cause of Sterility, by Dr. Arthur Edis.

In the Public Medicine Section papers were read On the Organisation of Home Hospitals for Paying Patients, by Mr. H. C. Burdett ; on the Late Epidemic of Small-pox at Birkenhead, by Dr. F. Vacher ; Dr. Drew discussed the question of How Far the Flesh of Diseased Animals may be Safely used as Food ?

Some other matters of interest than the sections transpired on the Thursday. The Poor-law Medical Officers' Association held a meeting under the presidency of Dr. Joseph Rogers, of the Strand Union. The matters of cod-liver oil, genuine linseed meal, &c., were discussed, and the conclusions arrived at were, that it was undesirable in every way that such contracts should be entered into with medical men, for while one man might shirk his part, too many others furnished far more than was fairly due from them. It was carried unanimously that the principle of Mr. Hardy's Act be extended to the provinces—viz. : "That all drugs should be supplied at the expense of the ratepayers in every district of the kingdom."

More important still was the result of the special meeting to alter the bye-laws and to add a new article—viz. : "No female shall be eligible for election as a member of the Association." Dr. Wade, as chairman of the sub-committee on the subject, proposed the adoption of the article. Dr. A. P. Stewart seconded it, saying that he had signed the nomination paper of Mrs. Garrett Anderson, but still after such a very large preponderating majority of the members were against the admission of females, it was not right that their presence should be forced upon that large majority even to please a very influential minority. Dr. N. Kerr pleaded for their admission. Dr. Burchardt had no doubt that the opinion of the majority of the Association would change on the subject, and therefore he urged that the new article be not carried, but that they should trust to the good feeling of those who were their officers to carry out their wishes. Dr. Lisson said he had voted for their admission, but more recently had changed his mind. Mr. Husband supported the new article on the ground that the presence of females would interfere with the free discussion of certain questions. Mrs. Garrett Anderson then spoke at some length, taking a purely unpersonal view of the question. The objects of the Association, she said, were two, the advancement of medical science and the promotion of fellowship. As to the first it could not be promoted by excluding evidence of any kind, especially when it was evidence of a

peculiar kind which they were not likely to have in any other way. She thought, too, that in the matter of fellowship the female members of the profession were interested in it as much as the males. She expressed a very confident opinion about the vitality of the female medical movement. If men did not really like to discuss certain matters before ladies, then they must accept the decision. The motion was carried by an overwhelming majority.

The annual dinner was held in the Assembly Rooms in the evening, Dr. Falconer, the President, occupying the chair, and supported by the Mayor of Bath and the Rev. Canon Brooke, Dr. Waters, of Chester, the President elect, Dr. A. Carpenter (President of Council), Prof. Douglas Maclagan and a large number of members of the Association, and the American delegates. The usual speeches followed, which have little interest, except for members of the Association, who will find them fully reported in the journal of the Association.

On Friday morning, Prof. Douglas Maclagan gave the address on Public Medicine. He contrasted Scottish criminal procedure with that of England, and animadverted on the absence of a public prosecutor in England, and leaving prosecution to the individual. He regarded the office of coroner as virtually obsolete and unfit for the present time. The coroner was a relic of old Plantagenet times, when the jury as neighbours of the deceased might know something individually of the facts of the case. He, however, was opposed to medical coroners; he thought the lawyer on the bench and the doctor in the witness box the true relations of the two.

During this time there was a rapid disposal of the papers in the different sections. In the Medicine Section Dr. Bell, of Bradford, read a very interesting paper on Wool-Sorters Disease. It would appear that certain bales of woollen material, especially alpaca, if wet when opened give rise to a very virulent form of septicæmia. If allowed to dry they become quite innocuous. As to alpaca, it is often pulled from the dead animal after decomposition has rendered its removal easy. The septicæmia so set up may prove fatal in so short a time as twenty-six hours, or even in one case only seventeen hours. If death is not so swiftly induced then distinct local changes are found along with the septicæmia. There was also a paper by Dr. Fothergill, on "Gout at the Heart," and by Dr. Douglas Powell, on "the Elasticity of the Lungs and Chest Walls with reference to the signs of Chest Disease, and especially Pleuritic Effusion," while Dr. Tibbits read a paper on "Embolism of the Right Middle Cerebral Artery, followed by great loquacity. In the Surgical Section, Dr. Walker, of Peterborough, spoke of the treatment of Pott's Disease of the Spine by the plaster jacket applied in the recumbent posture. Dr. Charles Taylor gave a summary of Five Hundred cases of Cataract Extraction, and Dr. C. Higgins "Remarks on One Hundred and Fifty cases of Cataract Extraction." In the Obstetrical Section, Mr. Henry A. Allbutt contributed a paper on "How to reduce to a Minimum the Midwifery Mortality." Mr. Dolan, one on the "Facts of Puerperal Septicism." Dr. P. Smith read a paper on "The Positional Treatment of Pelvic Distortions and Uterine Displacements," and Dr. H. Smith one on "The Treatment of the Pedicle in Ovariotomy."

In the Public Medicine Section, Dr. Seaton read a paper on "The Compulsory Notification of Infectious Disease," which was followed by one by Mr. North on "The Registration of Infectious Disease," the views taken not harmonising. In the Physiological Section, Mr. Urban Pritchard described "The Development of the Organ of Corti." Prof. Rutherford gave a lecture on his experiments on the influence of drugs upon the production of bile, from which it seems that salicylate of soda has a very important action on bile production. At the concluding general meeting the matter of illegally elected members was discussed, when it was decided that those who had been illegally elected, who at the same time were legally qualified should be admitted. Mrs. Frances Hoggan not being legally qualified when elected was of course left out. The chief matter of interest was that of *the medal for distinguished merit* which the Association has instituted. It was decided that it should be charily given, in order to increase its value. Other journal matters followed, and the meeting was over.

In the afternoon, the Mayor of Bath gave a pleasant garden party to the members of the Association, which was well attended. In the evening, the Bristol members of the Bath and Bristol branch gave a splendid concert at Colston Hall, which was largely attended. Next day was devoted to excursions to various parts of the interesting West of England.

Literature.

THE THROAT AND ITS DISEASES (*a*)

In the preface Mr. Browne tells us that the pages are the result of eleven years of work mainly devoted to affections of the throat. This book, he says, has been written for the use of those engaged in active practice, and, therefore, prominence is given to matters tending to render diagnosis more accurate; but no attempt has been made to discuss questions of pathological interest. This omission, which Mr. Browne excuses, is certainly a great fault in the book. When the subject of throat diseases came first before us, as recognised by the aid of the laryngoscope, it was excusable that writers should explain appearances and the results of their treatment without entering into the *rationale*, but in these days we have recognised the fact that all knowledge of medicine and surgery depends entirely upon a knowledge of the pathological changes occurring. Signs and symptoms are only the reading of a disease. Pathological changes are the disease itself, and to attempt to deal only with signs and symptoms without investigating the disease is, in these days, empirical and unscientific.

The plates, ten in number, with eight to twelve figures in each, are, some of them, very well executed, especially those representing the larynx. The first plate shows the varieties of the normal larynx as seen in the mirror, and is instructive to beginners, for the normal larynx often presents appearances which, by the uninitiated, may be easily mistaken for disease. The body of the work is arranged in chapters, including one on the laryngoscope and rhinoscope, and the method of using them; the anatomy of the larynx; semeiology of throat diseases; therapeutics; and the special diseases of the several parts of the throat and larynx. The diseases are, in most instances, given much as they have been described by other authors.

The description of tonsillitis, however, would give to the student a strange view of the disease. The author says that the darthous or arthritic diathesis invariably exists in patients subject to tonsillitis, and then immediately afterwards quotes a whole page from Robert's "Practice of Medicine" (article, "Predisposing Causes of Rheumatism") to prove a "close relationship between tonsillitis and rheumatism." Whether or not Mr. Browne desires to infer that two diseases bearing a relation to a third likewise bear relation to each other is not evident, but the state of confusion of this chapter would have been avoided had the author, by a knowledge of pathology, recognised that the three diseases referred to are inflammations and therefore the predisposing causes of inflammation, especially exposure to cold and damp, would predispose to these diseases also.

On page 193 commences the subject of subacute laryngitis. Under this head the author says, "are considered all inflammations of a recent character not leading to œdema." What "all the inflammations" are to which the author refers it is difficult to conjecture, especially as it is impossible for any inflammation to exist without infiltration of serum, *i.e.*, œdema.

Taking the book as a whole, there is much that is good in it, and the publishers deserve great credit for presenting the volume as a very handsome production.

THE YEAR-BOOK OF PHARMACY FOR 1877.

A short notice of this work may not be inopportune, as we have just had a meeting in Dublin of the Pharmaceutical Conference (the Year-book is supposed to emanate from that body). Very few books could be more useful to the practical compounder, and if this Society did nothing else than issue year-books, it would deserve the thanks of all interested in pharmacy.

This book is supposed to give an abstract of all the work done during the year, and also to contain the Transactions of the Conference. It is divided into Pharmaceutical Chemistry, Materia Medica, with Notes and Formulæ. The whole is supplemented by a good index. We have no doubt that if the book was better known, it would greatly increase the Irish members of the Conference.

(*a*) "The Throat and its Diseases." By Lennox Browne, F.R.C.S.Edin. London: Baillière, Tindall, & Cox.

In glancing over its pages, however, we observe that it hardly does justice to Ireland, and that the work done in that country is persistently ignored. Of a very considerable number of valuable papers on Chemistry, Pharmacy, and allied subjects, with one exception they are passed over in silence. How is this? The one exception gives us the clue to the explanation sought; for it seems that the paper referred to was sent to the *Pharmaceutical Journal*, and on looking over the Year-book, we see that for British work, the Editor has mainly depended upon that journal. Now, as the said periodical is merely a Society Journal, it should not be depended upon as a Scientific Journal. The *Journal* of the Pharmaceutical Society, from pique, or some other cause, has most determinedly shut its eyes against Ireland, Irish pharmacy, and Irish science. Poor Ireland! We wonder who will get tired of this first, the Editor of the *Pharmaceutical Journal*, or his subscribers. But if the committee of publication of the "Year-book of Pharmacy" would wish to make the name something more than an empty title, they must search amongst other records for their matter.

Novelties.

CHAULMOOGRA OIL: A NEW REMEDY FOR SKIN DISEASES, SCROFULA, &c.

For many years this oil has been much prized by Indian native practitioners for its curative properties in skin diseases, leprosy, syphilis, scrofula, &c. Dr. J. Mouat, formerly of the Indian Medical Service, Dr. Dymock, of Bombay, and several other high authorities, have testified to its remarkable therapeutic virtues, but the difficulty with which the drug has been hitherto procured in a pure state has kept it in a comparative obscurity, so that its properties have not yet been thoroughly tested by Indian, much less by European, practitioners.

Thanks, however, to the careful researches of Dr. W. Dymock and to the commercial enterprise of Messrs. Corbyn, Stacey, and Co., the oil may now be obtained in this country in a perfectly pure state; and the great success that has attended its employment in many severe and obstinate cases of syphilis, scrofulous ulcers, and even leprosy, warrants our drawing the attention of the profession to it, and recommending a fair trial of it by all who have the opportunity of making one.

The plant which furnishes the oil is the *Gynocardia odorata* (Syn. *Chaulmoogra odorata;* natural order, *Pangiaceæ;* habit., India), and will be found fully described and illustrated in Bentley and Trimen's "Medicinal Plants." The Chaulmoogra is a large tree, whose fragrant flowers appear in April and May. The oil is obtained from the seeds, which are official in the Indian Pharmacopœia. When pure, the oil is clear, of a pale sherry colour, of a peculiar odour, and a specific gravity of 0·900. In contact with sulphuric acid, a pure sample gives a burnt sienna- and afterwards a rich olive-green colour, and without the formation of any tenacious reddish-brown resinous matter. With regard to its physiological action and uses, it is regarded as a powerful alterative and tonic, having, in the opinion of some, all the power of mercury as a curative agent without any deteriorating effect on the constitution. Scrofula and skin diseases, secondary syphilis, consumption, and leprosy are, as we have just said, the diseases in which it has been found most useful. Its curative properties are very striking in cases of scrofula in children, and it has also been beneficially employed in lupus, syphilitic rheumatism, and glandular swellings. The dose for adults is from 6 to 15 drops three times a day after meals. In skin diseases the oil should be also applied externally.

Medical News.

Royal Colleges of Physicians and Surgeons, Edinburgh.—*Double Qualification.*—The following gentlemen passed their first professional examination during the July and August sittings of the examiners:—Soloman Fernando, Ceylon; George Holt, ——; Powell Hudsmith, Bolton; Sarkies Carapiet Sarkies, Dacca, Bengal; Edward George Geoghegan, Dublin; Stephen Frederick Rowan, St. John, New Brunswick; John Minchin Whitaker, Dublin; John Frederick Arlidge, London; Richard Fowler, Dublin; George Skirving, Dublin; Richard Woodward Isbell, Herefordshire; Frederick William John Cox, Edinburgh; William George Kynaston Barnes, London; Wm. Cotton Cornwall, Ballygar; John Henry Lowry, county Down; Augustine William Sinclair, Edinburgh; Francis Edward Cane, Kilkenny; Arthur Nathaniel Davis, Newport, Mayo; Charles Armstrong, Tyrone; John Connal Wilson, Berwick-on-Tweed; Thomas Robert Horton, Melbourne; Reginald Latimer Wellington Greene, Antrim; Nathaniel Wheatcroft Holmes, Derbyshire; George Hill Healy, Dublin; Alexander Wallace, Ballymena; William Ring, Cork; William Clarkson Clarkson, Bradford; Owen Griffiths, Nevin; Charles John Mc'Farlane, county Tyrone; Jason Thomas Phillips, Carmarthenshire; James Alexander Mather, Fife; Thomas Bouser White, Sheffield.

And the following gentlemen passed their final examination, and were admitted L.R.C.P. Edinburgh, and L.R.C.S. Edinburgh:—Henry Charles Sloggett, Devonport; William Campbell, Caithness; Hubert Lindsay Miller, Tasmania; James Mackay, County Tyrone; William George Mawbey, Northampton; Robert Nesmith Paton, Manchester; Sarkies Carapiet Sarkies, Dacca, Bengal; John Francis Grayling, Sittingbourne; Henry Hugh Master, Norwich; James Thoburn M'Laren, Bedlington; Henry Croker Garde, county Cork; Solomon Fernando, Ceylon; John Lindsay, county Antrim; Patrick Francis Black, county Meath; Arthur Kyffin Crossfield, Carnarvonshire; John Brett Johnstone O'Meara, Dublin; John Farrar Roberts, Bangor; William Chalmers Cowan, Dundee; Harvey Robins, Portsmouth; James John Frederic Barnes, London; Duncan Simpson MacDonald, Glasgow; William Galbraith, Ayr; George Anthony O'Connor, Galway; William Cole Haime, Cornwall; Frederick Thomas Main, Blackburn; Jacob Hartman, Prussia; Henry Thomas Thomlinson, Coventry; James Arthur, Dundee; Henry Brewin Noble, Loughborough; Richardson Joseph Boustead, Wigton; Alfred Degardins, Calais; George Douglas Pidcock, Leicestershire; Peter Anderson, Perth; Walter Kent, Cheshire; John M'Cay, Canada; John M'Crimmon, Canada; John Purcell, county Clare; Peter M'Laren, Prince Edward Island; Wm. Clarkson Clarkson, Bradford; Ebenezer Richard Evans, Cardigan; John Joseph Wade, Galway; John de Burg Murray, Dublin; John James Steel, Millport; Albert Vaughan Williamson, Middlesbro'-on-Tees; Edward Parlane M'Farlane, Islay; John M'Arthur, Kenmore; Thomas Boyman Knight, Lincolnshire; William Cornfoot Philp, Kircaldy; Stephen Thomas Phillips, Bedfordshire.

Royal College of Surgeons, Edinburgh.—The following gentlemen passed their first professional examination during the July sittings of the examiners:—John Edward Hanson, Huddersfield; Frederick William Clifton, Derby; Robert Owen Jones, Carnarvonshire.

And the following gentlemen passed their final examination, and were admitted L.R.C.S. Edinburgh:—Kavasji Hormasji Mistri, Bombay; Edulji Manekji Damld, Bombay; John Cameron Dall, Bedlington; Mark Francis Ryan, county Galway; James Cossar Ewart, Penicuik; William Gillespie, Glasgow; James Herron, Glasgow.

NOTICES TO CORRESPONDENTS.

Owing to pressure on our space, several communications are unavoidably held over.

F. C. W.—Our correspondent will find all the information he requires in the last edition of Dr. Carpenter's "Principles of Human Physiology."

Caustic.—The conduct of which you complain is very unprofessional, but you could not have taken any other course than the one you adopted.

F.R.S.—You will find that the subject to which you drew our attention was fully noticed in our issue for June 5, 1878.

VACANCIES.

Dorking Union.—Medical Officer and Public Vaccinator. Salary, £95, with fees extra. Applications, with testimonials, to the Clerk on or before September 4.

Essex and Colchester Hospital.—House Surgeon and Apothecary. Sa-

IRISH POOR-LAW INTELLIGENCE.

THE ABUSE OF DISPENSARY MEDICAL RELIEF.

THE following important letter has been addressed by the Counell of the Irish Medical Association to the Local Government Board. It is, surely, not unreasonable to hope that the L.G.B. will see the necessity of enforcing its own regulations.

Irish Medical Association, Royal College of Surgeons,
Aug. 17th, 1878.

SIR,—The attention of the Council of the Irish Medical Association has been repeatedly directed to irregularities which are of frequent occurrence in the issue of tickets for dispensary medical relief, and which appear deserving of earnest consideration, inasmuch as they are productive of considerable loss to the ratepayers, and of great injustice to the dispensary medical officers.

In the "Directions for filling up Tickets," as set forth in the General Rules for the Government of Dispensary Districts, it is ordered that "the ticket and counterpart are both to be filled up by the person authorised to issue the ticket," and "care should be taken in the issue of tickets accordingly." And again: "Any further observation which the grantor of the ticket may desire to make for the information of the medical officer should be written," &c. Furthermore, it appears from the 7th section of the Medical Charities Act, that the privilege of issuing dispensary medical relief tickets is confided to guardians of the poor and members of the committee of management of the dispensary, who, possess a considerable property qualification, as well as to wardens and relieving officers, and those persons selected presumably as having a personal knowledge of the poor of the district, and as being trustworthy to exercise a firm discretion respecting the right of any individual to be considered a "poor person."

With a view to preventing imposture or abuse of the system, the Council of the Irish Medical Association submits that the deliberate intention of the law and of the Regulations pointed out, is that strict inquiry should be made as to the circumstances of each person seeking medical relief, and that the grantor of the ticket should be *himself* responsible to make such inquiry, and to issue tickets to none but "poor persons;" and evidently in order that the responsibility should be fixed upon the individual, it is ordered that the name, age, residence, and occupation, of the person to receive the relief shall be entered in the ticket by the hand of the grantor himself.

The Council is aware that, so far from the intention of the law or the requirements of the Regulations in this respect being universally complied with, it has become quite usual for a Guardian, Warden, or member of a Dispensary Committee to sign dispensary medical relief tickets *en bloc*, and to leave them so signed, to be issued by irresponsible persons who may or may or may not take the trouble of inquiring as to the circumstances of the persons for whom they are issued, and who are not instructed to refuse tickets in unsuitable cases; even to children and to shop assistants, who fill in the particulars required to be stated relative to the person who is to receive the relief and issue the ticket, without sufficient consideration or inquiry, and with little knowledge of his or her circumstances. Nay more, the Council have been assured that the privilege of granting medical relief has, in many instances, been made use of as an inducement to the working classes to deal at the shop kept by the Guardian, Warden, or Member of Committee, (as the case may be), the ticket being filled up by the shop assistant as a matter of course, and it being generally understood in the neighbourhood that customers of the shop have a special right to receive tickets, and are never refused.

It is hardly necessary that the Council should point to the effect of this promiscuous issue of dispensary medical relief tickets to persons who are not at all "poor" in the sense which the law contemplated, and who, in any other division of the kingdom, would not be recognised as entitled to receive medical charity. The Council believes that, were dispensary medical relief strictly confined to those who are really unable to pay for medical attendance, a very large proportion—probably one-third, or even more, in many districts—of those now attended at the expense of the ratepayers would not receive tickets, and not only the dispensary medical officers, but also the poor-rates would be proportionately relieved. It is also obviously a great hardship that, in consequence of the ambiguity of the words "poor person" contained in the Act—the frequency of the irregularity referred to—and the absence of any practicable means by which he may counteract the effect of such a system, the medical officer is compelled to attend many persons in independent circumstances, which, at the same time as it burthens him with improperly gratuitous labour, deprives him of his legitimate professional earnings.

I am directed by the Council to point out that the existing procedure for cancelling tickets affords the dispensary medical officer no practical protection from such abuse, and that he may be obliged to attend any case, however undeserving, to its termination, before an opportunity is afforded him of having the ticket cancelled.

And I am further to observe that the power of cancelling tickets is not as frequently exercised by the Dispensary Committee as it should be, and because even in the most flagrant instances of abuse of the system, the Committee hesitates, or fears to take that course, lest by so doing they should offend the issuer of the ticket, the abuse of medical relief is frequently allowed to pass unchecked; whilst, not unfrequently, after a ticket has been cancelled another is issued immediately for the same person, thus setting at nought the terms of section 9 of the "Medical Charities Act," with regard to cancelled tickets, that the holders thereof are disentitled to further relief.

And, I am furthermored directed to express the opinion of the Council that it is inexpedient and unjust that the dispensary medical officer should be under obligation to attend upon a ticket, the issue of which has been declared to be irregular and improper, and an abuse of the powers of those authorised to issue tickets. In view of these circumstances, the Council trusts that the Local Government Board will take steps to ensure that its own Regulations upon this subject shall be carried strictly into effect; and that if it be considered essential that the medical officer shall act upon tickets irregularly filled, the Board will, at least, adopt all possible means to prevent such irregularity, and will, with this object, again call the attention of those who are charged with the issue of tickets to the words of the Regulations, and express

officially a decided opinion as to the impropriety of the course to which attention is now called.

I am, Sir, yours &c.,

JOHN WILLIAM MOORE, M.D.,

Hon. Sec, to the Council of the Irish Med. Assoc.

To the Secretary of the Local Government Board for Ireland.

ABSTRACT OF THE ANNUAL REPORT OF THE LOCAL GOVERNMENT BOARD FOR IRELAND.

Local Government Board, Dublin, 30th March, 1878.

MAY IT PLEASE YOUR GRACE,—We, the Local Government Board for Ireland, submit to your Grace this our Sixth Annual Report under the statute 35 and 36 Vic., cap. 69, entitled "The Local Government Board (Ireland) Act, 1872."

The following tables represent in figures the maximum, minimum, and average daily numbers for the whole series of seven years :—

IRISH POOR-LAW RELIEF.—MAXIMUM, MINIMUM, AND AVERAGE NUMBERS RELIEVED PER ANNUM.

RELIEF IN WORKHOUSE.

	Maximum Numbers.	Date.	Minimum Numbers.	Date.	Average daily Number.
1871-72	51,927	25 February, 1871	39,606	26 August, 1871	45,338
1872-73	54,125	8 February, 1873	39,464	31 August, 1872	45,753
1873-74	52,954	1 March, 1873	40,924	6 Sept'mber, 1873	46,673
1874-75	52,110	28 February, 1874	42,283	29 August, 1874	47,113
1875-76	51,599	27 February, 1875	39,908	28 August, 1875	44,800
1876-77	48,459	11 March, 1876	38,789	26 August, 1876	43,235
1877-78	51,720	2 February, 1878	40,179	1 Sept'mber, 1877	44,676

OUT-DOOR RELIEF.

	Maximum Numbers.	Date.	Minimum Numbers.	Date.	Average daily Number.
1871-72	28,490	17 February, 1872	22,665	7 October, 1871	22,552
1872-73	32,936	15 February, 1873	24,527	5 October, 1872	27,509
1873-74	33,710	1 March, 1873	26,733	4 October, 1873	30,176
1874-75	32,935	21 March, 1874	26,739	10 October, 1874	30,319
1875-76	33,151	20 March, 1875	26,957	18 Sept'mber, 1875	30,246
1876-77	33,976	25 March, 1876	29,076	7 October, 1876	31,600
1877-78	37,103	9 February, 1878	30,963	6 October, 1877	33,547

In our Annual Reports dated 1876 and 1877 respectively, we noticed a decrease in the average daily number of workhouse inmates for two years in succession.

In the present Report we are called on to report a change in the other direction, the average daily number being 1,441 more than in the preceding year. The comparison shown by the latest weekly return with the return at the corresponding period of last year is still more adverse, being in excess thereof by 4,277, the difference between 47,425 inmates in 1877 and 51,702 in 1878.

The out-door relief lists at the same periods show an average daily number of 33,547, in comparison with 31,600 in the previous year, and on the latest return an increase of 3,210 over the number in the corresponding return of last year. This fluctuation in the number of persons relieved by admission to the workhouse or otherwise, is perhaps no more than might have been expected from the indifferent harvest of 1877, and the inclemency and wetness of the subsequent season. Since the com-

FINANCIAL STATISTICS OF YEAR ENDED 29TH SEPTEMBER, 1877.

Year ended 29th September	Net Annual Value.	Poor Rate lodged.	Poor Relief Expenditure during the Year.							Numbers relieved.			
			In Maintenance and Clothing.	Out-door Relief.	Cost of Relief in Blind and Deaf and Dumb Asylums and Extern Hospitals.	Salaries and Rations of Officers.	All other Expenses.	Total.	In Workhouse.	Out-door.	In Blind and Deaf and Dumb Asylums.	Total
	£	£	£	£	£	£	£	£				
1877	13,540,515	877,432	405,755	102,227	10,035	129,644	132,665	780,326	199,083	67,237	711	267,031
1876	13,512,652	938,618	399,097	97,403	8,840	128,723	129,092	763,155	183,321	66,116	658	250,095
Increase ...	27,863	—	6,658	4,824	1,195	921	3,573	17,171	15,762	1,121	53	16,936
Decrease ...	—	61,186	—	—	—	—	—	—	—	—	—	—

mencement of the present improved spring weather the increase of the weekly admissions to the workouse has been arrested, and the gradual decrease of number usually commencing at the end of February in each year has set in as heretofore.

On the last Saturday of February the total number of persons receiving relief out of the workhouse under the 1st section has increased from 32,429 to 35,535, a difference of 3,106, including an increase of 1,169 in the class of "permanently disabled," of 1,131 in the class of "widows with two or more legitimate children," and of 806 in the class of "persons disabled by severe sickness or serious accident."

The total number of deaths in the workhouses in the fifty-two weeks comprised in the table has been 11,190. In the corresponding table in the last Annual Report the total number of deaths was 10,129 ; so that there has been an increase of 1,061 deaths, as compared with the number last year.

Deaths by fever were 617, as against 612 ; by lung disease, 1,850, as against 1,633 ; and deaths by small-pox, 12, as against 2 in last year.

It will be observed from the table of admissions to workhouses, that an increase of 3,589 has taken place in the total number admitted in sickness during the year ; an increase of 13,165 in the number admitted who were not sick ; an increase of 364 in the number suffering from fever and other dangerous contagious diseases, and an increase of 16,754 in the total number relieved.

We deal in the first place with that part of the Union expenditure which relates exclusively to the relief of the poor, of which the following table affords an abstract for all Ireland, for the year ended 29th September, 1877, in comparison with that for the year which ended on the same date in 1876.

From the above table it will be seen that there has been an increase of £6,658 in "in-maintenance and clothing," an increase of £4,824 in "out-door relief," of £1,195 in cost of "deaf, dumb, and blind," £921 in "salaries and rations of officers," and of £3,573 in "all other expenses," making a total increase of £17,171. The increase in the total number relieved has been 16,936.

Treasury Subsidies.

The following is a statement of the Parliamentary grant for medical and educational purposes, and for salaries under the "Public Health (Ireland) Act, 1874," for the year ended 25th March, 1877 :—

	Amount allowed for the Year. £ s. d.
Medical purposes	69,773 15 6
Educational purposes ...	9,072 19 3
Total for Medical and Educational purposes	78,846 14 9
For Salaries under Public Health Act	13,347 18 2
Total	92,194 12 11

The total amount allowed under the Parliamentary grant for medical and educational purposes for the year ended 25th March, 1877, namely, £78,846 14s. 9d., is £345 0s. 7d. more than the amount for the previous year.

The amount for salaries under Public Health (Ireland) Act, namely, £13,347 18s. 2d., is £1,180 17s. 3d. more than for the previous year.

Expenditure for all Purposes for Twenty-one Years Past.

While the total expenditure of poor rates for all purposes, viz., relief, medical relief, burial grounds, registration of births, deaths and marriages, sanitary measures, expenses under Superannuation Act, payments under Cattle Disease Acts, and under National School Teacher's Act, was, in 1876, £1,045,505, making a poundage of 1s. 6½d. on the valuation ; in 1877 the expenditure for those purposes was £1,030,798, thus showing a decrease in the total expenditure of £14,707. There is, however, an increase on the total poor relief expenditure for the year 1877 of £17,171, but this is more than counter-balanced in the total expenditure, by a net decrease in the other items of expenditure, amounting to £31,878, leaving the actual decrease on the total expenditure for the year £14,707, as above stated.

The current sanitary expenditure for the year was £44,870, in comparison with £39,676 in the previous year.

(*To be continued,*)

BALLINA FEVER HOSPITAL.

Dr. Nolan complained that the pauper nurses cannot be depended on to give the liquor, which I consider absolutely necessary. The hospital nurse could go over to the fever hospital twice in the day, and see the liquor administered herself. One of the patients has to get 6 oz. brandy, and if he does not get it he will probably die.

Mr. Thompson—The stimulants are administered to produce a certain effect. Is there an increase of fever in the country ?

Dr. Nolan—There is, most of which I attribute to the cheap bad meat sold in Ballina.

Ordered that the hospital nurse be directed to attend to the patients referred to in the doctor's report.

ELECTION OF A CORONER FOR THE CO. MONAGHAN.

The Under Sheriff for Monaghan attended in the Court-house, to conduct an election of a coroner for the northern division of the county.

Edward Richardson, Esq., J.P., D.L., proposed Robert Hamilton Reid, Esq., M.D., as a fit and proper person to fill the office of coroner.

Dr. Reid having complied with the requirements of the Act, by producing his qualifications and lodging the expenses of the election, was declared by the Sheriff duly elected, no other candidate having been proposed.

Dr. Reid thanked the electors in very happy terms for the confidence they had reposed in him, and assured them he would discharge the duties to the best of his ability, in obedience to the law, and to the benefit of the country, and having taken the oaths to that effect, the proceedings terminated.

MOUNTMELLICK UNION.

THE CLONASLEE DISPENSARY DISTRICT.

Mr. Cobbe adverting to the resolution passed last board day, to pay Dr. Rice two guineas a week for discharging Dr. Neale's duties, suggested that it would be well to reconsider that decision. If a man received an injury in the discharge of his duty, undoubtedly it would be only fair to pay his locum tenens, but if the contrary were the case—if they were able to prove that the accident did not occur to the officer in the discharge of his duty, and further, that it did not occur even within his district, he did not see why the ratepayers should be called upon to pay his substitute. He then proposed the following resolution :—

"That, inasmuch as it appears that the injuries which Dr. Neale is reported to have received, did not occur in the discharge of his duty, or even within his district, resolved, that we consider the said doctor should pay his locum tenens, and we hereby cancel the order made this day week for his payment."

If he had known as much of the case last week as he did now, he would not have been a party to passing a resolution to pay Dr. Neale's substi tu e.

Mr. Cobbe—It is contrary to all precedent to pay hi

substitute. I defy Mr. Millner to show me any case on the records analogous to it.

The meeting then divided, when there appeared for rescinding the resolution of last week, 6 ; against, 3.

ATHY FEVER HOSPITAL.

THE following letter was read from Dr. O'Neill :—

To the Board of Guardians.
Board room, Athy Union,
August 7th, 1878.

Gentlemen,—After close observation of the working of your staff in the Fever Hospital, I have come to the conclusion that it is a perfect failure ; and if you do not take prompt steps to improve it, I think you would be doing your duty towards the public if you informed them by advertisement that you do not wish them to take advantage of the institution at all—in fact that it would not be safe for them to do so. Very few people, except members of the medical profession, can be had to work for nothing, or very little more, and unless you take my advice regarding the salaries of matron and nurses you cannot hope to have the place better than it now is—a mere mockery and a snare.—Your obedient servant,

P. L. O'NEILL.

Chairman—Now, gentlemen, that is a letter requiring your most careful consideration. It appears to me to be a most extraordinary production. If the hospital is a mockery and a snare, why have we not been informed of it before now ? Has there ever been a report on the subject ? If the doctor considered he had not sufficient nurses in the hospital, I could quite understand his writing to us, and stating so, but to write a letter of that nature appears to me as most extraordinary.

Mr. Dunne—I quite agree with you. It is the most extraordinary letter I have ever seen from a professional man. If the doctor considers he is inadequately paid the remedy is in his own hands.

Chairman—I consider it a most uncalled for thing for an officer of this board to recommend us to advertise our hospital to the public as a delusion and a snare. It is also a most uncalled for thing for one officer to recommend the raising of another officer's salary. It is quite competent for any officer who considers he or she is insufficiently remunerated to apply to this board for redress.

Mr. Dunne—Has the doctor been refused anything he asked for ?

Chairman—On the contrary we have complied with his wishes so far that we have a higher average cost for our hospital necessaries than any of the neighbouring unions.

Mr. Byrne—It was reported here that a nurse was wanted, and I understand we advertised for one at a salary of £12 a year, and received no replies. Under the exceptional circumstances that exist at present, I would recommend we offer £15 a year.

Mr. Dunne—But it is not clear from the doctor's letter what he wants. Is it not customary for him to attend the meetings of this board ?

After a desultory conversation, the subject was brought to a close by the clerk being directed to issue advertisements for a nurse for the Fever Hospital at £15 per annum and rations.

BALLICKMOYLER DISPENSARY.

A MEETING of the committee was hold last week for the purpose of electing a successor to Dr. F. V. M'Dowell, who has been recently appointed medical officer of Baltinglass dispensary. There were three candidates for the vacant medical officership—namely, Dr. Oulton, who has been in temporary charge of the district ; Dr. Battersby, Dublin ; and Dr. Smith, of Ferns, who did did not go to the poll. For Dr. Oulton there voted 15 ; for Dr. Battersby, 3.

CORRESPONDENCE.

THE PERMISSIVE SUPERANNUATION ACT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following may serve as a specimen of the working of the Permissive Superannuation Act, which might, without any great strain of imagination, be called "The Flunkey's Act." Mr. P. (Guardian of —— Union), meeting Mr. G. (Guardian of same Union): "Good morrow Mr. G., Fine day," &c. "How were sheep at the fair of ——," &c. "You were'nt at the Board on Wednesday. I was, and I tell ye, we supported ould Dr. S. well for his pension—Shupernuashin they call it. I stuck to him, and mean to do it, through thick and thin, and good right I have, for did'nt he cure my son of a bad fever that lasted three weeks ; visited him a'most every day, and sometimes twicet a day, and gave him the best of physic, and charged nothing at all ; besides, he has attended my family for the last seven years, not a penny iver he charged, *or got*, except a couple of loads of hay, and now and then a sack of pitaties. He's a good soul, that he is."—Mr. G. (*loquitur*) : "Well P., no doubt Dr. S. has been kind to you ; and as the saying is, '*one good turn deserves another*,' I'll support him too, as he has been equally civil to me ; and more, he says as long as he is in the country, and because I always stick to him, not a penny he'll charge for physic, or anything he can do for myself or family ; and if he doesn't charge, how is he to live ? 'Live, and let live,' is my motto. '*Do for him as does for you.*' There's Tim Brogan, because his wife died, he laid a complaint against the doctor, for not going to see her at oncet, on a red ticket, when he had to come to see my Katty, who had a sore head. What d'ye say Tim's wife died of ? Some swelling in the groin—stranglate hernye, they call it—and they said, if the doctor had been a day sooner, the woman would have lived. No ! the doctor says she couldn't have lived in any case ; and he should know best. That same Tim is getting 2s. 6d. a day for mowing—but spends it all, and won't have a halfpenny to rub again another, when the season's over. Save nothing, and then go on the rates, when the pinch comes." —Mr. P. (*loquitur*) : "At any rate, Tim's complaint did him no good, and the doctor no harm. Dr. S. is a favourite with Lord Plentiful and Mr. A. ; and they rule the committee, and so the matter was smoothed over, and went no further. If it had been Dr. M., I'm thinking, he wouldn't have got off so easy. Would have had a sworn investigation, and who know's what would be the end of it ? might have been dismissed—as he's no favourite."

If the above be accepted, you may get more soon from,

Yours, &c.,
ASPER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Would any of your readers kindly state through your columns if they have ever heard of any part of a country where hounds could not follow the scent of a hare, or to use the huntsman's term, "*the scent does not lie*," and if they could trace any connection between such a locality and severe hay asthma and catarrh. Although there are few flowers in bloom so early in the spring when the hounds are out, much less in winter, may there not be some herb which irritates the mucous membrane of the nose of the hound ? I believe I can connect such a case with a locality.

I would also like to ask if it can be considered necessary medical attendance to attend the wives of the constabulary force in cases of NATURAL LABOUR, when a qualified midwife, where such can be readily procured, would be sufficient. If members of the force wish medical men to attend in cases of natural labour instead of a nurse, I am of opinion they could well afford to pay for same, and that a medical officer might refuse to attend unless in unnatural cases.

It would also be a great boon if there was a rule that they should seek advice by ten o'clock in the morning (*unless in accidents or urgent cases*), which rule many committees make in regard to red tickets, as it is most inconvenient to have them coming in the evening or almost at night ; in fact, it would be often impossible properly to discharge dispensary duties without such a rule.

Yours,
A MEDICAL OFFICER.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 28, 1878.

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LECTURE I.—(*Continued*).

(*Continued from page* 139.)

In the accompanying drawing (Fig. 2) the range of the normal antero-posterior motion of the uterus is represented. The dotted outline *a*, *a'* shows the normal position of the uterus. The two figures *b*, *b'* and *c*, *c'* represent the position of the uterus when moved forwards or backwards within the range which has been above indicated. The body of the uterus has a greater play than the cervix. It is assumed that movement of the uterus forwards or backwards is attended with two other changes, which are represented also in the drawing—one is a slight descent of the uterus as a whole, the other is a very slight bend of the organ. The cervix moves, probably, forwards or backwards much less than the body of the uterus, and this difference is represented in the drawing. The axis of rotation is placed at the internal os uteri.

It seems to be certain that, if the uterus were not a comparatively rigid organ, the extent to which the fundus might be inclined backwards or forwards, in obedience to the action of forces applied from above, would be considerable. The bladder is, in some degree—when full, at least—a protection against anterior displacement; but against posterior displacement there is less security, unless it be the slight natural inclination of the uterus forwards. This comparatively unprotected condition of the fundus uteri appears to be necessary in view of the physiological enlargement of the body of the uterus which must necessarily occur during pregnancy. Firm attachments of the summit of the fundus would necessarily interfere with the expansion and enlargement involved in the progress of pregnancy.

The chief protection which the uterus appears to have against forces tending to incline the fundus unduly forwards and backwards is the resistance offered by its own tissues. In a state of health the unimpregnated uterus has considerable firmness and solidity. Its tissues resist section by the knife, and the walls are of considerable thickness, even at its central part, where the walls are thinnest. When the tissues of the uterus are in a sound state, and the nutrition of its various parts duly maintained, the firm walls of the organ offer an elastic, strong, spring-like resistance to any force tending to induce a strong inclination forwards or backwards; and when the force applied is sufficient to produce a notable effect in displacing the fundus, the uterus thus possesses in itself a power of righting itself.

The uterus is composed, as is well known, of a fibro-muscular material, having considerable firmness of texture. Its walls are of considerable thickness; although at about the centre of the organ they are somewhat thinner than elsewhere, the difference is not remarkable. The cavity of the uterus is small in proportion to the thickness of the walls (of course this description applies to the uterus prior to the occurrence of pregnancy alone); and hence the uterus is virtually a solid organ, having below a narrow canal, and above a flattened compressed cavity. The thickness of the uterine walls is, in fact, such that, coupled with the firm resisting structure of which they are composed, the organ in a state of health resists any attempt to bend it, and so alter its shape, in a very decided manner. This construction of the uterus it is which imparts to it a solidity and power of maintaining its shape which are highly important to it. In speaking of the attachments of the uterus, mention was made of the comparative freedom which the body of the uterus enjoys, due to the absence of ligaments superiorly, and the absence of such ligaments is to a great extent made up by the firm resisting thick walls which the uterus possesses, and which aid it materially in preserving its shape under adverse circumstances.

The vascular apparatus of the uterus has an important share also in contributing to the preservation of its shape. The vessels are numerous, the cavities of the uterus, or

sinuses as they are termed, and which are parts of the vascular system of the organ, are of considerable capacity, and when the circulation is proceeding healthily and regularly, the tension of the full blood-vessels will contribute to the firmness of the organ as a whole, and consequently to the preservation of its natural form and shape. In fact, by some authorities the uterus is regarded as a partly erectile organ.

What actually happens when a strong force is applied to the fundus from above, is that the fundus first gives way, next the uterus is a little bent at its middle. Next follows a certain degree of version of the uterus as a whole, the cervical part of the organ taking the opposite direction to the fundus. Coupled with these alterations there is in most cases a certain degree of depression of the uterus as a whole in the cavity of the pelvis. In the end the action of the force is or may be such as to produce descent of the uterus, version, and a certain amount of flexion. From all these effects, however, the uterus may, if in a state of health at the time, and if the force has not exceeded a certain point, recover, and resume its natural shape and position. But for the power of so recovering itself it is for the most part, I believe, dependent on the elastic firm resistance of its own tissues.

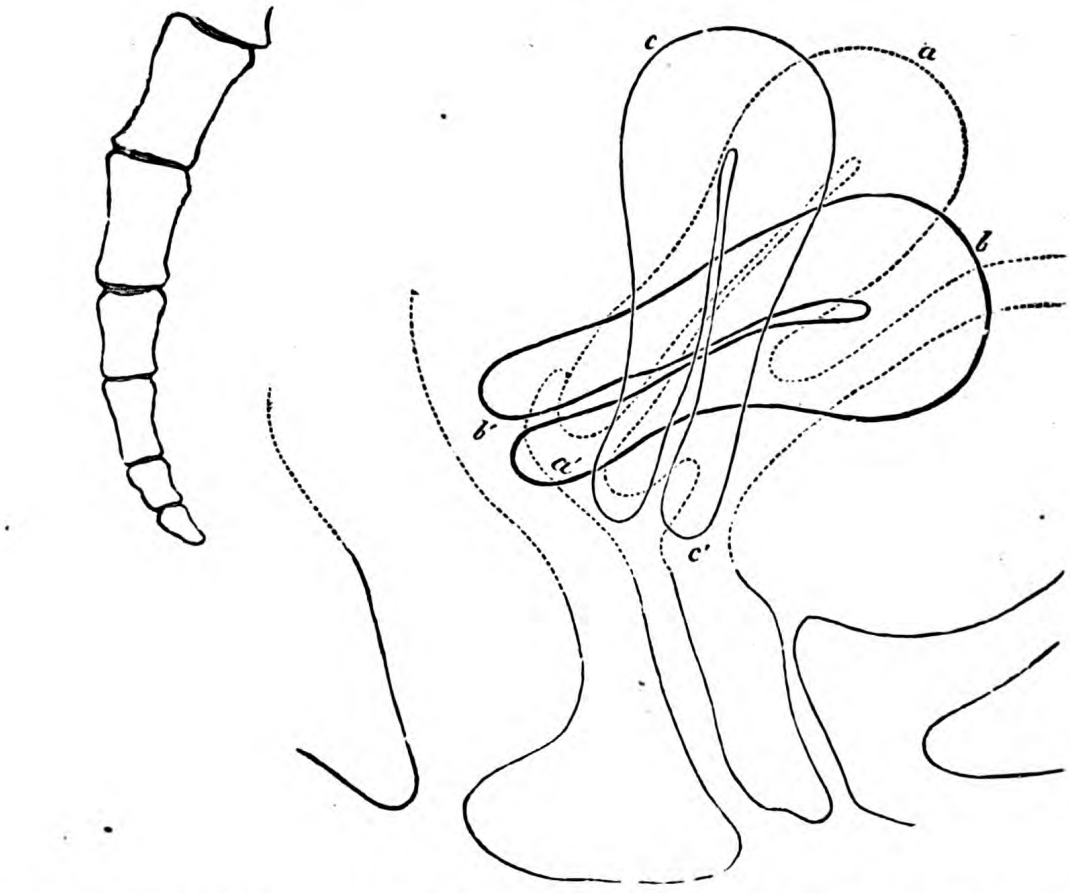
As regards descent of the uterus as a whole in the pelvis, there are certain points requiring notice. Descent of the uterus in a state of health is limited ; and uncomplicated descent of the uterus—that is to say, unaccompanied with anterior or posterior displacement—is rare. At least, this statement holds good so long as no part of the uterus passes downwards beyond the vulva. External prolapse of the uterus, or procidentia, has been known to occur suddenly, and in cases where no previous dislocation of the uterus had occurred. The force required to effect such a change must be very considerable, and the respective share which the various attachments of the uterus have in preventing such an accident, has been made the subject of an interesting experimental investigation by Dr. Henry Savage.

The early history of chronic cases of complete prolapse is not seldom obscure, but it seems very probable that in very few does the uterus come down from the first with its long axis in the proper direction.

A further element to be considered in estimating the effect of a downward acting force on the uterus is the condition of the perineum. That the bladder in part acts as preventive of the occurrence of anteversion is undoubted ; but the bladder itself requires support, and if the floor of the bladder be not properly sustained by the perineum, it may give way. Thus we may have, as a natural sequence—1, rupture of the perineum ; 2, anteversion ; 3, cystocele ; 4, exaggeration of the anteversion or flexion ; and later on there may be 5, external prolapse. The deficiency of the perineum may likewise induce exaggeration of an existing retroversion or flexion which may finally end in complete prolapsus of the uterus.

I have said nothing in reference to lateral movement of the uterus. The lateral movement is, naturally, very slight, the uterus being comparatively well fixed by the broad ligaments as well as by the general connections of the uterus, its vessels, &c., which enter it on its lateral aspects.

FIG. 2.



F . 2 exhibits in outline what may be termed the normal range of antero-posterior motion, or the reverse, of the uterus. *a a'* the normal position, *b b'* the extent of anterior motion, *c c'* that of posterior motion.

The possible alterations in the position and shape of the uterus induced by action of external forces are :—

1. Slight version anterior or posterior.
2. Slight descent of the whole uterus.
3. Considerable version, generally associated with flexion.
4. Considerable descent of the uterus as a whole in the pelvis.

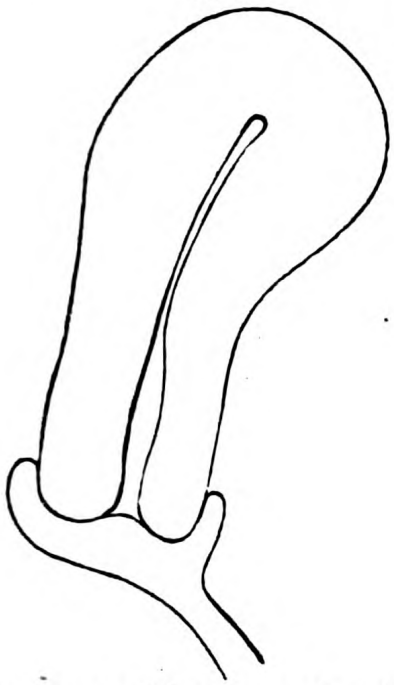
In practice we find the above more or less combined in different cases.

Varieties of Flexions.

The accompanying drawings represent the principal varieties of uterine flexions, and they may be taken as typical varieties. The distinction between first, second, and third degrees is of course a purely arbitrary one; but some such distinction renders description more readily intelligible.

Fig. 3 represents the outline of the normal virgin

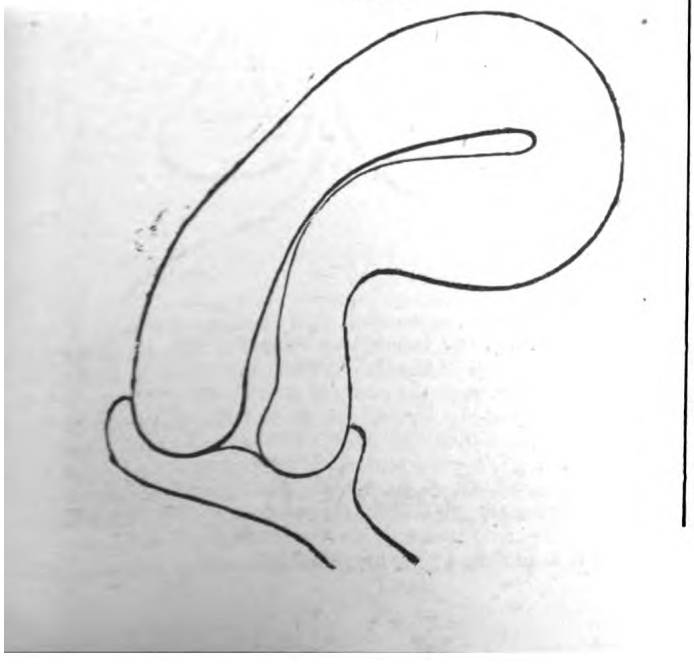
Fig. 3.



uterus, the thickness of the uterine walls and the size of the uterine canal being that usually met with when the organ is in a sound state.

Fig. 4 depicts what may be termed the first stage of

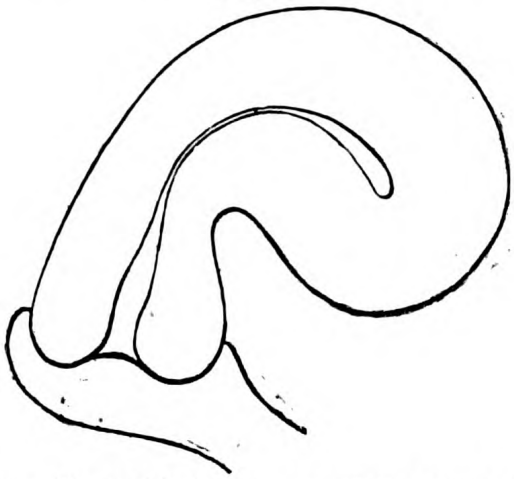
Fig. 4.



anteflexion associated with a slight degree of anteversion. The uterine canal is shown to be somewhat narrowed at and near the position of the internal os uteri by the bend in the organ, the anterior and posterior walls of the canal being thereby brought nearer together. A further change from the normal condition is the slight diminution in the thickness of the anterior wall on the concave side of the flexion. This latter change is not always present, for the uterine wall is, in some rare instances, actually thickened by a bulging forwards of the compressed tissues of the uterus at this situation.

Fig. 5 exhibits a second stage of anteflexion of the

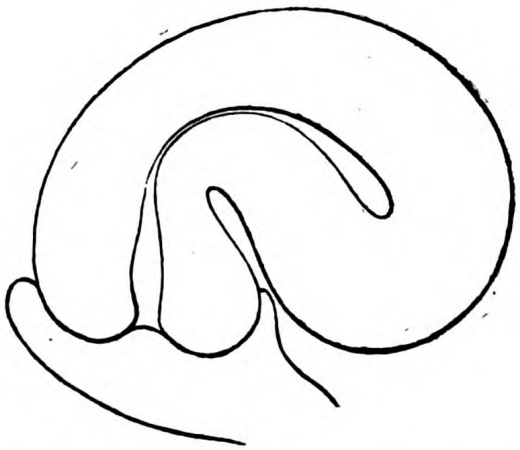
Fig. 5.



uterus. The canal is here more decidedly contracted by the flexion; the anterior uterine wall is also more compressed and thinner. The lips of the os uteri externum are shown to be thicker than usual, owing to the tumefaction of this part of the uterus usually associated with flexion. The aperture of the external os uteri is shown to be more gaping than usual. Such a condition would be generally associated with much congestion and swelling of the body of the uterus also, with, in fact, considerable thickening of the uterine walls superiorly.

Fig. 6 shows an extreme or third stage of anteflexion,

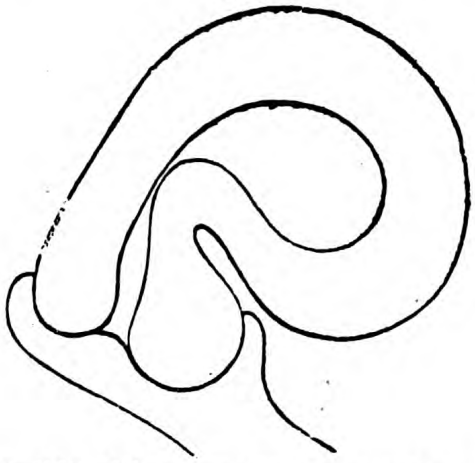
Fig. 6.



the organ being represented as doubled upon itself. The lips of the os uteri are much increased in thickness and its aperture gaping, while the uterine canal at its middle third is exceedingly contracted, and the opposite walls almost touching. They actually do touch, the passage being thus more or less virtually closed under such circumstances. On the concave side of the flexion the uterine wall is very thin. It may become even thinner than this in some cases. The body of the uterus is increased in thickness and size.

Fig. 7 exhibits a severe or third stage of anteflexion associated with considerable distension of the cavity of the body of the uterus. The internal os is very narrow, offering thus an obstacle to escape of uterine contents.

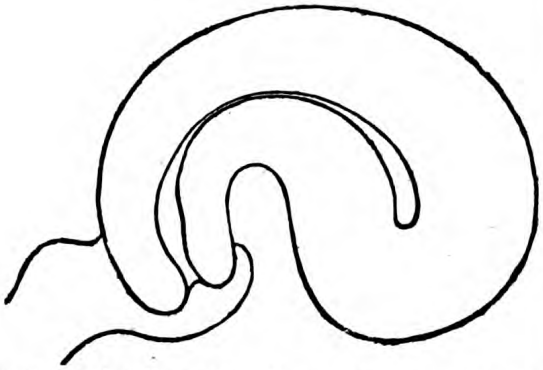
Fig. 7.



The condition of the uterus here shown is such as exists during menstruation in many cases, and which may persist after the period is over. It is also such a condition as may be met with after abortion in cases where abortion has occurred from anteflexion of the uterus.

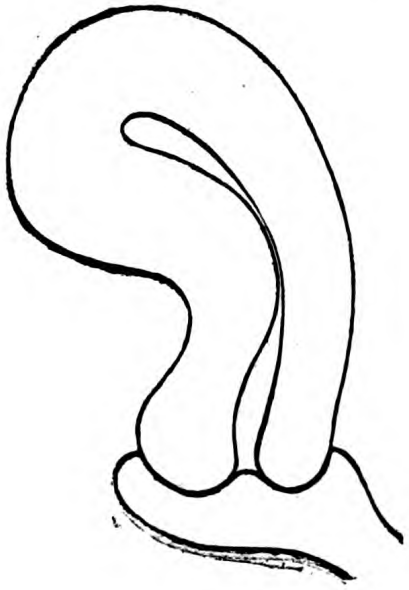
Fig. 8 is a remarkable variety of anteflexion of the

Fig. 8.



uterus occasionally witnessed, consisting in acute anteflexion combined with retroversion of the uterus. The first condition in these cases is anteflexion, which be-

Fig. 9.

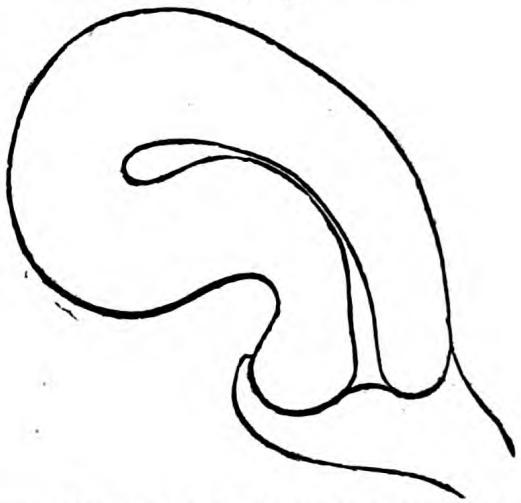


comes acute and perhaps chronic; but subsequently, in consequence of further stress of some kind being put on the uterus, the organ rotates backwards on its central axis and falls into the position here shown. Such cases constitute a class of flexion very troublesome and difficult to cure.

In fig. 9 the uterus is shown in a condition which may be termed the first stage of retroflexion. It is analogous to the first stage of anteflexion, but the fundus is here inclined backwards. The posterior lip of the os uteri is here shown to be swollen and tumid, as is usually the case in instances of retroflexion of the uterus. The uterine canal is here also seen to be narrowed by the existence of the flexion, and to a certain extent occluded.

Fig. 10 shows the second stage of retroflexion of the

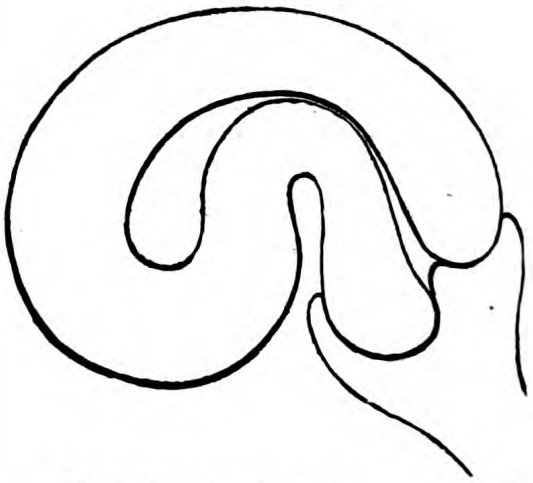
Fig. 10.



uterus. The body of the uterus is heavier, and its walls thicker than normal. There is considerable congestion of all parts of the uterus, both fundus and cervix being larger than usual. The os uteri externum is widely open and the lining of the cervical canal partly everted.

Fig. 11 exhibits the third stage of retroflexion of the

Fig. 11.



uterus with much contraction and compression of the canal at and near the internal os uteri. There is a very dependent position of the fundus uteri; there is also considerable distension of the cavity of the body of the uterus, much swelling of the lips of the os uteri, especially the posterior lip, and much eversion of the cervical canal at the os uteri. This enlargement of the posterior lip of the os uteri is an almost constant accompaniment of the acute stage of severe retroflexion of the uterus. The thickness of the posterior uterine wall on the concave side of the flexion is diminished; the degree of thinning varies much

in different cases. The cavity of the uterus may be, and frequently is, very much more distended and enlarged than is shown in the accompanying figure.

It would be very easy to multiply these illustrations, for each case presents its own peculiarity. Thus, the degree of version is not always in the precise proportion to the flexion represented in the foregoing figures. Again the thickness of the uterine walls varies much in different cases.

(To be continued.)

THE AVOIDANCE OF PAIN. (a)

By GEORGE W. CALLENDER, F.R.S.,
Surgeon to St. Bartholomew's Hospital.

I KNOW of no alloy to the satisfaction a surgeon must feel in being allowed by your favour to preside over this section. His first words should give expression to his thanks for the honour which has been conferred upon him. Such words are mine.

Beyond this, however, it is his privilege to speak to you on the subject which interests us so deeply—the science and the art of surgery. In the age to which this Association has flourished, your President has an advantage over his earlier predecessors in that he can look back upon the work which has been done in connection with this section, and can reckon up many important advances in our knowledge of surgery which have been first made public under the auspices of the Association.

I prefer, for myself, to look forward, and to endeavour, with your permission, to try to interest you in a subject for which you must forgive me if I seem to be in any way too earnest in my pleading, for I do feel respecting it most anxious that it should commend itself to your favourable consideration. From the wideness of its relations, it is, I think, a fitting one to be spoken to by your President, who should, I conceive, always endeavour to put before you matters of broad interest and of general professional concern.

Whilst engaged in the study of the treatment of wounds, one could not but be attracted to many side considerations. To one of these it is that I venture to ask your attention, and in doing so I preface my remarks by this statement.

An operation or an accident wound can be so treated that the patient from first to last shall be free from pain; and in the treatment of many other troubles, a great deal of pain may be avoided by forethought and care on the part of the surgeon.

Next to insuring the life-safety of our patients (and I think we may assert that the mortality after injuries and after operations is not a tithe of what it was, even in comparatively recent years), surely it is something to endeavour to attain to, that we may promise a patient, who can under an anæsthetic pass without suffering through an operation, that he may be sure of convalescing without an ache or a pain from the handling and dressing of his wound, and to feel confident that our promise will be borne out.

Now, what are the causes of pain? Why do patients make the varied complaints which we group together as those of pain? How various are those complaints? I often ask the sick to describe to me the sort of pain from which they are suffering. If we except certain odd and only occasional replies, I find that they adhere to the descriptions which from childhood they have been taught to associate with pain. There is tenderness to the touch, there is the sense of throbbing and of shooting or of darting, and there are dull aching pains, or there are pains likened to some chance experience of the past, a revival of some old association—the pain is like that which attended a cut, or a burn, or the rubbing of a blistered surface.

But it is not pain alone, that is, in the ordinary acceptation of the word, with which we have to deal, and it is not the patient's description of his kind of pain which is of importance. It is the cause of his discomfort, or of his pain, to which attention must be directed if we are to learn how to prevent them by obviating the conditions out of which such troubles arise.

I say it is not pain alone. There are various sensations, not strictly of a painful nature, and yet causing restlessness, and hence causing pain. Such are the impressions after an amputation, which make the patient fancy that the hand or the foot cut off still remains part of his body, or still needs to be steadied by muscular action. As he dwells upon the sensation, or as the muscles assume their accustomed vigilance, the muscles which lie in the wound, and with which foot or hand movements are usually made, are apt to fidget and grow irritable; then they cramp or jerk, and prevent rest, and so interfere with the process of repair. But this local condition begets general restlessness, and this is added to the muscular trouble, which latter may induce what is termed jumping of the parts concerned in the wound, especially when the patient is falling off to sleep, so violent may be the muscular contractions and loosenings.

This trouble arises from education, and from oversight in the treatment of a wound.

From education if, for some time prior to the amputation the muscles have been trained to keep a joint, such as the knee or ankle, in a state of rest. During such training the muscles relax from the state of contraction when sleep begins, and then follows that jerking of the limb, causing pain in the jarred joint, and so arousing from sleep, which is so well known to surgeons as one of the distressing symptoms attending joint-diseases. It may be obviated by the use of weights so applied as to steady, under slight extension, the affected part irrespective of muscular action. If it have not been so obviated, the training to which the muscles have been subjected will live in the stump, and the result will be that the muscular relaxation at the oncoming of sleep will shake the wound, and cause severe pain, unless, indeed, the stump have been so supported as to rest easily and equally in its bearings, and free to swing with the chance movements of the body.

In cases in which this trouble, the starting of a limb, has been strongly marked before an operation, as it often is, more especially with disease of the knee-joint, I recommend that the nerves exposed on the face of the stump should be stretched so as to numb, and, for a time, to quiet, the muscles supplied by them, or by nerves in association with them through a common plexus of origin; and if, in addition, the stump be properly secured and swung, the pain and unrest which might otherwise have followed the operation from the starting of muscles will be effectually prevented.

From some oversight in the treatment of the wound. There is an essay by an old French surgeon, M. Pouteau, in which he treats of the dislocations of muscles, and the discomfort and restlessness caused by their being displaced from their natural relations. Now, for the comfort of a patient, we should always be sure that the parts of a wound are, so far as may be possible, in their natural positions; for instance, that the relations of tendons are normal, or, taking the face of a stump as an illustration, we should be certain, before the wound is closed, that the several muscles and tendons, in the thigh or forearm for example, are in their proper relations one to another. If they be not, if they be dislocated, they will lie in unrest, and the patient will feel the discomfort due to their displacement. The discomfort may not be great, but it is one the cause of which is easily avoided. If, again, muscles have been long fixed in one position, and if an operation have to be performed, if possible (it may not always be feasible) we should place the parts so that they may rest after the operation with the muscles in the position to which they have been tutored. If we do not, the muscles, with cramp, or in trembling, will show how ill they bear their altered relations, and again a sense of

(a) An Address delivered in the Section of Surgery at Bath.

pain and discomfort is established ; and to this I may add that, when we can, it is as well, before operating, to train parts for a position which may be needed after an operation ; not only do we thus accustom the patient to an unusual and perhaps irksome position, but we may learn that certain positions are individually unbearable, and we have then to devise others in their stead. We cannot have a better illustration of the good of this training than in an instance to which I have often referred, the making a child wear some bands of strapping over the lip and cheeks before operating for a hare-lip. He does not resist and fret over the dressings which are needed after the operation, having been broken in to their use. It is a rule with me never to saw through a knee-joint for genu valgum, to amputate a limb, or, in a word, to perform any operation which involves subsequent confinement by splints or an unusual position without, whenever it is practicable, training the patient as suggested, in order to accustom him to the restraints.

When practicable, a wounded part should be suspended and balanced so as to lie at rest independently of all chance movements of the body. The muscles otherwise would be on guard to protect the injured structures from such movements. The protection is at best imperfect ; but Nature at once recognises the help given by an evenly-balanced support, and the muscles lie inactive and free from liability to start. I am sure that, if these details be attended to, we shall never have our patients complaining of the discomforts which are due to muscular restlessness.

There are, however, yet other conditions dependent upon muscles which require attention, and I may refer to these under the head of orderly and of disorderly actions.

One illustration of either will suffice. After the removal of a tumour of the breast the wound is, of course, influenced by the orderly movements of respiration. If we leave the wound comparatively free all moves together ; but if we over-tightly compress and bandage the parts the skin will cling to the dressings, whilst the deep surface follows the movements of respiration. A state of unrest is established between the two surfaces, which is an obstacle to success and a cause of pain. This is orderly action.

If, on the other hand, we attempt to change the dressings of an amputation of the thigh, we find that the muscles will start and jerk the moment the dressings are disturbed, and with the jerk not only is there pain, but parts just united are liable to be sundered. This is disorderly action. So we learn never to attempt such a change of dressing without fixing the limb by suitable appliances, so as to give to the part that sense of steadiness which prevents the starting of muscles. It may, however, be necessary, in dressing a wound, to put in action certain muscles which are then apt to move spasmodically, causing great suffering by their disturbance of a wound. How this may be avoided I will mention when referring to the treatment of breast-amputations.

Let us next consider two common causes of unrest and of pain, viz.: first, tension of wounds ; and, secondly, distension of wounds. We often hear complaints from patients of tightness about a part, and one is surprised to find how slight a change in the bearings of a dressing will often give relief. After a fracture, say of the tibia, has been put up, the sense of discomfort is often promptly arrested by cutting with scissors the edge of the bandages to a trifling extent ; or if the patient complain of discomfort about the ankle, we do not slacken the side splints, but we tighten the strap which secures the side-splints just below the knee, and thus and at once the strain is taken off the lower end of the limb and the patient is relieved.

I am in the habit, when it has been necessary to use bandages or strapping for the security of a first dressing, of always dividing some twelve hours later the confining bands, without otherwise disturbing the appliances. No better example of the relief thus afforded can be had than after an ordinary operation for strangulated hernia. It is quite needless, it is true, to apply any firm compress or tight bandage after any such operation, but suppose that a piece of carbolised lint is laid over the wound, protected by gutta-percha tissue, and that a turn of a bandage round the hip and upper part of the thigh secures this, a certain amount of swelling, which, so far as my experience goes, always follows an operation, ensues. The bandage over the abdomen is cut, at once the ends separate an inch or more, and the patient gives expression to a sense of relief ; a piece of strapping bridges across from one portion of the divided bandage to the other, making the dressing again secure, whilst the distension, which was beginning to cause uneasiness, and which might have occasioned restlessness and sleeplessness, is no longer a source of trouble.

Another cause of uneasiness is the condition arising from the collection of fluid in a wound—distension—in contradistinction to that general infiltration of a part which gives rise to what I have termed "tension" simply. Often, in visiting a patient some hours after an operation, I used to find him restless and complaining of pain about the wound. On examining it, there would be tenderness, and perhaps a little redness about its margins. If a probe were introduced, a few drops of blood-stained serum would well up by its side, and would continue to ooze into the dressing along the track thus made for it. Then, and immediately, the tenderness and the blush are dissipated, and the patient is at ease. It is in this one sees the beginning of a trouble which, in my experience of the past, hardly ever received attention in this its earliest stage ; but which was the commencement, at least, of great constitutional disturbance, was the first step in the occurrence of diffused local inflammation, and, in my opinion, by the directly poisonous action of the serous fluid when simply reabsorbed, was the cause of much of that blood-poisoning which was formerly often the cause of death after surgical operations, but which is now known to be a preventable complication. It was a knowledge of the liability to trouble from this source which led surgeons to leave wounds of depth freely open, and thus to lose the advantages of primary union. It is, I consider, amongst the most important factors in the successful treatment of a wound, that distension from accumulation of fluid should be prevented by well-devised drainage, and by the use of this, an important cause of pain and of restlessness has been eliminated.

But, if the greater distension from fluid collecting in a wound be prevented, there is another lesser unrest of the parts, due to the swelling of the edges of the wound, when these are brought into contact by sutures which are thus tightened, and this discomfort is increased if any strain is borne by the sutures which join these edges. Under such circumstances, there soon arises irritation about the line of should-be union, and primary adhesion is imperilled. This has induced us to use, when such strain may be looked for, what I term "main stays," that is sutures carried deeply through the wound from a considerable distance on each side, so arranged as to bring its edges together to a great extent, and yet, whilst relieving tension of the lesser stays or ordinary sutures which join the edges of the wound, placed so far away that the irritation, if any, where they press on the skin, can have no influence on the repair of the actual margins of the wound. Here, again, in a small matter of detail, discomfort will be avoided by escapement from irritation from the sutures which are used for closing a wound.

It will, I think, be obvious that union of a wound cannot take place unless the parts to be united are kept at rest ; and the first and least considered cause of unrest, and with this invariably goes pain, is the swelling of the injured structures and the collection of fluid within a wound, either of which conditions causes disturbance of the parts which should unite ; the latter by actual separation of surfaces, and either, by the tightness it occasions, gives rise to pain—pain which may be, and which ought to be, guarded against by the simple provisions which have been named.

Another and better known cause of pain is that which comes from what may be termed coarse handling of a

wound. When I recall the manner in which, for instance, the wound after an amputation was formerly handled, the pain, and the dread of the pain associated with its dressing, I cannot but feel strongly in stating that all and every dressing after an amputation may be, and ought to be, conducted without causing the patient the slightest hurt—ought to be, not merely for the avoidance of pain, if that alone were not reason enough, but to insure that perfect rest without which rapid repair of the injury is impossible; in a word, every wound should be kept as immovable as we have long known that a broken bone must be, if its union is to be insured.

In pleading, then, for the avoidance of pain, let me detain you whilst I briefly refer to the management of two very ordinary cases, an amputation of the breast and an amputation of the leg; and let me premise that it is necessary to scheme and to prepare beforehand all the dressings you will require. These dressings must insure support, and rest, and ease.

And here let me mention, if, in dressing a large surface, as after the separation of sloughs after a burn, or when a considerable portion of skin has been of necessity sacrificed in an operation, we find there is much pain complained of in each changing of the dressing, examine the surface carefully, and we shall mostly find there are certain parts painful, and others not so. The painful points are the spots where nerves are lying exposed on the surface; and if such spots be protected with a small piece of isinglass or gutta-percha tissue, all other parts of the wound may be dressed without any hurt to the patient; and this is a means of relief from pain so often coming under our notice, that it is only necessary to mention it to claim for it attention.

Now, take a wound left after amputation of the breast, and let care have been given to staunch all bleeding, and let the line of incision have been so arranged as to leave an end of the wound in a dependent position. The wound may be drained by the insertion of a tube, say of perforated india-rubber, along its entire length, one end being left projecting at the dependent point. I say nothing about the carbolising of the wound, as I am now dealing rather with the treatment so far as pain avoidance is concerned. Then bring the wound together by means of main stays. Then close its edges with silver sutures, from which, as the wound swells, tension will be largely taken by the main stays we have introduced. Apply the dressings, not too tightly, or the movements of respiration will make the costal surface of the wound rub upon the more superficial; and then place the forearm and hand across the chest, and secure them against sudden starts by a bandage lightly passed from the wrist round the neck, supporting the elbow, and to the wrist again. Seven or eight hours later, cut through the strapping with which you will find it the more simple plan to have secured the dressings, and, with a sense of relief to the patient, they will separate an inch or more; a strip of plaster will reunite them, and, whenever the wound has to be dressed, this strip should be cut through and a new one placed over it, the originally applied plaster never being removed, because, especially if from a hairy surface, its removal is attended with much discomfort. When the wound has to be dressed, slip the bandage from the wrist, and then grasp the arm above the elbow firmly in one hand, and with the other move the hand and forearm to a straight line with the arm; then, still grasping the arm, move it out from the side so far as you may think fit. By this guarded movement, you will prevent the sudden and involuntary contraction of the biceps and of other muscles, which, if the arm be not steadied, will assuredly occur, and will be followed by a corresponding jerk in the pectorals, disturbing the wound and causing the patient to cry out with pain. The dressing is then removed and renewed, and, using as I do carbolised oil on lint, protected by gutta-percha tissue, this part of the operation is most simple. See that the draining-tube is acting properly, and renew some tenax in the axilla, or a small sawdust pad, to catch the discharging serum, if any, and then carefully replace the arm and then the forearm to its original position. Tended in this way, we are certain of conducting our case without an ache or a pain, so far as the dressing of the wound is concerned.

I have already referred to the dressing of amputation-wounds, and this model will show the plan, which I described in several of its details before the Association some years ago. The limb is steadied by being secured on a back splint; it is allowed to swing easily whilst so secured, and, by the dropping of the end of the splint, the dressings can be renewed without pain—without, indeed, the patient's knowledge. But, to show how nicely the details have to be arranged, it may be added that the least roughness in handling, causing but a slight jolt of the apparatus, will be followed by a cry of pain, reminding us of the ease with which may be produced the suffering we study to avoid.

I do not speak of the use of opium in its varied forms. My contention is that pain is to be avoided; and, therefore, it is no part of my present purpose to refer to its being masked. Yet, I would add that, as want of sleep begets restlessness and discomfort, it is always well to guard against such trouble by making sure that, after an operation, there shall be good sleep—it matters not at what time of the day, for it is often undesirable to wait for night before giving the sedative. It is, therefore, a rule with me always to give morphia (injected beneath the skin, so as not to disturb the stomach after the anæsthetic) after every operation on adults, and sometimes after those on children.

But I must detain you no longer than is necessary to ask your indulgence for having spoken to you on this detail. Our work is the culture of practical surgery. It is well, no doubt, to inquire into the pathology of disease, and to discuss remote questions of cause; interesting and sometimes important results flow from such inquiries. But, face to face with the practice of our art, it is the question of treatment which forces itself to the front. I have sought to speak to you as from the bedside of the patient: and I venture to hope that we may count it as a practical gain if, by careful attention to the details I have mentioned, we can take from operative surgery that dread with which it is so commonly associated—the dread of pain.

Clinical Records.

CASHEL UNION HOSPITAL.

Ovariotomy.—Recovery.

Under the care of Mr. Thomas Laffan.

M. H., æt. 35, servant, married, came under my care October, 1875. She looked thin and worn. She stated that on the previous May she began to lose health and look badly. She vomited regularly before eating; and had periodic pains in the abdomen, her left leg swelled a little, her appetite and sleep were good; the menses were normal. She attributed her condition at first to pregnancy, but afterwards to cold and hardship. These symptoms continued until August, 1874, when she became pregnant. From that date she noticed no change in them until May, 1875, when she was delivered after a natural labour of a healthy male infant. The women about her then noticed that she seemed as large as ever. The left leg and thigh became very much swollen a month after this, and remained so for nearly two months, when the swelling all but disappeared. The symptoms already described persisting, she placed herself under my care as above detailed. Her previous health had been good. Her family too, with one exception, seemed to be healthy. The one exception was that of a brother, of about the same age, who had been under my own care for spinal abscess, caused by a fall from a scaffold in America. This man had a very scrofulous appearance,

and from that fact I inferred that there was some tinge of that diathesis in the family.

The patient had the appearance on admission of a half-starved person far advanced in pregnancy. The skin and extremities presented nothing peculiar. She slept naturally; she complained of a slight occasional headache; sight and hearing were perfect. Her intelligence and temper presented nothing peculiar. The heart and lungs were sound; there were, however, some slight traces of bronchitis. The pulse was normal, as were also the respiration and temperature. The tongue was natural, the appetite and digestion good, and the bowels regular. The abdomen was immensely increased in size, its walls were not œdematous. There was no retraction of them at any point; the umbilicus was depressed. It preserved its normal relation to the ensiform cartilage and pubis, but was slightly nearer to the right than to the left iliac spine. The abdominal walls were not so tense but that they allowed of a certain amount of compression. No crackling or friction could be felt or heard, nor could the outline of any tumour be either felt or seen. On percussion the abdomen was universally dull, and this was not affected by change of posture. Thus, on making the patient lie on the left side, and compressing the right lumbar region with one open palm, while the fingers of the other hand were used as a percussor, a dull sound was still elicited; while at the same moment if the opposite flank was also percussed, the patient being placed well out on the edge of the bed, a similar result was obtained. When the patient was made to lie upon the right side, the left flank being superior, the respective percussion tones remained unchanged. There was, therefore, entirely wanting the help which percussion usually affords to differentiate between ascites and ovarian dropsy. Examination per rectum and vagina afforded no assistance beyond showing that the uterus was healthy. The urine was of normal quantity, sp. g., and composition; and there never had been any history of urinary troubles. She had never vomited blood nor voided it per anum. She never had had jaundice. There was no enlargement of the spleen. One extremity only had at any time been œdematous. The area of hepatic dulness superiorly was normal. There was no history of intemperance. Hæmorrhage, œdema, and jaundice, are not present in every case of liver disease, but absence of all them together is so rare, as to raise strong presumption against its existence. Enlargement of the spleen should be very great and very palpable to produce so great a dropsy. The state of the urine was opposed, yet not conclusively, to the idea of a renal cyst. Two or three cases have been reported where this secretion was healthy in every respect, and yet where one kidney was extensively diseased. In making a diagnosis, however, one is entitled to discard rare exceptions, and I felt that whatever else it might be, it was not renal disease. After carefully considering all the bearings of the case, it seemed to me that the question narrowed itself between peritoneal disease and ovarian tumour. Sharp pain there had been, universal dulness there was.

Cases have been published in which diagnosis between the two being found impracticable, the patients were placed upon the table and actually operated on for ovarian disease where nothing but peritonitis existed. It was, and is still, laid down that in a case like this certitude in diagnosis is not possible. The pulse and temperature were both against peritonitis. The healthiness of the chest, the duration of the disease, the absence of traumatic history, and the bulk of the abdomen, were likewise against it. There was also against it the fact of the absence of all tenderness on pressure in the abdomen. I resolved to tap the patient, as an additional means of helping me to arrive at some positive conclusion. Accordingly I did so some days after admission, and withdrew a large quantity of brownish fluid, quite different from that found either in ascites from organic disease, or as the result of peritonitis. I did not subject this fluid either to the test for paralbumen or to microscopical examination, for those cells which Bennett of Edinburgh and the American Drysdale have described, as peculiar to ovarian disease. I understood that neither afforded any reliable aid to diagnosis. I perceive, however, that Dr. Wells speaks somewhat more respectfully in his lectures (just publishing) of microscopical helps.

After removing the fluid it occurred to me that if a silver sound were passed through the trocar opening into the cyst, the uterus being fixed through its cervix, a comparison of the spaces through which the sound would move when the uterus would be so fixed, and when it would be free, would throw light on the subject. Furthermore, I thought the position of the dulness which would remain after the withdrawal of the fluid, would in itself tell something. Consequently, when the abdomen was quite emptied of the fluid, I proceeded at once to employ the two aids I have mentioned. On percussion a large central circle was now found to be dull, and all the remaining portions of the abdominal wall were quite natural. This disposed of, the idea that I had to deal with any hepatic or splenic affection, I next used a large curved sound, and when the uterus was unfixed, this found its way at one moment to the very limit of the left hypochondrium, and at another to the right iliac fossa. When, however, the uterus was fixed, not more than half the space could be traversed by the sound, showing clearly that some cavity in close connection with the uterus, and not that of the entire peritoneum, defined its movements. When the sound seemed to traverse the entire abdominal cavity at the first trial, I thought I had to deal beyond all doubt with a case of peritoneal effusion, but I recollected that the mobility of an ovarian pedicle would fully explain the freedom of movement.

The curtailment of the limits through which the sound could traverse the cavity when the uterus was fixed, satisfactorily proved that a circumscribed cavity had to be dealt with, and also one whose mobility was not reconcilable with the fixedness which we must consider as the the inseparable attendant on a circumscribed collection of peritoneal fluid. I came to the conclusion then that I had to deal with ovarian disease. I resolved to wait, however, and see if this case might prove to be one of those exceptional ones in which tapping effects a cure. Patient recovered without any bad effects from the tapping, and she soon after left for home. The cyst, however, after some time filled again, and she returned in February, 1876. I again tapped her, withdrawing this time two and a-half gallons of like fluid. This quantity was somewhat larger than that withdrawn before. She soon after again left in order to make arrangements to return for an operation. I did not again see her until the 31st January in this year. Her condition was in no material respect different from that which she presented on her first admission. The various symptoms and signs already detailed remained unaltered.

She was placed under the preliminary treatment laid down by Mr. Wells, in his monograph, and after her general condition had been somewhat improved, arrangements were made for the operation. A spacious ward, from which all patients were for some weeks removed, situate in the open country, was fitted up for her exclusive reception. The Sisters were indefatigable in seeing that every comfort and convenience was placed at the patient's disposal. The temperature was regulated by a thermometer. Muslin bags of disinfectants were hung on cords through the room, and all the directions prescribed by Mr. Wells were carried out to the letter. On the 1st of March I proceeded to operate. Drs. Molony, Hourigan, Heffernan, and O'Dwyer, assisted.

Bichloride of methyline was selected as the anæsthetic. This was administered by Dr. Hourigan. The various steps of the operation itself were carried out after the usual method. Their enumeration here, therefore, is not called for. The pedicle was secured by a clamp, and during the entire procedure, a shower of thymol spray was constantly maintained over the wound by means of Fletcher's apparatus, which was efficiently worked by

Dr. O'Dwyer. I should not omit to state that so little distinction was there between the uterus and pedicle, both in colour, feel, &c., that it required a careful examination before the clamp would be safely affixed. Should any little difficulty of the kind occur again, I would slip the finger through the trocar-opening of the empty cyst, and thus accurately determine the limits of the tumour. The *toilette du peritoirie* was very carefully conducted, and no portion of the abdominal cavity into which a drop of fluid might have found its way was left unvisited either by sponges held in the hand, or by others attached to long rods. Very little blood was lost. The anæsthetic reduced the pulse at one time to the small number of twelve beats; still nothing could have been more satisfactory than the anæsthesia produced. The operation completed, and consciousness restored; the patient was after a brief interval removed to bed. She rallied very soon, and got on admirably during the remainder of that evening. That night she slept badly. Temp. 101°; pulse 130; no pain, no rigors. Took drinks which were given at regular intervals in very small quantities. Urine withdrawn by catheter from time to time.

2nd.—Vomited twice, no pain, no rigor. Took drinks. Slept a few hours. Temp. 99°; pulse 130.

3rd.—Temp. morning, 99°; pulse 140. Temp. evening, 99°; vomited several times; no pain, no rigor. Took her drinks. Slept none.

4th.—Vomited four times. Slept a little. Temp. morning, 98°; evening, 100; pulse 120; still free from pain or rigor.

5th.—Temp. morning, 98°; evening, 97°; pulse 112. Slept a little by means of morphia; vomited less, complained of a little pain in the abdomen. A profuse discharge now set in from wound.

6th.—Temp. morning, 96 4-5ths°; evening, 91°; pulse 108. Vomited less, discharge from wound considerable. A hardness was now felt in left iliac fossa.

Slept during the night, but after morphia, and continued to take her drinks.

7th.—Slept well, vomited only once, after which it entirely ceased. Took her drinks, had one move in bowels. Discharge now became purulent. Temp. morning, 99°, evening, 99 4-5ths°; pulse 120.

8th.—Slept. Had no vomit. Had one motion of bowels. Temp. morning, 98°; pulse 116. Evening, pulse, 128; temp. evening, 99°.

9th.—Temp. morning, 99°; pulse 132. Evening, temp. 100; pulse 136. State of patient in other respects unchanged.

10th.—Temp. morning, 98 1-5th°; pulse 116. Temp. evening, 99°; pulse 112; other matters as before.

11th.—Slept well. Looked flushed. Temp. morning, 99°; pulse 124. Bowels moved twice.

12th.—Slept well. Temp. morning, 100 4-5ths°; pulse 120. Some signs of pneumonia now presented themselves in left lung. Great discharge from wound. Great hardness in iliac fossa. Thirst considerable.

13th.—Pneumonia as on yesterday, discharge from wound less. Temp. morning, 99 3-5ths°; pulse 128. Pulse, evening, 136; temp. evening, 99 1-5th°.

14th.—Temp. morning, 99°; pulse 108. Lung signs better.

15th.—Improvement still more manifest.

16th.—Temp. morning, 99°; pulse 120. Sat up to day in bed for the first time.

17th.—Slept well as before. Temp. morning, 99°; pulse 116; temp. evening, 99°. The discharge from the wound had during the last few days become much lessened, and the wound itself showed signs of healing up. From this day forward, the patient convalesced rapidly. The discharge from the wound grew daily less, and finally ceased. Its margins united, or were joined together by new tissue. Her strength and appetite returned, while the pulse and temperature became natural, and all the bodily functions were well performed. Some pneumonia signs, indeed, there were for some weeks, but those disappeared in due time, and towards the end of April, the patient was restored to perfect health. I, however, kept her in hospital until the 1st of June, as her circumstances were poor, and I dreaded to expose her too soon to the perils of a cheerless home. A minute detail of her treatment seems scarcely necessary here. Suffice it, that symptoms were met as they arose, and that every aid that good air and good nursing could afford, was at the disposal of the patient. The stomach sickness, freedom from peritonitis, secondary pneumonia, and free suppuration from stump antiseptics, notwithstanding constitute the principal points for noting in the after history of the case. The difficulties which surrounded the diagnosis are interesting. I have some reason to believe that these difficulties are not entirely exceptional, and that in consequence, the disease is not always recognised.

In conclusion, I desire to take occasion to thank a former valued teacher, the eminent Dublin surgeon, Mr. Hayes, for many valuable suggestions received during the progress of the case.

Special Reports.

THE PROPHYLAXIS OF INFECTIOUS AND CONTAGIOUS DISEASE.

ABSTRACT OF A REPORT ON THE TRANSMISSIBLE DISEASES, WHICH REQUIRE ISOLATION, EITHER IN GENERAL OR SPECIAL HOSPITALS, AND ON THE MEANS OF RECONCILING THIS ISOLATION WITH THE CONDITIONS AND REQUIREMENTS OF HOSPITAL ADMINISTRATION.

Made in the name of a Commission composed of

MM. FAUVEL, LEGOUEST, LEON COLIN, LE ROY DE MERICOURT, MARIE DAVY, MICHEL MORING, PINARD, ROCHARD, TARNIER, VALLIN, VIDAL, VIOLET LE DUC,

By MM. FAUVEL, AND VALLIN.

(*Continued from page* 147.)

II.—ISOLATION OUTSIDE GENERAL HOSPITALS.

A. — *Special Hospitals for One Transmissible Disease.* The grouping of patients suffering from the same form of disease in an hospital exclusively devoted to that disease is, if not the most perfect, at least the most complete method of isolation. Its advantages are numerous. It secures the patient from contracting another disease, and this is particularly important for children. It also affords facilities for the selection of an efficient staff.

Each disease requires special arrangements, and what may suit one may be injurious in the treatment of another. As for instance free, continuous, natural ventilation is advantageous in small-pox and typhoid, whilst it might be contra-indicated in measles or scarlatina. As regards the objections, it is alleged the system is too costly. The question is a debatable one between physicians and the administrators of charities; the former, in the name of hygiene, ask for small hospitals scattered in the peripheric quarters of a town. The latter allege that these hospitals are too expensive. With the present system special hospitals for one disease labour under the difficulty of the transport of the patients from one end of the town to another. The importance of this objection may be exaggerated. The diseases are few in which the length of transport may be a source of danger. We shall, subsequently, consider the arrangements for aid to contagious patients in urgent circumstances. In large capitals, as Paris and London, owing to the annual number of cases, several hospitals will be required for the same disease: thus London possesses five or six hospitals devoted exclusively to small-pox.

This mode of isolation appears to have been applied only to a limited number of diseases—as small-pox, puerperal diseases, petechial typhus, and, in times of an epidemic, to cholera.

B.—*Hospitals receiving several Transmissible Affections.* During the last five years this method of isolation has been imitated, after the custom in Great Britain.

We may briefly describe the system:—

The endemicity and gravity of petechial typhus in Ireland, Scotland, and later in England, the long epidemic of typhus

in London, led to the establishment of a number of institutions, called "fever" hospitals; besides typhus and typhoid fever, other infectious diseases, as measles, scarlatina, and diphtheria being admitted. The old London Fever Hospital, reserved since 1871 for paying patients, has been replaced by two establishments under the Metropolitan District Asylums Board. The Homerton and Stockwell fever hospitals each containing 200 beds. They are built on the pavilion plan in four blocks of two *éloges*, one being devoted to typhus, another to typhoid, another to scarlatina. But two pavilions may be devoted to the same affection, as was done in 1875 and 1876, at Stockwell Fever Hospital, when 625 cases of scarlatina were admitted and only 21 of typhus. At Birmingham, Glasgow, and Manchester, hospitals of a similar class exist.

At Copenhagen there is the hospital of Blegdam of 168 beds, exclusively reserved for transmissible affections, and near Berlin the hospital of Moabit.

Finally, at Birkenhead, Sunderland, Cheltenham, are small comfortable fever hospitals reserved for patients belonging to the middle classes.

This incomplete enumeration shows, that at present, there are elements furnished by experience, and which may be further supplemented.

The advantages of the system we shall briefly notice—

1st. General hospitals are those relieved from all transmissible affections.

2nd. It seems natural to unite in one hospital different affections requiring the same precautions and the same care.

They should be built at a distance from populous streets and private abodes.

The style of architecture should be pavilions on the English block-system.

The materials should be impermeable to miasmata, easy of disinfection—ventilation and heating should be on the most perfect system.

Such an hospital requires rigorous and distinct rules different from those applicable to ordinary hospitals, whilst the staff of nurses must be selected from those who have had the disease under treatment.

Discipline must be strictly maintained, to regulate the leave of absence to the infirmarians, and the visits of friends to the sick. The disinfection of bedding, clothing, linen, requires special apparatus and care in all transmissible affections. It is easy in an institution devoted specially to these affections to render this complete and thorough. In the hospitals we have mentioned the most scrupulous attention is devoted to this duty, and hence doubtless the propagation to the convalescent of a new disease is prevented.

In small towns there is not much difficulty as to the transport of the patient. In large towns several special hospitals are required.

It seems, however, that two fever hospitals are sufficient for London, which consists of a scattered population of no less than three millions. The two hospital systems we have just described are combined in a very happy manner in London.

Two small-pox hospitals are annexed to the Homerton and Stockwell Fever Hospitals. The two hospitals are distinct and under different administration. But they may be connected for a moment by the opening of a grille which is habitually closed. Thus in the month of December, 1876, the Homerton Small-pox Hospital had under treatment 144 variolous patients. No more beds were at their disposal. The other hospitals were filled. The grille was opened, and the Homerton Fever Hospital was converted into a provisory for small-pox.

The pavilions were emptied of their patients and disinfected. Disinfection was so complete that not a single case of typhus developed amongst the 857 variolous patients introduced during the quarter into the wards thus transformed.

In a similar manner during the epidemic of scarlatina the small-pox hospital was used. This combination offers indisputable advantages. It is a powerful resource in epidemics of one disease. Thus in London, in 1875, the number of admissions for scarlatina reached 1,191, whilst during the year the admissions for small-pox fell to 101. During three months the small-pox wards were completely empty, the hospitals thus coupled lent reciprocal aid.

Amongst the objections is the repugnance to the establishment of such hospitals by the inhabitants of the neighbourhood, as instanced in the case of Homerton and Hampstead hospitals. This objection may be easily surmounted; but there is another more serious. This system required the construction of new hospitals built on an approved plan, for it is difficult to utilize existing hospitals, too rarely established on the type of small separated pavilions. The expense is the great obstacle to the establishment of a regular system of nosocomial isolation.

III.—Isolation inside General Hospitals.

An isolated hospital may be connected with a large hospital and devoted to the treatment of other diseases, and there may be a pavilion preserving in a certain measure its autonomy.

The most perfect type of this kind is the new hospital for children at St. Petersburg, where there are isolated pavilions for diphtheria, small-pox, scarlatina, measles, and isolated wards for syphilis, purulent ophthalmia, whooping-cough, typhus. Generally there is a single pavilion completely isolated, as at the Children's Hospital, Great Ormond Street, London, the new Norwich Infirmary, the Hospital Menilmontant and St. Eugenie. This system is recommended for the facility with which it may be adapted to most existing hospitals. In all hospitals possessing large grounds it is easy to erect slight buildings made of brick, of iron frame work, or sheds, which may be burnt. This mode has also the advantage of assisting medical instruction by multiplying the special wards without notably increasing the *personnel* of direction and administration.

On the other hand, it cannot be denied, it affords incomplete security in certain highly transmissible diseases. It admits the enemy, and propagation is possible by the infirmarians, the bedding, clothing, by visits to the convalescents.

With certain strict precautions this system may be adopted. But even with these precautions internal causes, although rare, are not always avoided.

In conclusion, the various methods of isolation may be arranged in a decreasing order.

1st. The method of isolation nearest perfection is that obtained by means of a hospital devoted to one disease, or to several diseases treated in pavilions independent of one another. It is also the most costly and the most difficult to organise.

2nd. A separate pavilion in a general hospital affords sufficient, but still less security.

3rd. Special services without communication with the rest of the building in which they are placed are a precarious resort.

4th. Isolation in reserved wards attached to general services is illusory.

The most perfect method should always be preferred if it was not, at the same time, the most costly and the most difficult to put in practice. We must, then, proportion the severity of isolation to the danger of contagion.

What is true for the adult is not always so for the child; what is sufficient for one disease is insufficient for another; still more, a disease the transmissibility of which at ordinary times is limited acquires in an epidemic a power of propagation requiring the most vigorous preventive measures.

It is, then, necessary to pass in review each transmissible disease separately, and to study *seriatim* the methods of isolation each one requires.

The Use of Thymol in Surgery.

A lecture on this subject has been published in Volkmann's series, by H. Rinke, of Halle. The solution used instead of the 3 per cent. solution of carbolic acid, consists of one part thymol, ten parts of alcohol, twenty of glycerine, and a thousand of water, and can be employed as either a spray or a solution. An impregnated gauze is also used. Since thymol does not irritate the wounds, the gauze may be laid directly upon; otherwise the same method is employed as in Lister's plan. If the gauze becomes hard and dry, it may be moistened once or twice a day with thymol water. In order to prevent the evaporation of the thymol from the dressing, the gauze is covered with oiled paper. From an experience of forty-one wounds dressed with thymol, the lecturer concluded that the method leaves nothing to be desired as to its antiseptic effect, and that it answers better than the carbolic acid dressing, since the secretion from the wounds is less, the period of healing shorter, and the cost of the dressings is smaller. Further, it has no poisonous properties, and eczema was never observed in its use.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 28, 1878.

DR. MACLAGAN ON THE STUDY OF FORENSIC MEDICINE.

WITHIN the last two years we have more than once expressed our surprise that forensic medicine does not receive from the profession the attention it deserves, and we have shown that this science is not only much neglected by the students, but is almost practically ignored by some of our examining boards. It was, therefore, with some pleasure that we read Dr. Maclagan's address, delivered at the late meeting of the British Medical Association, the first part of which is devoted to the consideration of the claims which forensic medicine has upon all medical men who, either engaged in any medico-legal investigation, or placed in the witness-box, would wish to uphold the dignity, learning, and usefulness of the profession to which they belong.

"What," asks Dr. Maclagan, "is to be said of the appreciation of forensic medicine by our own profession? I fear that it sometimes has rather the cold shoulder turned to it. I fear that many of our students think it a matter of little or no importance, and many teachers do nothing to disabuse them on this point." It does not follow that, because forensic medicine is not a special science, it should not receive special consideration. Medical questions assume a very different aspect when viewed in the glare of a court of justice from what they do in the mild light of the hospital or the sick room. A man may be a very successful practitioner, and yet a bad witness; and very much mistaken is he who thinks that on the score of his general knowledge and success in practice he can "step jauntily into the witness-box and show bench, bar, and jury that he knows all about it and can set them right."

When, in June, 1876, we noticed the curriculum of studies marked out in the scheme for the English Conjoint Board, we expressed our astonishment at forensic medicine being virtually excluded from the list of special subjects; for although it had a place at the end of that list, a note in italics was appended, to the effect that questions in forensic medicine are to be included among those asked by the examiners on chemistry, medicine, surgery, and midwifery. To such an arrangement Dr. Maclagan makes the same objection as we did on the occasion above-mentioned; and indeed the practical worthlessness of that arrangement is so evident that no two persons could read the instructions given without agreeing that an examination on forensic medicine conducted in that manner would be nothing less than a farce. As Dr. Maclagan put it, two old proverbs might have suggested themselves to the framers of this clause. One is, that what is everybody's business is nobody's business, and that these various examiners, having their own subjects to attend to, are not likely to give much attention to forensic medicine. The other proverb relates to the danger of falling between two stools; but here we have no less than four on which forensic medicine is expected to poise itself. The author thinks that the framers of this regulation were guided by the maxim, *De minimus non curat prætor*, which they had translated: "The courts will not care much for the evidence of our minimists." And the courts would be right, adds Dr. Maclagan, if this be the way in which forensic medicine is to be set before the eyes of those who are desirous of entering the profession, provided the courts could dispense with the evidence of all but those holding the highest qualifications.

But, as we on a former occasion remarked, and Dr. Maclagan now reiterates, it is upon the evidence of the general practitioner, not on that of the special expert, that the tribunals must depend for the primary information which is essential for their guidance, and if he has not been induced during his hospital career to regard medical questions from a forensic point of view, he may turn out a very indifferent witness, and even make mistakes which may lead to an actual miscarriage of justice. Again, as Dr. Maclagan well observes, forensic medicine is the only branch of his profession which a man may be obliged to practise *nolens volens*. You cannot compel a medical man to practise surgery, nor medicine, nor midwifery, if he does not wish to do so; but if, as physician, surgeon, or obstetrician, he becomes connected with some suspicious case, a magistrate, or coroner, or procurator fiscal may summon him, under penalties, to give evidence in a court, in which circumstance he is practising forensic medicine. In fact, whether it be a sudden death, some accident, a case of poisoning, suicide, or homicide, the general practitioner and not the expert is sure to be first on the scene, and unless he has a fair knowledge of this science, there may be a hundred points of observation he may miss, and a hundred sins of omission or commission of which he may be guilty during his attendance upon the case, and which, to his discredit, will be certainly exposed when he appears in the witness box. He may neglect, or be incompetent, to notice minutely and accurately the exact condition of a person found dead, or his symptoms if alive—to make notes of such facts as might slip his memory—to examine carefully the appearance of a wound inflicted by

a suicide or homicide—to extract from a dying man some information respecting the cause of his death—to take care that vomited matters are not thrown away—to preserve any food, medicine, or bottles, which may have contained poison—and fifty other things which the practitioner who is ignorant of this department of medicine, may forget, or be unable to direct his attention to.

Nor is it merely from a medico-legal standpoint, that Dr. Maclagan was fully justified in defending the position that forensic medicine should take among the subjects of examination. Toxicology is a very practical and important part of the subject we are now considering; and it is only reasonable to infer that a student who has been allowed to enter upon practice without knowing anything about one department of forensic medicine, would be equally ignorant of the other. Not only is the diagnosis of a case of poisoning sometimes a matter of difficulty, but its successful treatment will often greatly depend upon the decision and judgment which the practitioner shows under the circumstances; and consequently, if he has neglected this important branch of his profession, the patient's life may be sacrificed through his ignorance and mismanagement.

For these reasons we quite join with Dr. Maclagan in hoping "that the English authorities will so far re-amend their scheme for a Conjoint Board, as to place forensic medicine in at least as good a position as medical botany . . . . instead of leaving it to the attention, or it may be the neglect, of those examiners who have other and more important matters in their hands." This hope is the more likely to be realised, considering that for some years past one of the English Examining Boards has made forensic medicine an independent subject of examination, great ignorance of which would prevent the candidate obtaining their license.

METROPOLITAN HOSPITAL SUNDAY FUND.

The Council of the Metropolitan Hospital Sunday Fund met at the Mansion House on Tuesday, August 20, to receive the Report of the Distribution Committee, and order the payment of the several awards for the year 1878. Sir Sidney Waterlow, Bart., presided, and he was supported by the Bishop of London, Sir Rutherford Alcock, Mr. McArthur, M.P., Bishop Beckles, Canon Miller, Canon Harvey, the Hon. Mr. Capel, and numerous other members of Council. The total amount recommended to to be paid was £24,460, and this was apportioned as follows:—£22,292 16s. 9d. to 79 hospitals (including 4 institutions which might be classed as hospitals), and £2,167 3s. 11d. to 46 dispensaries. The Hospital of St. John and St. Elizabeth, although it had participated in the Fund from its commencement, and prior to the existing rules, the committee had refrained this year from making a direct award, because their attention had been called to the fact (of which they were not previously aware) that this hospital had no committee of management; nevertheless, having regard to the great economy displayed in the management, and to the consequently small cost of maintenance for each patient, as well as to the fact that the managers and officers of the hospital were all honorary, the committee recommended that the council should award the St. John and St. Elizabeth Hospital on the basis indicated by the hospital accounts published in the Annual Report of the institution. The number of the participating charities had this year increased from 119 to 125. The Chelsea Hospital for Women, the City Orthopædic Hospital, the British Hospital for Diseases of the Skin, the Hospital for Diseases of the Throat, the Bromley (Kent) Cottage Hospital, and the Surrey Dispensary had not renewed their applications for an award on this occasion, and had consequently not been required to furnish their accounts.

The committee having issued invitations to the committees of ten hospitals and dispensaries to meet them by deputation, so as to afford opportunities for explaining or clearing up points which would influence the Distribution Committee in reducing the basis of their award, had only an opportunity of conferring with the committees of two institutions out of the ten, the remainder preferring to accept the decision of the committee without offering any explanations. This must be taken as a conclusive answer to the reckless statement put forth by interested parties that there is an attempt "on the part of the Distribution Committee to overawe and stop complaints from (either) small or large charities." On the contrary, year by year they have courted conferences and a discussion on their awards made, and it may be fairly assumed that when a hospital or dispensary refuses to avail itself of the invitation to meet the Hospital Sunday Fund Distribution Committee there is something that it may be wise to conceal from the criticism of men of business habits. This is actually the case with regard to the institution which the Rev. Mr. Haweis seeks to favour, and this gentleman seeing the invidious position in which he stood very properly resigned his seat on the council of the Hospital Sunday Fund.

With regard to the minute of the Council of January last, relative to the supply of surgical appliances and the Samaritan agencies attached to the several hospitals, the committee, on inquiry, found that the Surgical Aid and Truss Societies refused to supply instruments on *one* letter of recommendation only, and that in every instance the amounts distributed by Samaritan funds were unimportant; and, as any award made upon the usual bases would be trifling in amount, the committee recommended, in order to give effect to the intentions of the Council, the sum of one per cent. of the total amount of the collections in future years should be set aside for the purchase of surgical appliances. Letters of recommendation would then be issued on application to the several contributors to the fund, which letters, as soon as the medical authorities of any hospital or dispensary should have certified that the case was a fit one for relief, would enable the patient to obtain any surgical appliance that might be necessary, through the agency of one of the hospitals or dispensaries.

The question raised by Sir Rutherford Alcock as to whether an hospital spending a large amount in sanitary improvements would be entitled to a grant in consideration of that expenditure, the chairman explained that if the expenditure were made out of capital it would not be entitled to a grant on that particular account; but that

if the alterations were beyond all doubt one for the good of the patients, and paid for out of revenue, then it would count as maintenance and benefit the hospital in the distribution of the fund. With regard to that other question raised by Dr. Glover, as to the desirability of furnishing and printing a more voluminous analysis of the materials upon which the committee based their conclusion, this, apart from the cost, which must necessarily come out of the fund, would be objectionable, inasmuch as it might be made a means of making invidious and injurious comparisons; whereas, the numerical basis on which each institution rests, is well known, and in every case, and at any time, inspection of the returns can be made at the Secretary's office, which is always open to those interested in the Fund.

BELLADONNA AS A CARDIAC AND RESPIRATORY STIMULANT.

Although the discovery of our most valuable remedies and their uses has been hitherto chiefly due to accident and empirical observation, the time seems to have arrived when our knowledge of the action and uses of drugs in the treatment of disease will be much extended by exact experimental research. This is evident from the great light that has been, within the last few years, thrown upon the physiological action and uses of certain drugs about which we formerly knew very little, and the employment of which was restricted to one or two diseases. Digitalis, for instance, has been long known as a remedy in dropsies, but our knowledge of its *modus operandi*, of its action upon the heart, and of the kinds of dropsy in which it is most useful, is comparatively of recent date. In the same manner a more exact method of therapeutical inquiry has brought the action and uses of belladonna into more prominent notice than it has hitherto received from the profession. While years ago belladonna was chiefly used as an external agent, and internally was but partially recommended, and still more partially used, in one or two diseases only, such as whooping-cough and asthma, it is now found to be a very serviceable drug in many other complaints.

It is not, however, our intention to notice the marked influence of belladonna over the secretion of milk, and over the perspiration of phthisis, nor to dwell upon the antagonism existing between it and opium, but rather to notice its action as a cardiac and pulmonary stimulant, and the cases in which, in virtue of this action, it may be successfully employed.

Belladonna has a marked action on the heart and circulation. In moderate doses it raises the blood-pressure in the arteries, partly contracting the peripheral arterioles, and partly by its direct action upon the heart. Dr. John Harley believes that to this action the delirium of belladonna poisoning is to be attributed, and that, in consequence of this same action belladonna is the best direct diuretic we possess for increasing the bulk of the urine. Perhaps, however, the action of belladonna upon the heart and circulation is best illustrated by the experiments which Prof. Fraser made on the effects of that drug in arresting death from Calabar bean in lethal doses. When the physostigma was administered, the number of cardiac beats and of the respirations fell very markedly, but upon the injection of belladonna they rose first above the normal rate, and then again fell to it. After the administration of the Calabar bean to a rabbit the heart's contractions gradually fell from 40 to 32, 22, and ultimately 11 per ten seconds. Some sulphate of atropine was then injected, and in one minute the heart's contractions had risen to 56 per ten seconds, in seven minutes to 60, after which it fell to its usual rate. It may be said, therefore, that belladonna increases the blood-pressure, probably by stimulating the vaso-motor centres, and that, in consequence of this action, we can partly account for some of those objective symptoms usually observed when large doses of the drug are taken. For at first the pulse is slackened, hard, and resisting; then it becomes full, strong, and frequent; the temperature is slightly raised; the countenance is red or flushed; the ocular conjunctiva is brilliant, and the pupils dilated. We say, "partly account for" advisedly, as, no doubt, some of these symptoms are not so much due to an increase in the blood-pressure, as to a reactionary dilatation of the walls of the arterioles, and the admission into them of a larger supply of blood.

Nor is it the circulation only which is affected by belladonna. The observations of Prof. Fraser, Dr. Harley, Dr. H. C. Wood, and Dr. Fothergill, show that this drug has a decidedly stimulating effect upon the respiratory centres. In the experiments of Prof. Fraser, the respirations fell from 20 to 16 in three minutes after the injection of the physostigma; in 28 minutes "there were only infrequent laboured respirations occurring at irregular intervals." After the injection of the atropia, the respirations rose to 15 in 2 minutes, in six minutes to 20 again; and in an hour and a half had settled to 15 per 10 seconds. Similar facts were observed by Prof. Bennett in his report to the British Medical Association on the antagonism of belladonna and calabar bean; while Dr. Fothergill's observations on the antagonism of belladonna and aconite, show that in aconite poisoning the respirations fail, and that while digitalis does not affect the respiration sufficiently to prevent that failure, belladonna does. After the administration of belladonna, the respirations which had been failing under the aconite recovered again, until they reached a normal point. Hence, when death is approaching from paralysis of the respiration, induced by a poisonous agent belladonna restores the respiratory efforts, and so saves the animal from death (Fothergill). We may also remark that besides atropia, strychnia and ammonia also act powerfully upon the respiratory centres when these are being paralysed by disease.

We now come to the practical import of these facts, and to the explanation which they afford of other facts not hitherto intelligible. In the first place there is every reason to believe that the antagonistic effect of this drug in cases of poisoning by opium is due to its influence on the circulatory and respiratory centres. As Dr. Reinhard H. Weber, and others, have remarked, the danger to life in these cases comes principally from the steadily increasing paralysis of the respiratory centres. Hence the great stress which our best authors lay on artificial respiration after all other means have failed. If we can keep up the circulation and respiration, there is a good chance of

recovery, especially as the kidneys (excited to action by the belladonna) are in the meantime constantly removing some of the poison from the blood. From these facts, therefore, taken in connection with the experiments above mentioned, we may conclude that the antagonistic action of belladonna to that of opium depends upon its exerting a contrary influence on the circulatory and respiratory centres to that produced by the latter drug, namely, a restorative and stimulating one. It may also be inferred that belladonna will prove to be equally useful in other poisons which kill in the same manner as opium does.

Moreover, the question arises whether this restorative effect of belladonna upon a paralysed state of the respiratory centres may not be utilised in those affections in which the respiratory functions are disturbed or seriously imperilled; and a few cases have been recently reported which would appear to justify such a supposition. Dr. Reinhard H. Weber, who has given much attention to this subject, relates in the *Philadelphia Medical Times* for August a case of heart disease in which the severe dyspnœa and other symptoms were, in a great measure, removed by belladonna when other remedies had failed. The patient suffered from "stenosis and insufficiency of the aortic valves;" there was great œdema of the lower extremities, and the orthopnœa was so great that in the night he was obliged to sit in his bed propped up with pillows. He had been under the care of a regular physician three months before Dr. Weber saw him, but neither his dropsy nor his other symptoms had been much relieved. To be brief, the belladonna treatment was very successful, and in about ten days from its commencement the patient was able to breathe and sleep comfortably. His kidneys acted well, the dropsy disappeared, and he was able to resume his work.

A similar case is narrated by Dr. Fothergill in his recent interesting work on "The Antagonism of Therapeutic Agents." The patient had a complication of lithiasis, heart disease, chronic bronchitis, and irritable bladder. His nocturnal attacks of dyspnœa had become very distressing, and his nose, cheeks, and hands were of a blue colour "from the paralysis of his peripheral arterioles by the chloral" which he had been in the habit of taking. Under ammonia, strychnia, and digitalis, he greatly improved, but the strychnia so excited his irritable bladder that it had to be stopped, "and belladonna, which exercises the same influence over the respiratory centres, but which lessens the activity of the bladder centres, was given instead." Under this change of treatment the improvement was steady and gratifying. All his symptoms were removed, even the mitral murmur vanished, and his heart began and continued to beat steadily. It might be said that in the first case, the recovery was due to the diuretic properties of the belladonna, but Dr. Weber's patient had taken diuretics alone without any improvement, while, in Dr. Fothergill's case, there was no dropsy present.

Dr. Weber even goes so far as to recommend this medicine as part of the treatment in all cases of collapse or shock in which danger threatens, from failure of the circulation, no matter what the disease is; and he has actually resorted to it with success in severe cases of collapse occurring during attacks of cholera, scarlet fever, typhoid fever, &c. Nor should it be forgotten that belladonna has been long known as a valuable remedy in asthma and whooping-cough, its efficacy in these cases being no doubt partly due to its peculiar physiological action. Belladonna was a favourite remedy in the treatment of asthma with the late Dr. Hyde Salter, and Meigs and Pepper, with numerous other writers before them, have spoken highly of it in the treatment of whooping cough. In fact, this drug would, in our opinion, have been found more generally useful had not practitioners been afraid of prescribing it in sufficient doses to secure its peculiar action upon the system; and perhaps this fear may yet stand in the way of belladonna and other potent remedies having a fair trial in those diseases and conditions of the system in which recent inquiries have shown them to be useful. The reader, therefore, might take a hint from some remarks which a French physician lately made on the subject. In a clinical lecture "On Belladonna," delivered at the Hospital for Sick Children in Paris, M. Jules Simon said: "You will, gentlemen, easily see by the countenance of your patients the effects of the drug; and you ought when prescribing this medicine to bear in mind the principle by which I am generally guided, namely, that of repeating and increasing the doses of therapeutic agents until the physiological effects of the drug are well marked. Just as in treating syphilis of the adult you ought to administer mercury until the first appearance of tenderness of the gums and of salivation shows that the buccal mucous membrane is affected, in the same manner you ought to push the administration of belladonna in children until you see their face flushed and animated, their eyes brilliant, and their pupils dilated. Then you should suspend the administration of the remedy by gradually diminishing the dose; for whilst digitalis may accumulate in the system, belladonna is rapidly eliminated by the kidneys, and the symptoms of intoxication which it causes is essentially evanescent."

We might also allude to the probability of belladonna being useful in many other acute and chronic affections where the respiration is failing—to its use in melancholia and dementia (Crichton Browne)—and to its utility in combination with other medicines, in accordance with a principle now frequently acted upon, namely, that of getting rid of a dangerous or objectionable action of one drug by combining it with another. The scope, however, of this article will not admit of any further remarks on the subject; and we trust enough has been said to show the importance of the reader paying some attention to the researches that are now being made with respect to the action and uses of this and other valuable agents.

Notes on Current Topics.

Extension of Provident Dispensaries.

At a meeting recently held at the Town Hall of Birmingham a Committee was appointed to establish provident dispensaries, but the members of the Birmingham Branch of the British Medical Association were unwilling to co-operate until some effectual measures were taken to check the abuse of medical charity which has been going on so long, but which has only recently attracted much

attention. "Probably," remarks a writer in the *Times*, "medical men think that provident dispensaries stand a small chance of success while dispensaries for the improvident exist in the shape of hospitals that cannot or do not effectually check imposition. The position, therefore, of matters in Birmingham has not been a very dignified or satisfactory one. There was not any great difference of opinion, the question rather being who should begin first. The doctors said reform your hospitals, and the hospital authorities said start your provident dispensaries, and then we will consider the matter."

These little difficulties, however, will be soon got over, and we are informed that already premises have been taken for a dispensary, that a guarantee fund is being subscribed, and that, although the medical associations mentioned will not ally themselves to the scheme, medical men individually are sending in their names and promising the new institution their help and support.

But, although much has been lately said and written in favour of provident dispensaries, one thing appears to be lost sight of, namely, that, to a certain extent these dispensaries are liable to the same kind of abuse as hospitals are, with this difference, that, whereas well-to-do people have been in the habit of going to the hospital *in formâ pauperis*, and throwing themselves completely on the charity of the institution, they may now, for a small pittance, claim as a right what was formerly given to them as an act of charity. We say "to a certain extent," for, doubtless, the publicity which attends anyone becoming a member of a provident dispensary, and the fact that such member must reside within a certain distance of the dispensary, would always preclude any of the middle classes taking that advantage of a provident dispensary which they have been so often known to take of a hospital. It must be admitted that this risk should be taken into consideration by all these dispensaries, for otherwise not only would the old hospital abuses be repeated in a different form, but the general practitioner in the neighbourhood of the dispensary would have reason to complain that almost gratuitous advice was given to patients who could well afford to pay for it.

The Army Medical Department and its Reform.

The questions respecting which the profession was so much agitated at the beginning of the present year, have lain in abeyance since it was announced that the subject had been referred to a special Committee, and that nothing could be said upon the subject until the decision of that Committee became known. The day before Parliament closed its doors, the War Minister was "interpellated" as to the forthcome of the Committee's Report, and his reply was that it had been received, and would be in the hands of members before Parliament re-assembled. The *British Medical Journal* asserts that it is kept back by the War Office for its own purposes, and gives, what purports to be, the gist of the report. It is understood that the proposal will be to abolish or to seriously weaken the guarantees of efficiency of the candidates for the service, by restricting or doing away with the entrance-examinations and the Netley training. Quantity will thus be secured at the expense of quality; and the vacant appointments, which now reproach the maladroitness and bad faith of a past series of administrative errors in the conduct of the department, will be filled without too nice a regard to the fitness of the candidates. During the recent Kaffir war, candidates were secretly drafted in this manner for temporary service. It is proposed, in a word, not to remedy the faults of the present system, but to hide them by "smashing the index." Such a proceeding would unquestionably have been encountered by a storm of hostile and contemptuous criticism, had it been made known during the sitting of Parliament. It is, however, proposed to aid its accomplishment during the recess by offering considerable pecuniary inducements to candidates and bribing the schools; and thus the next Parliament will be face to face with an accomplished fact. If this forecast turns out to be accurate, we anticipate a violent commotion in the House of Commons when the proposal is unfolded. Colleges and medical schools will probably not offer any opposition to a scheme which would open the Army Medical Department, nor will the combatant service trouble themselves to contend against a proposition which will lower the education of the army doctor to a level with that of the ensign—but there can be no doubt that the thinking section of the public will resist the movement with all its energy, and, if the scheme be carried, it will be by the force of the submissive majority of voters, of which the Government can now boast itself.

The Carmichael School, Dublin.

We understand that the coming medical session will see the consummation of a very important change in the medical teaching arrangements of Dublin. The Carmichael School of Medicine has been reorganised, and will migrate from its original locality to the south side of the city, where will then be concentrated the whole of the medical schools of the Irish metropolis. Our readers will recollect that the "Carmichael" School was established by and named after the late Richard Carmichael, and that it was situated close to the Richmond Hospital, in North Brunswick Street, with which institution it co-operated in supplying the school-teaching necessary for the students of the hospital. For some years the school can hardly be said to have flourished, for the distance from the other hospitals and teaching institutions was against it. Recently a proposition was made to the Board of Governors of the Richmond Hospital, by which the school and its lecturers would acquire an improved *locus standi* as regards the hospital, and a more intimate relation being established between the institution. These overtures were not accepted by the Board, and it was consequently decided that the school should be reorganised and removed to the neighbourhood of the College of Surgeons. We understand that premises have already been taken close to St. Peter's Church, the Adelaide Hospital, and Ledwich School, and that the teaching staff of the school is already appointed. Mr. Stoney, who has been for many years a most successful private teacher in connection with the College of Surgeons' school, and Dr. Christopher Gunn of the Catholic University, will be the Lecturers on Anatomy; Dr. Reuben Harvey, on Physiology; Dr. Barton, of the

Ledwich School, and Dr. Corley, on Surgery; Dr. Gordon, President of the College of Physicians, and Dr. J. W. Moore, on Medicine; and Dr. Macan on Midwifery. It is expected that the new school will be opened for students at the usual period for inauguration of the session.

The Outbreak of Diphtheria in Hornsey.

With reference to this outbreak, a meeting of the Local Board was held last Thursday, when a letter was read from the Local Government Board, stating that they had under their consideration the report made by their inspector, Mr. Harrison, after his visit to Hornsey, relative to the sewerage of the district. They enclosed a copy of the report, and they desired at the same time to impress upon the Local Board the importance of their giving immediate and serious attention to the improvement of the sewerage system near Fortis Green, and to the desirability of their introducing flaps at several points of their system, so as to prevent the passage of sewer gas from the lower to the upper part of their district. The Board also thought that the freest possible circulation of air through the ventilators should be promoted, and that where practicable ventilating shafts should be constructed at the dead ends of the sewers. The Board further considered that the local authority should give careful attention to the improvement throughout the district of the house connections, and to the sanitary arrangements in the houses generally. They also desired that the Local Board should adopt Mr. Harrison's suggestion, and instruct their inspector of nuisances or some other properly qualified person to make a house-to-house inspection of the arrangements above referred to, and report to the Local Board thereon.

The Alleged Vivisection in Bayswater.

If anything can show the prejudice that has been created in the minds of the public with regard to vivisection, and the credulity with which they listen to every idle tale that is told them in the street, it is the correspondence which has been lately going on between Mr. Groom Napier, F.G.S., of St. Peter's Park, Paddington, and Mr. George Busk, Inspector under the Vivisection Act.

In the first number of the new quarterly periodical, *Burlington House*, of which Mr. Napier is the editor, attention was drawn to a startling case of the vivisection of a dog in Bayswater. It appears that Mr. Napier, in passing through a street in that district, found it blocked by a crowd, and that he was told by one of the bystanders, that a dog had been that evening the victim to vivisection, that a "party of so-called scientific men had assembled in a greenhouse to witness certain experiments which necessitated the removal of a large piece of its skin," but that the dog, having escaped from its tormentors, had jumped through a pane of glass and escaped into the street. Mr. Napier, not for a moment questioning the truth of the statement made to him, and thinking, perhaps, that such a horrible sensational story would do well for the first number of a new journal, at once rushes into print. The matter then attracts the notice of the Home Secretary, and Mr. Busk is directed to make an inquiry into the alleged occurrence. Mr. Busk, however, thought it desirable to obtain some further information from Mr. Napier, and accordingly wrote to this gentleman a letter, in which Mr. Busk said:—"The statement itself, as you must allow, is at first sight so extravagantly absurd, that before publishing it, you have without doubt taken sufficient means to satisfy yourself that there really is or was reason for believing that in the midst of a crowded neighbourhood a gang of vivisectors was known to exist who practised their experiments in known premises." This letter, however, from its supposed insinuations, gave great offence to Mr. Napier, so that all he did was to refer Mr. Busk to the May number of the journal above mentioned. Soon afterwards, Lord Shaftesbury, who had in the meantime taken the matter up, receives a letter from the Home Secretary, informing his Lordship that inquiry had been made by the police, who found that the dog had been accidentally run over in Gloucester Crescent, Bayswater, and that it had died or was killed immediately after. Nevertheless, Mr. Napier still persists in his story, and the correspondence, which is given at length in the current (August) number of the *Burlington House*, and fully quoted in the *Bayswater Chronicle*, closes with a letter from Lord Shaftesbury, in which, after declaring that we are "living in the midst of devils," he advises the inhabitants of Bayswater "to get up a petition reciting the facts;" a course which Mr. Napier announces himself prepared to take!

Overcrowding and Disease.

With regard to the inquest on the death of a child in Half-Moon Court, Gray's Inn Road, to which we referred last week, the coroner very properly remarked that "the action of the Board of Works was cruel in the extreme. It was all very well to carry out those much desired sanitary arrangements and metropolitan improvements which were to regenerate London, but he thought that the Metropolitan Board should, before evicting the tenants of those houses to be pulled down, erect suitable places for their accommodation, and for the very best of reasons. The poor would insist—and he did not blame them for it—upon living in some place near their work, and if they were driven out of one unsavoury quarter would crowd into another as near to it as possible, the consequence being that the remedy was virtually worse than the disease, and would remain so until the whole of the dens and sties of London had been rebuilt. Under those circumstances he blamed the Board for not acting on the powers conferred upon them by Act of Parliament in the most liberal spirit, which would enable them to provide cheap and suitable accommodation for the working classes."

It is not within our province to comment upon the injustice and cruelty of the Board of Works, but their negligence is, in a sanitary point of view, a circumstance which should not be altogether overlooked. Considering the great attention which public sanitation is everywhere attracting, it seems strange that, in the heart of a great city like London, improvements cannot be made in one quarter without involving almost a corresponding amount of mischief and overcrowding in another. According to the provisions of Mr. Cross's Artisans' Dwellings Act

the Board of Works are supposed to provide accommodation for the evicted inhabitants before their old houses are torn down, and it is to be hoped that our sanitary authorities will impress upon the Board the necessity of taking this precaution. Such cases as those to which we referred last week cast rather a serious reflection upon our boasted social and sanitary reforms, and they are the less excusable, considering that other cities have managed these things better, and have shown that the carrying out of improvements in one part does not necessarily lead to overcrowding, immorality, and disease in other parts. As we have been recently told, the authorities in Dublin have removed no fewer than 31,000 persons during the last ten years, but in such a manner that new and suitable dwellings have been erected even in excess of the requirements of the displaced population. Moreover, some time ago, the Corporation of Glasgow made vast improvements in the worst districts of their city without putting the inhabitants to that inconvenience and distress which many of the London poor appear to have suffered.

Coroners' Inquests.

It would appear from the *Scarborough Mercury* that in some quarters much fault is found with the number of inquests that are held in that town, as compared with those held at Rochdale and the surrounding country. A writer in the above paper compares a case of sudden death at Rochdale, on which there was no inquest, with a case at Scarborough, in which there was one, and then asks: — "In what way did private conduct or public good necessitate an inquest on poor Mr. Hudson? Can anybody tell what we got for our money in the Scarborough practice, and what the Rochdale people lost by theirs? Is life any more secure here than it would have been had no inquest been held on the harmless milkman, or is life any more endangered in Rochdale because the pensioner was buried in peace?"

When a writer asks such a question he seems to forget the very principle on which the holding of inquests in certain cases of sudden death is made imperative by the Legislature. Inquests are a safeguard to the public, and their use is both preventive and punitive. But it will always be difficult to draw the line exactly between cases in which an inquest is, and those in which it is not, necessary; and therefore it is better to take every precaution against the miscarriage of justice at the risk of holding too many inquests, than to run the risk of allowing crime to go undetected, through holding too few. Better that a *hundred* unnecessary inquests should be held than that a criminal should escape detection through *one* inquest being dispensed with. Besides, inquests have a sort of *in terrorem* influence over would-be criminals, whether homicidal or suicidal, and therefore in that respect no inquest that is held can be said to be wholly useless. When once coroners are allowed to perform their duties in a perfunctory manner, we shall have plenty of complaints of people, and especially children, dying under circumstances which warranted a belief that their death was not caused by natural means, a complaint that would be a far more serious one than that made in the *Scarborough Mercury*, to the effect that, through the holding of a few inquests which the writer deems unnecessary, a few pounds have been spent that might otherwise have been saved.

Poor-law Expenditure in Ireland.

From the table which is published in the Report of the Irish Local Government Board, it appears that there has been an increase of £6,658 in "in-maintenance and clothing," an increase of £4,824 in "out-door relief," of £1,195 in cost of "deaf, dumb, and blind," £921 in "salaries and rations of officers," and of £3,573 in "all other expenses," making a total increase of £17,171. The increase in the total number relieved has been 16,936.

The following is a statement of the Parliamentary grant for medical and educational purposes, and for salaries under the "Public Health (Ireland) Act, 1874," for the year ended 25th March, 1877 :—

	Amount allowed for the Year. £ s. d.
Medical purposes	69,773 15 6
Educational purposes ...	9,072 19 3
Total for Medical and Educational purposes	78,846 14 9
For Salaries under Public Health Act	13,347 18 2
Total	92,194 12 11

The total amount allowed under the Parliamentary grant for medical and educational purposes for the year ended 25th March, 1877, namely, £78,846 14s. 9d., is £345 0s. 7d. more than the amount for the previous year.

The amount for salaries under Public Health (Ireland) Act, namely, £13,347 18s. 2d., is £1,180 17s. 3d. more than for the previous year.

While the total expenditure of poor rates for all purposes, viz., relief, medical relief, burial grounds, registration of births, deaths and marriages, sanitary measures, expenses under Superannuation Act, payments under Cattle Disease Acts, and under National School Teacher's Act, was, in 1876, £1,045,505, making a poundage of 1s. 6½d. on the valuation; in 1877 the expenditure for those purposes was £1,030,798, thus showing a decrease in the total expenditure of £14,707. There is, however, an increase on the total poor relief expenditure for the year 1877 of £17,171, but this is more than counter-balanced in the total expenditure, by a net decrease in the other items of expenditure, amounting to £31,878, leaving the actual decrease on the total expenditure for the year £14,707, as above stated.

The current sanitary expenditure for the year was £44,870, in comparison with £39,676 in the previous year.

Metropolitan Water Supply.

The stormy weather of last week seems to have exercised an unfavourable influence over the water supplied by the various water companies to the metropolis. From the high lands the heavy rains brought down with them a very considerable quantity of contamination; and we learn from Dr. Frankland's report that the water drawn from the Chelsea, West Middlesex, Southwark, Grand Junction, and Lambeth Companies, as well as that from the Lea by the East London Company, were much below

the usual summer quality, and were slightly turbid. Moving organisms were seen in the Southwark Company's water, and fungoid growths in that of the Chelsea Company. Viewed through a stratum of two feet deep, all appeared turbid and yellow. The exceptionally high mortality of certain districts appears to be traceable to the impure condition of the water, and diarrhœa became more fatal with the rise in temperature of the Thames water. Thus, the temperature of the Thames, which had been at 60 in the last week in June, rose to 65, and in July to 68, 66, and 67 ; and the weekly deaths from diarrhœa and simple cholera, which had been returned in June at 23, rapidly rose to 76, 156, 256, 349, in the corresponding weeks. The deaths from diarrhœa were very differently and palpably distributed over the fields of the water companies ; thus the deaths in the last few weeks of July were 786 in the districts supplied with water drawn from the Thames and the Lea ; whilst the deaths from those districts supplied with water drawn from the chalk, the Kent Company, were only 19. Again we find in the Registrar-General's Report, of August 10th, the deaths referred to diarrhœa and simple cholera, which in the seven preceding weeks had increased from 23 to 494, declined last week to 343, of which 269 were of infants under one year of age, and 60 of children between one and five years ; and that the fatality of these diseases were markedly increased in the districts of Islington, Mile End Old Town, Poplar, Newington, Battersea, and Camberwell. During the same period we have another remarkable coincidence, that the temperature of the river waters supplied by the various companies ranged from 63·1 to 68·5 Fahr., rendering them all *vapid* and *unpalatable ;* whilst the highest temperature attained by the deep well water was only 56·1. On careful investigation no one can, for a moment, doubt the necessity of supervision being exercised over the health of the inhabitants of the metropolis, and that London should not go on using sewage-polluted water for drinking.

The Registration of Dentists.

The Dental Act came into operation on the first of the current month, and immediately afterwards the Executive Committee of the General Medical Council held a meeting for the purpose of taking action thereon. It was found, upon examination of the Act, that the Council had been saddled with responsibilities and duties which it would never have dreamt of undertaking if it had known of their existence, but the Bill had been allowed to pass without due consideration while the Council was dazed by the questions arising out of the Medical Amendment Bill, and there is now no help for the dilemma into which the Council had gotten itself. Accordingly, it was decided that a special meeting of the entire Council should be called for the middle of October, and that, meanwhile, the registration of dentists should be proceeded with. We hear that the Registrar is overwhelmed with letters of application and inquiry, and, inasmuch as the registration of dentists for Ireland and Scotland is not to be effected in those countries, but in London, we can readily understand that the office in Oxford Street has its hands full. We presume that the registration will be wholesale. By the terms of the Bill (Sec. 6) every person is entitled to be registered who—

(*a*) Is a Licentiate in Dental Surgery or Dentistry of any of the medical authorities.

(*b*) Is entitled to be registered as a Foreign or Colonial Dentist ; or

(*c*) Is, at the passing of this Act, *bonâ fide* engaged in the practice of dentistry or dental surgery, either separately or in conjunction with the practice of medicine, surgery, or pharmacy.

The *bonâ fides* of any applicant is to be determined by the following declaration, which is "required to be made by a person who claims to be registered :"—

"I, John Smith, residing at 14 Waterloo Street, Sheffield, hereby declare that I was *bonâ fide* engaged in the practice of dentistry at Sheffield at the passing of the Dentists' Act, 1878.

"Signed, John Smith.
"Witness, William Robinson.

"Dated this 26th day of August, 1878."

This declaration the registrar may verify, under the 7th section of the Act, by an affidavit, but there is no indication whatever in the Act as to what is to be held to contitute "*bonâ fide*" practice. That is left altogether to the conscience of the applicant, and the Registrar has no power to refuse registration upon the strength of any idea he may form as to the *bonâ fides* of dental practice. We know already, as a matter beyond doubt, that the whole phalanx of druggists who have been in the habit of pulling out teeth, or plugging them with cotton wool or gutta percha, are included, and intentionally included, within the operation of the Act, and are entitled to be officially recorded as dental practitioners. The registration fee will be £2 up to January next, and £5 afterwards, and as there are many tens of thousands of druggists, dentists, and dental mechanics, in the United Kingdom, it may be safely assumed that there will be a rush for the "honours" (!!!) of the dental register.

An Epidemic of Yellow Fever.

America is again suffering from one of those terrible visitations of yellow fever which periodically devastate whole districts in the South, causing the most deplorable panics, which are, in these islands, only understood in a very mild kind of way when an epidemic of small-pox or cholera threatens us. From telegrams received, dated Saturday, the United States Surgeon-General reports that 771 cases of yellow fever and 295 deaths occurred at New Orleans during the past week.

At Vicksburg there have been 400 cases and 69 deaths since the outbreak of the epidemic, and the number is increasing.

At Memphis 144 cases and 53 deaths have occurred during the last six days, and the number is rapidly increasing. Four refugees from infected districts have died at St. Louis. A few cases are also reported from Cincinnatti and Louisville.

The Surgeon-General adds that it is at present impossible to obtain accurate returns of the number of victims at Grenada, the remaining inhabitants being either sick or dying, and abandoned by the panic-stricken negro attendants. Horrible scenes of desolation and suffering are reported. Ninety deaths from yellow fever have occurred at Havana during the past week.

The Small-Pox in Dublin.

According to the Registrar-General's return for the week ending Aug. 17, there is no decrease in the epidemic. The deaths registered for the last ten weeks were as follows:—18, 13, 27, 18, 23, 13, 18, 12, 12, 20. The admission of new cases to hospital within the week were 49, being 12 more than in the previous week, and there was an increase of eight in the number of deaths. The total mortality of the city was 29·1 per 1,000 of the population, and the extent to which dirt and sanitary neglect is chargeable with this excessive mortality, may be judged by the fact that the death-rate for the same week in London was 22·1, in Glasgow 21·2, and in Edinburgh only 18·7, while in the suburbs of Dublin, over which the Public Health Committee of the Corporation has no control, the average ratio was only 16·0 per 1,000. The Public Health Committee remains in a state of collapse, which, however, so far resembles the habitual condition of that body, that the change in the sanitation of the city is not appreciable.

Increase of Lunacy.

The 32nd Report of the Commissioners in Lunacy has just been issued, and we shall shortly draw the reader's attention to its most fmportant features. Speaking generally, it gives a satisfactory account of our asylums, public and private, and it contains a good deal of information not previously tabulated. According to the returns officially made in accordance with the Lunacy Acts, the number of registered lunatics, idiots, and persons of unsound mind in England and Wales on Jan. 1 last, was 65,538 (31,024 males, and 37,514 females), being an increase of 1,902 on those returned for Jan. 1, 1877. The number of private patients was 7,692, composed of 4,172 males and 3,520 females; and the number of pauper patients 60,846, of whom 26,852 were males and 33,994 females. These numbers do not include 265 lunatics so found by inquisition, who reside in charge of the committees, elsewhere than in asylums, registered hospitals, and licensed house.

According to the official return which was presented on Saturday last, the number of small-pox patients at present in the metropolitan hospitals was as follows:—Hampstead, 37; Fulham, 27; Deptford, 149; total, 219. At the previous meeting of the managers the returns were:—Homerton, 5; Stockwell, 16; Hampstead, 62; Fulham, 64; Deptford, 162; total, 3 9. The reduction in the number of smallpox patients was therefore 90.

On accountof the reported prevalence of cholera in Morocco, it has been decided to refuse permission to land from vessels sailing from the North Coast of Africa after Aug. 27, even if they show a clean bill of health. Vessels arriving previous to that date are also refused permission to land passengers if they carry pilgrims. If the passengers are not pilgrims, they will have to preform ten days' quarantine.

Intelligence has been received in Dublin which encourages a hope that Judge Keogh may rally out of the condition of mania into which he suddenly lapsed. His physical health is better. In half an hour after the attack upon his servant he was perfectly calm and rational, and remained so until the day after. The servant Curran, is on a fair way to recovery from his wounds, which have not seriously injured him.

An unconfirmed telegram was received on Monday, to the effect that a number of Moslems forced their way into the military hospital at Banja, and killed the patients, the doctors, and the inmates, and that the Austrians retaliated by indiscriminate slaughter, bombarding the town and levelling it with the ground.

Dr. Nobiling, who made the attempt on the German Emperor's life, will be transferred to a lunatic asylum in order to be observed there, some physicians being of opinion that he is not really deranged, but only simulating madness.

On Saturday last, the magnificent contribution of £3,500 was presented to the Glasgow Royal Infirmary, as the proceeds of an exhibition of paintings lent by the merchant princes of Glasgow and the neighbourhood.

Arsenic has been used in an attempt upon the life of the Emperor of Morocco. His Majesty is at present in a prostrate condition from the effects of this drug.

THE NEW RULES FOR IRISH PRISONS.

The Prisons Ireland Act (40 and 41 Vic. cap. 49), which was passed last year, and under which new rules for the administration of Irish gaols have been framed, has given rise to much debate in medical circles and to influential remonstrances addressed to the Government by gaol surgeons in Ireland. Our space does not admit of our entering fully into the clauses of the Bill which affect these officers, and we must content ourselves with saying that, by those clauses a great number of arduous duties have been added to those with which the surgeons were formerly charged. By the 27th section it is provided that "the officers attached to prisons on April 1, 1878, shall hold their offices by the same tenure and upon like terms and conditions as if this Act had not been passed, and shall receive salaries of not less amount than those which they have hitherto received."

Under this section the gaol surgeons maintain that it is not open to the Prisons Board to impose new duties upon them, although it is admitted that under the 12th section the Board is authorised to "alter or repeal the bye-laws in force for the time being for the regulation of any prison and for the duties and conduct of the officers of the said prison." Nevertheless, the Prisons Board has, as we have said, greatly enlarged the duties of the surgeon, and we presume that it is contemplated that these increased duties shall be paid for—according to the circumstances of each case—by an increase of salary.

Hitherto a somewhat anomalous condition of affairs has existed in respect to the payment of gaol surgeons. By the 6th and 7th Wil. VI. cap. 116, the surgeon of each county infirmary was bound to attend both the prisoners and the officers of the county gaol without fee or reward, and was obliged to produce a certificate that he had done

so, before the grand jury could vote his salary for his attendance at the infirmary. This clause is now repealed, and each infirmary surgeon will receive a separate salary in consideration of his gaol duties. The following are the additional duties imposed by this Act :—

In addition to the duties imposed upon the surgeon of a prison by the seventy-second section of the Act of the session of Parliament held in the seventh year of King George the Fourth, chapter seventy-four, it shall be the duty of the surgeon to see every prisoner in the course of every week, and daily visit the sick prisoners, and the prisoners, if any, confined in punishment cells.

He shall enter day by day, in his journal to be kept in the prison, an account of the state of every sick prisoner, the name of his disease, a description of the medicines and diet, and any other treatment which he may order for such prisoner.

He shall, once at least in every three months, inspect every part of the prison, and enter in his journal the result of each inspection, recording therein any observations he may think fit to make on any want of cleanliness, drainage, warmth, or ventilation, any bad quality of the provisions, any insufficiency of clothing or bedding, any insufficiency in the quantity or defect in the quality of the water, or any cause which may affect the health of the prisoners.

Whenever he has reason to believe that the mind of a prisoner is or is likely to be injuriously affected by the discipline or treatment, he shall report the case in writing to the gaoler, together with such directions as he may think proper, and he shall call the attention of the chaplain to any prisoner who appears to require his special notice.

He may, in any case of danger or difficulty, which appears to him to require it, call in additional medical assistance, and no serious operation shall be performed without previous consultation being held with another medical practitioner, except under circumstances not admitting of delay, such circumstances to be recorded in his journal.

He shall, forthwith on the death of any prisoner, enter in his journal the following particulars, videlicet, at what time the deceased was taken ill, when the illness was first communicated to the surgeon, the nature of the disease, when the prisoner died, and an account of the appearances after death, together with any special remarks that appear to him requisite.

It is not, however, of the imposition of these additional duties that the surgeons specially complain, but of the putting upon them the duties of apothecaries, which are not mentioned in the Act or in the rules, and which have been always hitherto discharged by a regular pharmaceutist. By the 59th section it is provided that "any enactment contained in the Prisons Acts which requires that a local inspector, or more than one medical officer, or an apothecary, shall be appointed for any prison, shall be and the same is hereby repealed," and the Prisons Board has availed itself of the permission thus given to it to abolish the office of prison apothecary, and compel the surgeons to dispense as well as prescribe the medicines. There are forty gaols in Ireland, and the arrangements adopted in them for the compounding of medicines have not been uniform. In seventeen of them an apothecary was retained at a salary, in 22 of them the medicines were supplied by a local apothecary as a contractor but not as a prison officer, and in one of them the surgeon acted as apothecary, receiving a special salary for the duty. As we have said, the recent Act sets down with minuteness the duties of the surgeon, and the rules which have received the sanction of the Privy Council, reiterate the enumeration of those duties, but as the dispensing of medicines is nowhere included the Prisons Board has thought fit to send away the apothecaries and throw their work upon the surgeons. The great majority of these officers protest most emphatically against the imposition of this new function, and have put their remonstrance in the form of a memorial, and have also represented the matter verbally by means of a deputation to the Under Secretary. They maintain that the addition of a new and troublesome duty to their previous functions is a breach of the contract under which they hold their offices. They protest that their time is too much engaged; that there are officers already existing more competent for such a duty than the surgeon; and lastly, that they cannot undertake drug compounding without lowering their professional position. From the fact that, up to the present time, the infirmary surgeon was—*ipso facto*—the gaol surgeon, and that he was also necessarily Licentiate of the Irish College of Surgeons, it happens that very many of the gaol surgeons—11 out of the 40—are Fellows of that College. These gentlemen are bound in the following declaration :—

"I will, to the utmost of my power, endeavour to promote the reputation, honour, and dignity of the said College, and I do not practise the businesss or profession of an apothecary or druggist, and I will not, so long as I shall be a Fellow of said College, practise such business or profession."

Should the Prisons Board insist upon carrying their intentions in this respect into effect, the gaol surgeons who are Fellows must either resign their Fellowship or their office in connection with the gaol, or, inasmuch as this step would involve the loss of their pensions, refuse to undertake the dispensing of the medicines, and leave the Board to its own course. The nature of the reply given to the deputation, and the tenor of the observations of the chiefs of the Prisons Department, lead us to hope that none of these alternatives will be inevitable, but that the Board will see fit to rescind their order, at least, as regards the surgeons now in office.

THE DENTAL LICENSE OF THE IRISH COLLEGE OF SURGEONS.

As the registration of dentists has commenced, it is open to the colleges named in the Dental Bill to proceed at once to hold examinations. We understand that it is probable that the Council of the Royal College of Surgeons will at once elect a Special Court of Examiners, and that an examination will be held in the first or second week of September for the admission of candidates. We shall lay full particulars before our readers in due course.

Medical News.

University of London.—*First M.B. Examination—Examination for Honours :—*

Anatomy—1st Class.—John Shaw, Exhibition and Gold Medal, St. Thomas's Hospital; Victor Alexander Haden Horsley, Gold Medal, University College. 3rd Class.—Percy Edward Shearman, University College.

Histology and Physiology—1st Class.—Richard Bredin, Gold Medal, Liverpool Royal Infirmary School of Medicine; Charles Alfred Weber, B.A., B.Sc., Gold Medal, St. George's Hospital; Robert Maguire, Owens College; David Alexander King, St. Bartholomew's Hospital; Victor Alexander Haden Horsley, University College; Percy Edward Shearman, University College; John Shaw, St. Thomas's Hospital. 2nd Class.—Louis Alfred Cantin, St. Bartholomew's Hospital, Arthur Edward Permewan, University College, equal; Denis McDonnell, King's College, Beavan Neave Rake, Guy's Hospital, equal; Louis Coltman Parkes, University College; Thomas Kirsopp, St. Bartholomew's Hospital, William Rushton Parker, University College, equal. 3rd Class.—Henry Thurston Bassett, Queen's College, Birmingham, and Guy's Hospital; Walter Duncan Thomas, St. Bartholomew's Hospital; Henry Hoole, Charing Cross Hospital; Thomas Vincent Dickinson, St. George's Hospital.

Organic Chemistry—1st Class.—Richard Bredin, Exhibition and Gold Medal, Liverpool Royal Infirmary School of Medicine; Beavan Neave Rake, Guy's Hospital; Robert Maguire, Owens College.

Materia Medica and Pharmaceutical Chemistry—1st Class.—Percy Edward Shearman, Exhibition and Gold Medal, University College; John Shaw (obtained the number of Marks qualifying for the Exhibition), St. Thomas's Hospital; Henry Maudsley, University College. 2nd Class.—Arthur Edward Permewan, University College; Arthur Newsholme, St. Thomas's Hospital, Beavan Neave Rake, Guy's Hospital, equal.

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

PUBLIC HEALTH (IRELAND) ACT, 1878.

Royal College of Surgeons.
Dublin, August 9th, 1878.

DEAR SIR,—By direction of the Council of the Irish Medical Association, we take the earliest opportunity of acquainting you that the "Public Health Bill" has become law.

We may remind you that in May, 1877, a petition was presented to the House of Commons by the Dispensary Medical Officers of Ireland, praying that the law might be altered in the following respects :—

(*a*) That a system of independent supervision, analogous to that which exists in England, should be established in Ireland ;

(*b*) That proper remuneration should be provided for the performance of special sanitary duties—such as visiting the sick on ship-board, certifying for the removal of bodies of persons dead of contagious diseases, and attending in court as professional witnesses ;

(*c*) That the scale of remuneration then in force should be withdrawn—by which a sanitary authority could not allow, for his services under the Public Health Act, to a dispensary medical officer more than a fourth of his salary as such ; inasmuch as the remuneration so paid (which, in but very few instances, reached the maximum) proved inadequate, and caused widespread dissatisfaction ; and

(*d*) That the title of "Sanitary Officer" should be changed to that of "Medical Officer of Health."

On the 17th of May, 1877, this Association sent a deputation consisting of three members of the Council to London, to wait upon Sir Michael Hicks Beach, then Chief Secretary for Ireland. The deputation, which was accompaied by sixteen members of Parliament, was courteously received, and the foregoing subjects were very fully discussed. The Bill was subsequently referred to a select committee of the House of Commons, when it was considered essential to send a second deputation to London. Dr. Grimshaw (then chairman of Council), was deputed to represent the views of the Association, and he had to remain in London during the time the Bill was before the select committee ; his thorough knowledge of the subject was of incalculable benefit in guiding the members of the committee, and unquestionably had this Association merely sent forward a written statement of its views, little or nothing would have been conceded. It was through its representatives going to London, and proving to members of Parliament, at personal interviews, the justice of our claims, that the results about to be commented upon were effected—results which give this Association much reason for congratulation—in a word, with the exception of the first request in the petition of the dispensary medical officers, namely, independent supervision, every point has been granted.

Independent Supervision.

The Irish Medical Association has always strongly advocated the system of independent supervision, but has invariably been met with an official reply to the effect that the Local Government Board had the power already if they considered it necessary to exercise it, or, in other words, that it was a subject for administration and not one requiring legislation ; but Sir Michael Hicks Beach informed the deputation that he did not deny that more supervision was required.

In the report of the Local Government and Taxation of Towns (Ireland) Commission, dated 15th February, 1877, the necessity of supervision is strongly commented upon, and reform in this respect advocated.

In reference to the supervision question, it may be stated that the vice-president of the Local Government Board for Ireland, in his evidence before the Royal Sanitary Commission, gave it as his opinion (in reply to question 11,971), that the staff of the department would require augmentation in the event of obtaining additional control over sanitary affairs ; it is the augmentation thus indicated, and which experience has shown to be necessary, that the Association still seeks to have effected.

The Viscount Powerscourt, at the request of the Council of this Association, placed the following amendment on the notice paper of the House of Lords, viz.:—

"The Local Government Board shall, from time to time, appoint so many fit persons as the Lords Commissioners of Her Majesty's Treasury shall sanction, being practising physicians or surgeons, to be inspecting medical officers of health, to assist in carrying out the provisions of this Act, and may remove all or any of such officers and appoint others in their stead.

"There shall be paid to such inspecting medical officers of health such salaries as shall, from time to time, be appointed by the Lords Commissioners of Her Majesty's Treasury, out of any moneys which may from time to time be provided by Parliament for that purpose.

"Within six calendar months after the passing of this Act, the Local Government Board shall divide the whole of Ireland into districts, for the purposes of sanitary inspection, and every such district shall be subject to the supervision of an inspecting medical officer of health."

But as the Government represented to him that the insertion of this clause would probably give rise to such opposition in the Commons, as would imperil the passing of the Bill, Lord Powerscourt thought it unwise, at that late period of the session, to press the matter further, and accordingly withdrew the amendment.

With reference to the other points it will, perhaps, be the most convenient course to take them in the order in which they occur in the petition.

Sanitary Duties on Ship-board.

Section 152 of the Public Health Act, 1878, provides that "whenever the medical officer of health of any sanitary district performs any medical service on board ship

he shall be entitled to charge extra, at a rate to be fixed by the Local Government Board, and such charges shall be payable by the captain of such vessel, together with any reasonable expenses for the treatment of the sick," whereas in this Bill, as first introduced, the words alluding to such payment ran thus :—"He shall be entitled to charge extra for such service at the general rate of his allowance for services for the union, district, or place for which he is appointed." This latter arrangement would have been most unsatisfactory, and would have permitted only a fee so ludicrously small as not to exceed, in many instances, *one penny a visit!*

Certifying for Removal of Dead Bodies.

Section 158 fixes a guinea as the fee for certifying for the removal of the body of a person dead of an infectious disease; whereas in the clause in the Bill, as first introduced, no provision was made for remuneration. Subsequently a fee of ten shillings was inserted, which, owing to the exertions of this Association, was raised to a guinea.

Remuneration for Evidence at Sanitary Prosecutions.

In section 258 provision is made that the medical officer of health is to be remunerated for giving evidence in court at sanitary prosecutions at a rate to be approved by the Local Government Board. In the Act of 1874 there was no provision of this kind, and this was felt to be a great hardship. As the section is an important one, it is thought advisable to give it *in extenso* :—

"Every officer of a sanitary authority shall attend and assist in any prosecution instituted by such authority on receipt of an order from such authority so to attend: Provided always, that if a medical officer of the sanitary authority shall so attend and assist, he shall be entitled to remuneration from the sanitary authority at such rate as the Local Government Board shall approve, unless it shall have been agreed that the duty of affording such attendance and assistance shall be included in his salary, or that his whole time shall be occupied in the discharge of the duties of his office; and such payment shall be deemed to be expenses incurred by the sanitary authority under this Act, and may be recovered as part of the costs of the prosecution."

The words "*unless it shall have been agreed that the duty of affording such attendance and assistance shall be included in his salary*" might possibly be overlooked or misconstrued, and therefore the Council of this Association are desirous that every *medical officer of health should be warned not to make any such compact*, which would prevent him claiming his fee for attendance and evidence at court.

Withdrawal of Fixed Scale.

In section 11 the scale by which the fourth of his dispensary salary was the maximum the medical officer could receive for carrying out sanitary duties has been withdrawn. This scale question was always felt to be the greatest grievance the medical officer suffered from. Comparing this section with the English Public Health Acts, it will be seen that no *fixed scale* of remuneration is sanctioned by the English Acts, the salary of each officer being left an open question to be decided on its merits. It appears from the correspondence between the Local Government Board for Ireland and the Treasury (published in the Report of the Board for 1874), that the scale of salaries suggested by the Local Government Board was sanctioned only because it "*did not appear to be exorbitant*"!

In some instances where sanitary authorities were willing to remunerate the medical officer of health somewhat more liberally than the fixed scale allowed, the Local Government Board for Ireland has to state that they were exceeding their powers; but on the other hand the Board had to compel a few local authorities to pay more liberally than they proposed.

The withdrawal of the scale now enables a sanitary board, with the consent of the Local Government Board and the Treasury to apportion suitable remuneration to a district medical officer of health, on the merits of the case, which is the fair principle to go upon, and it is to be hoped that this power will be suitably exercised. The difficulty of having the scale abolished was almost insuperable. Sir Michael Hicks-Beach informed the deputation he would not be unwilling to see the scale raised, but said the difficulties with the Treasury were very great. *The Select Committee last session allowed the scale to remain*, but the energetic action of the late Chairman of Council, and his representations to Sir Michael Hicks-Beach, induced him to influence the Treasury, and he made a conditional promise that if the Bill was permitted to pass last session he would withdraw the scale. Owing, however, to opposition from a few members of Parliament, at a late period of the session, the Bill was withdrawn. Upon its reintroduction this session, it was found the scale had been left in. Very recently, Mr. Meldon, the member for Kildare, impressed upon the Attorney-General for Ireland and others the importance attached by the Irish Medical Association to this question, with the gratifying result of obtaining its withdrawal. The Association is most deeply indebted to Mr. Meldon for the valuable advice and assistance he has on all occasions rendered the Association in reference to the Public Health Bill.

The Council are of opinion that the Medical Officers of Health should prepare to apply to their sanitary boards for equitable remuneration.

New Title—Medical Officer of Health.

In section 11 the title of Medical Officer of Health is conferred in the following words :—"The medical officer of a dispensary district shall be a sanitary officer for such district under the title of 'Medical Officer of Health.'"

Titles of other Sanitary Officers.

In sections 87 and 59 respectively, the "executive sanitary officer," and "sanitary sub-officer," are respectively alluded to as "Clerk of the Sanitary Authority" and "Inspector of Nuisances." These alterations were advocated by the Irish Medical Association, in order that each official should have an intelligible designation, as was always the case in the corresponding Acts for England.

Notice of Interment to be given to Registrar of Deaths.

In section 191 provision is made that a return, containing the name, address, date and cause of death of every person who shall have been interred in each burial ground shall be made to the registrar of deaths for the district in which the death took place, which will provide for a more complete registration of deaths than has hitherto existed.

Observations.

The above observations dispose of the matters of interest to the medical officers of health, and for obvious reasons could not well have been abridged, but for further information the Act itself should be consulted.

The object of the Public Health (Ireland) Act was to consolidate into one act the various provisions, with respect to sanitary matters and burial grounds, of the several Acts in force (no less than twenty-six in number), and to amend them where required. The new act will prove a great convenience and advantage to all concerned in carrying out the sanitary laws in Ireland.

When it is remembered that a period of three years has elapsed since the introduction of the Public Health Bill, containing no less than 294 clauses, and the many difficulties and obstacles it met with, the Council are gratified to be able to announce the satisfactory result of their exertions with regard to this measure, which involved constant labour and considerable expense—the latter amounting to about £150, or about half the income of the Association for one year. The expenses were of necessity heavy; the cost of the deputations alone having been £120. We take this opportunity of reminding those members whose subscriptions are still due of this fact, and would observe that it is quite impossible to carry on effectively the affairs of this important Association, numbering over 600 members, unless the annual subscriptions are paid punctually. No better proof of the usefulness of this Association, or of its successful exertions, need be cited than the modifications which it has obtained in the Public Health Act. The hon. treasurer, Dr. Minchin, recently reported to the Council that a sum of nearly £300 was due to the Association, some members' annual subscriptions being three or four years in arrear; a state of matters which is much to be deplored.

In conclusion, it is hoped and expected that those dispensary medical officers who have hitherto held aloof from the Association will now come forward and have their names added to

the list of its members, and thus help to defray the expenses incurred in obtaining advantages for them, towards which they have not hitherto contributed, notwithstanding the fact that they have gained so considerably by them; for the greater the amount of support accorded to the Association the greater its power and influence—with natural results—must be.

We remain, yours faithfully,

THOMAS PURCELL, Chairman of Council.
JOHN WILLIAM MOORE, Hon. Sec. to Council.
JOHN H. CHAPMAN, Hon. Secretary.

MOUNTMELLICK UNION.

PAYMENT OF SUBSTITUTES.

THE following letter was read from the Local Government Board:—

"Local Government Board, Dublin,
"7th August, 1878.

"SIR,—The Local Government Board for Ireland have had before them the resolution of the board of guardians of Mountmellick Union of the 27th ult., proposing to cancel the order made on the 20th ult., for payment of the temporary substitute for the medical officer of the Clonaslee dispensary district during the illness of the latter; and the Board desire to point out that the guardians had no power to 'cancel' or rescind the resolution of the 20th ult. without the necessary notice.—By order, &c.

"B. BANKS, Sec."

PAYMENT IN MIDWIFERY CASES.

The Local Government Board forwarded a letter received from Dr. Rice, Mountmellick, relating to his claim for remuneration for assisting Dr. Neale in a difficult midwifery case, and also for acting as temporary medical officer for Dr. Neale during his illness for three weeks. Dr. Rice's letter was as follows:—

"To the Local Government Board.
"Mountmellick Union, 5th Aug., 1878.

"GENTLEMEN,—On the 8th May last, before five o'clock in the morning, Dr. Neale, the medical officer of the Clonaslee dispensary district in this union, sent to me by his own man and car a note requesting me to assist him at once in a bad case of midwifery—a dispensary patient. I did so immediately, and on application being made to the board of guardians for my fee of £2 2s., I am informed that not having been sent for by the relieving officer they would not pay me. I did the duty when called on, and under the circumstances urgent as they were. Dr. Neale had no time to lose looking for a formal relieving officer's order at that hour in the morning, between three and four o'clock, unless with great risk for the safety of the poor woman. The distance from Clonaslee to here is seven miles. On the 17th June last the dispensary committee of Clonaslee, as on former occasions, appointed me *locum tenens* for three weeks at £3 3s. per week for Dr. Neale, who broke his arm, and to whom they granted leave of absence; and on applying for payment after having performed the duties, I understand that two guineas a week was agreed to be paid by the board, and on the following Saturday some members of the board of guardians, and who supported the payment of the two guineas, brought forward a resolution condemning their act of the week before, and passed a resolution that I was not to be paid. I was appointed by the dispensary committee. I was told so by one of its members a couple of days after the appointment. I had it recorded on the books of the committee, and if the honorary secretary neglected to inform the board of guardians at the time, I do not see why I should suffer by such neglect. My demand is £11 11s. —£2 2s. for midwifery case, and £9 9s. for three weeks at the dispensary. I respectfully lay these facts before your Board, and await your reply.—I am, &c.,

"HENRY J. RICE, M.D."

A desultory conversation took place on the letter, which ended by Mr. Peacock giving notice he would move on this day fortnight that Dr. Rice be paid two guineas in the midwifery case and three guineas per week for acting substitute for Dr. Neale.

Mr. Cobbe handed in a counter notice of motion—that the resolution granting Dr. Rice two guineas a week for acting substitute to Dr. Neale be rescinded, as it was unjust to ask the ratepayers to pay for a substitute be (Dr. Neale) not having become incapacitated while in the discharge of his duty.

SCARIFF UNION.

IT appeared from the minutes of the Feakle dispensary committee that complaints were made by that body for some of their members issuing tickets for medical attendance to persons in comfortable circumstances. In one case where a red ticket was issued the doctor was offered a fee but refused to take it, and the committee wished to know from the Local Government Board what course a medical officer was to take in future where fees were offered under similar circumstances.

The Chairman—It is very hard to ask a doctor to attend where fees can be paid. Dr. Dunworth was offered a fee in this case; where Mr. Keane issued a ticket, he did not take it, the doctor indeed admitted the party was very poor. There was another case of a woman named Margaret Naughton, whose poor-law valuation was £13. She paid her rent satisfactorily, and ought to be able to pay a doctor. In a third case—whose name he forgot—a ticket was received, though he could drive his own jaunting car.

Dr. Cogan—The committee should bear in mind that medical officers undertook those duties for miserable salaries to attend paupers, but not persons having twenty cows on the field.

The subject then dropped.

CARLOW UNION.

A LETTER from Dr. William O'Meara was read, in which he said—I beg leave to remind the Board that in *every case* where attendance at cholera sheds was thrown upon the Dispensary Medical Officer, special remuneration has been made to him by the Board. Consequently the sum of £8 is due to me for attendance.

The Chairman observed, with reference to Dr. O'Meara's application, that it had been the usage of the Board to pay their medical officer for attendance on cholera or small-pox.

Mr. Casey concurred in opinion with the chairman, and said he had made references on the subject, and found that the chairman's memory was quite correct, as the books of the Union showed. He therefore, believed it both quite right, and in accordance with the usage of the Board, to pay exceptional fees to the medical officer for exceptional work.

The Chairman ruled that the application be endorsed subject to approval of Local Government Board.

ABBEYLEIX UNION.

THE SALARIES OF SANITARY OFFICERS.

THE following important reply was received from the Local Government Board respecting the proposition passed by the guardians some time ago, to reduce the salary of the consulting sanitary officer (Dr. Swan) from £20 to £5 per annum:—

"Local Government Board, Dublin,
27th July, 1878.

"SIR,—The Local Government Board have had before them a resolution of the board of guardians of Abbyleix Union of the 25th ult., proposing to reduce the salary of the consulting sanitary officer from £20 to £5 per annum, on the ground that he was only called on upon three occasions since his appointment to give his attention to

sanitary matters; and in reply I am to state that in the event of a vacancy occurring in the office the Local Government Board will be prepared to take the guardians' present proposition into consideration; but as the present officer has been appointed, and the salary fixed and approved of, the Local Government Board consider it would be an unusual course to make any alteration in his remuneration.—By order, "B. Banks, Sec.

"The Clerk, Abbeyleix Union."

The following resolution was unanimously accepted:—"Resolved, that the letter of the Local Government Board, dated 27th July, 1878, in reply to the unanimous resolution of the board of guardians of the 24th June, 1878, proposing the reduction of the salary of the consulting sanitary officer is not satisfactory, as if accepted by this board it would virtually place the officers independent of the board of guardians, especially as the Local Government Board state in their letter that they will be prepared to take the proposed resolution into consideration in future appointments. We request them to reconsider their decision, and sanction the proposed reduction."

LEAVE OF ABSENCE TO MEDICAL OFFICERS.

Mr. Mercier, on behalf of the secretary of the Durrow dispensary committee, forwarded the following extract from minutes:—"Dr. Palmer having upon the grounds stated in his medical report applied for leave of absence of four weeks, we recommend that his substitute be paid out of the rates, and that Dr. Stoney fill his place at three guineas a week. The chairman dissented to the payment of the substitute, as Dr. Palmer's illness is not stated to have been caused by his duties attending the dispensary.

The recommendation of the committee was adopted.

Mr. Lodge said the chairman's ground for dissent was that it was not shown that the doctor got sick in the discharge of his duty.

Mr. Owen remarked that the Donaghmore board of guardians had a resolution on their book not to pay a substitute for any officer unless he was incapacitated by ill-health while performing his duties.

Mr. Owen.—Was he incapacitated by over-exertion in doing his duty?

Mr. Lodge.—I cannot say that.

Mr. Owen.—Because if not, you may have this a chronic case, going from month to month.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING AUG. 17, 1878.

Total registered deaths in Dublin and suburbs*	... 176
Ten years average of same week	... 123
Excess of mortality above average	... 53
10 weeks' ratio of deaths Rathmines	18·7 per 1,000
" " " Donnybrook†	16·4 "
" " " Blackrock	13·7 "
" " " Kingstown	15·2 "
" " Entire Dublin District	29·1 "
COMPARATIVE RATIOS—London ...	22·1 "
" " Glasgow ...	21·2 "
" " Edinburgh ...	18·7 "

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Fifty-six deaths resulted from zymotic diseases, being 9 more than in the preceding week, and 24 over the average for the 33rd week of the last ten years. They include 20 from small-pox, 17 from diarrhœa, 4 from whooping-cough, 4 from fever (1 typhus, 2 typhoid, and 1 simple continued fever), 2 each from scarlatina and diphtheria, and 1 each from quinsy, croup, and simple cholera, &c. The deaths from small-pox registered during the last ten weeks have been respectively—18, 13, 27, 18, 23, 13, 18, 12, 12, and 20. Lf the 20 deaths recorded last week 3 are chargeable to the North City Districts, 15 to the South City, 1 to Rathmines, and 1 was a case admitted into hospital from without the Registration District. The number of new cases admitted into the Dublin Hospitals last week was 49—being 12 more than in the preceding week; 38 patients were discharged; 17 died, and 119 remained under treatment on Saturday last, being 6 less than at the close of the previous week.

Twenty deaths from convulsions were registered.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, August* 17, 1878; *the Total Number of* BIRTHS AND DEATHS *registered during the Week, with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	Area in Statute Acres.	Population in 1871.	WEEK ENDING SATURDAY, AUGUST 17, 1878. Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . .	10,050	314,666	29	192	176	37	28	20	...	2	2	4	4	17	3	...	50
BELFAST . .	20,687	182,082	29	149	101	31	11	...	...	3	..	3	3	12	1	...	4
CORK . .	13,816	91,965	19	34	34	12	6	...	1	...	..	...	..	4	...	2	10
LIMERICK .	8,509	44,209	18	29	15	2	5	..	...	...	...	1	...	...	...	...	11
LONDONDERRY .	21,865	30,884	22	15	13	1	4	...	...	..	...	...	1	1	...	...	2
WATERFORD .	17,209	30,626	17	17	10	1	5	...	1	...	...	...	...	...	...	4	...
GALWAY . .	21,358	19,692	26	7	10	...	4	...	...	..	...	...	...	...	...	4	4
SLIGO . .	30,835	17,285	21	14	7	...	2	...	...	..	...	...	...	...	...	...	

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 4, 1878.

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THE MECHANICAL SYSTEM OF UTERINE PATHOLOGY.

By GRAILY HEWITT, M.D. Lond., F.R.C.P.,

President of the Harveian Society, &c., &c.

LECTURE I.—(*Continued*).

(*Continued from page* 161.)

Definition of Anteversion and Anteflexion

Connected with the subject of the mechanics of the uterus is the definition of what constitutes anteverson and anteflexion. Before proceeding further this definition is absolutely necessary.

One question to be determined is—What is the amount or degree of anteversion or anteflexion which the uterus possesses in a state of health?

This is partly an anatomical and partly a clinical question, and, abstractedly speaking, it is one not easy to settle. And yet some settlement must be arrived at before we can with advantage discuss the frequency and importance of certain varieties of uterine distortion and displacement.

Since attention has been more prominently directed to the subject of uterine flexions, the remark has been frequently made by critics on the opposite side that it is natural to the uterus to be in a state of anteflexion or anteversion; and this by no means precise statement has been urged as an objection to the views of those who attach clinical importance to the existence of anteflexion. It appears that, normally, the uterus has, before puberty arrives, a very slight tendency to anteflexion or anteversion, and that the increased growth and development of the organ coincident with puberty involves, amongst other things, a certain relative elevation of the fundus and a diminution of the flexion. It appears also that in some cases, where the general development is retarded or interfered with, the uterus may retain for some time after the ordinary age of arrival of puberty this slightly anteflexed condition. But I believe that these cases are altogether exceptional, and that the amount of anteflexion which the perfectly normal healthy uterus possesses is very slight, though I admit that it is appreciable in degree.

A circumstance to which I would direct attention in the endeavour to estimate the degree of this anteflexion is the importance of not confounding the slight natural anteversion of the uterus towards the horizon as the patient stands upright with real anteflexion. The uterus, when in its natural position (see fig. 1), is situated with its long diameter very nearly in what is termed the curve of Carus. A line starting from a point a little behind the centre of the pelvic brim, and following this curve, would be slightly inclined to the horizon, the body being upright. Regard must be had to this circumstance. Next we must endeavour to estimate the amount of change of position of the uterus involved in the physiological action of the other pelvic organs. The bladder has an important influence in this particular. How far do varying conditions of the bladder, as regards fulness or emptiness, affect the position of the uterus in a state of health? It seems that the middle portion of the uterus, and a part just below this, are intimately connected with the bladder; the uterus and the posterior and lower angle of the bladder are thus inseparable. This portion of the uterus, moreover, does not move forwards to more than a very slight extent, in consequence principally of its fixation by the utero-sacral ligaments. On the other hand, it would seem that in great distension of the bladder this part of the uterus might be pushed considerably backwards. Dr. Braxton Hicks has made some interesting experiments showing the effect of extreme distension of the bladder in producing retroversion. What happens to the fundus of the uterus, however, when the bladder is empty? Does the uterus fall into a state of anteversion, with the fundus occupying the position of the bladder, or do the intestines descend to fill up the vacant space created by evacuation of the bladder contents? Observation has convinced me that in a state of health the oscillation which occurs is between the bladder and the intestines, and not between the bladder and the body of the uterus. Probably, therefore,

the motion forwards of the body of the uterus during collapse of the bladder is very slight when the parts are in a normal condition.

I wish here to insist on the fact that in making an ordinary digital examination of the uterus, when this organ is in its proper position, the body of the uterus cannot be felt by the point of the finger unless it be introduced a very considerable distance. Contrast, for instance, the distance of the anterior part of the body of the uterus from the vulva aperture in the accompanying figure—fig. 12—the uterus being in a state of decided anteflexion, with its position in fig. 1, p. 139. It should not be possible easily to define the anterior surface of the fundus uteri by the finger. The circumstances are altered in either of two events—(1) when the uterus as a whole descends too low ; (2) when it is anteverted or anteflexed. Now, under either of these circumstances, the finger readily arrives at the body of the uterus, and its outline may be defined with more or less completeness, according to the degree of the displacement. If the fundus be readily, or too readily, recognised by the touch, the uterus is not, according to my view of the matter, in its normal position. No one of course doubts the existence of anteversion ; no one at the present day disbelieves in the existence of anteflexion, but there are many who do not recognise these conditions in the cases actually under their observation, either because they do not look for them, or because, as frequently happens, really severe anteversions and flexions are overlooked or under-estimated. The misapprehension arises from a want of accuracy of definition as to what is normal anteversion ; as to what is the line dividing this latter from a real displacement. From what I have seen in private, and in consultation practice particularly, I am aware that the foregoing statement as to the general want of precision in regard to what is and what is not anteversion or flexion, as the case may be, is correct. Again, it should be borne in mind that under ordinary circumstances the examination is made with the patient lying on the side or on the back. My own observations have almost invariably been made in this manner. But it seems evident that if the patient were in the standing position any existing anterior displacement might be considerably intensified. I strongly suspect that such exaggeration does actually occur, and if

FIG. 12.

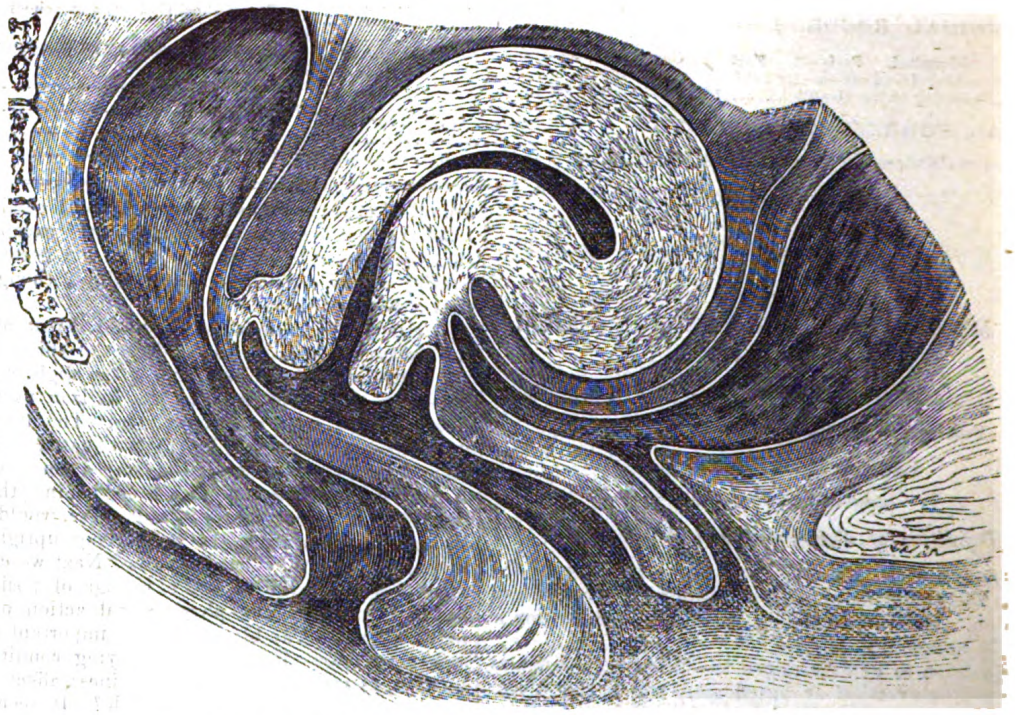

Fig. 12 represents a case of what may be termed the second stage of anteflexion of the uterus, with resulting displacement of fundus downwards and forwards.

so, the conclusion is natural that the degree of anteversion present as the patient lies on the side is really less than what occurs in the upright position of the body. At all events, this would seem to show that conclusions as to the frequency of anteversion and flexion based on examination made in the lateral position are more likely to underestimate than to over-estimate this numerical frequency.

In order to avoid needless repetition, I have coupled anteversion and anteflexion together ; but, of course, it must be understood that anteversion pure and simple may be present without involving necessarily any flexion ; and, *vice versâ*, there may be anteflexion without any version accompanying it. More commonly the two are associated, there being a preponderance of one or the other element in different cases. There is more difficulty in diagnosticating by the touch anteflexion alone than when it is accompanied by version, unless in cases where the uterus as a whole is lower down in the pelvis than usual. When the uterus is abnormally high in the pelvis, acute flexion forwards may be present, and may be difficult to appreciate by the touch. Such cases are, however, very rare, and in very few instances of acute anteflexion is there any difficulty whatever in outlining the tumour thus created by the ordinary digital examination.

It will be observed that, in speaking of the recognition of anteversion or flexion, I have said nothing of the use of the sound, and purposely so, because, as a diagnostic aid, it should only be used after careful digital examination has been made. To use the sound as the first procedure may have the effect, unless it be very judiciously employed, of so disturbing the real position and shape of the uterus that erroneous inferences may be drawn. If the uterus be soft and much flexed the sound may straighten it for the moment, and the distortion is thus undetected ; and when

the uterus is not soft, the mere introduction of the instrument almost necessarily alters the position of the organ, reducing an anteversion, and restoring the axis of the uterus to its proper position for the time being. If, as is sometimes done, the speculum be first introduced, and the sound passed in through the speculum, no idea of the real position or shape of the uterus can possibly be arrived at. Many cases of severe anteversion and flexion thus escape recognition. It is obvious that in any attempt to ascertain the actual position and shape of the uterus great care should be taken to disturb it as little as possible by use of instruments, in the first stage of the investigation at all events.

Respecting *retroversion* and *retroflexion* of the uterus it may be said that the definition of these conditions requires little to be added. All agree in considering an inclination of the axis of the uterus backwards a retroversion, and flexion of the canal backwards a retroflexion. And it is admitted on all sides that retroversion and retroflexion are not natural conditions of the uterus. Usually, also, the diagnosis of these conditions by the touch is easier, a projection backwards behind the posterior vaginal cul-de-sac being at once recognised as something abnormal.

Forces of a Dislocating Tendency.

It will be necessary in the next place to consider the nature of the forces which may be brought to bear on the uterus, and which are capable of materially altering its physical relations. Intimately connected with this question is another—the effect of certain abnormal conditions of the uterus in weakening its natural resistance to the effects of mechanical forces; but it will be convenient to keep the two questions for the present dissociated.

What, then, are the mechanical forces which may act prejudicially on the uterus? The most powerful of these is, undoubtedly, a fall, and especially a fall in which the lower part of the sacral region comes violently and suddenly in contact with the ground or other hard substance. Instances of this kind are: slipping on the pavement on a piece of orange-peel; being thrown from a carriage; tripping while going down stairs, an accident which sometimes involves a succession of shocks, as the lower part of the spine strikes step after step in the progress downwards. The most healthy uterus may, in consequence of such accidents, become dislocated.

Hardly less severe in their possible effects are violent strains and sudden powerful muscular exertions made by individuals unaccustomed to such efforts. A young lady I knew lifted a patient, who had fallen on the floor out of a chair, from the floor to the chair again, and sustained thereby severe injury of this kind. Another, in a spirit of bravado, carried a heavy weight across a room with a similar result. Then lifting invalids from side to side of the bed I have frequently known to produce great mischief when done by young ladies unaccustomed to much physical exertion. Trained nurses are aware of the effect of these and like exertions in producing severe uterine disturbance. Several cases which have come under my notice have had their starting-point in the effort of removing heavy pieces of furniture.

Excessive and tiring walks and long mountain expeditions are very liable to severely strain and displace the uterus. Young women require to be carefully trained for such exertions, or great mischief may in this way result; they should not be permitted to undertake such exertions unless after being gradually accustomed to them, and even then there is great risk. Great mischief results from the excessive walking practised at some schools as part of the daily routine; the weakly ones are occasionally seriously injured in this way.

(To be continued.)

FIG. 13.

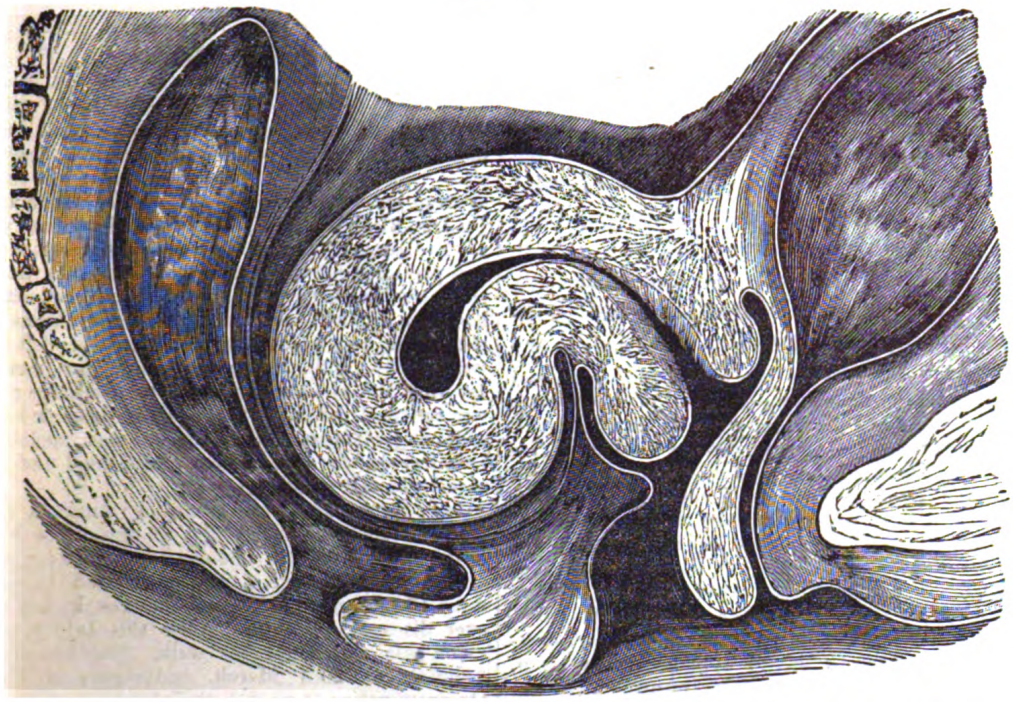

Fig. 13 represents a third stage of retroflexion of the uterus with considerable pressure on the rectum.

INFANTILE diarrhœa is not quite so prevalent this season as usual, if we except one or two large towns. The deaths from scarlet fever and diphtheria are excessive in Birmingham and Salford, whilst small-pox has almost disappeared throughout the kingdom, 23 deaths only being reported during the week.

ON SAYRE'S TREATMENT OF SPINAL CURVATURES BY PLASTER JACKET. (a)

By H. MACNAUGHTON JONES, M.D., F.R.C.S.I.

THIS time twelve months, the British Medical Association accorded to Dr. Sayre, of New York, such a reception and ovation during his demonstrations on spinal cases, as is seldom accorded by British surgeons to any visitor.

The immediate success of his treatment, as visibly and practically proved at those demonstrations, carried his audiences completely away, and the enthusiasm manifested at this new and valuable means of treating spinal curvatures was great. One year has passed by, and British surgeons have given, all over the United Kingdom, the plaster jacket and suspension a fair trial, and though hardly sufficient time has yet elapsed to obtain a decided opinion as to the value and superiority of this support and plan over others, still, in that time, many surgeons in various degrees of spinal deformity, must have sufficiently tested its utility to help to a conclusion. I had the advantage of seeing Dr. Sayre give a demonstration a second time in Cork, subsequently to his Manchester visit, and having treated an unusually large number of spinal cases by the jacket, I thought it might prove of use to put on record my experience of the *permanent* benefit of this method of Dr. Sayre. I say permanent, but I may add that the more I see of the plaster jacket, the more convinced I am that it is wrong to jump at hurried conclusions, and that it requires months, and it may be years, before we are justified in arriving at decided conclusions on the special advantages of the plaster support. We are all too prone to run after new forms of wonderful cures, and the crucial tests which time alone supplies are overlooked or ignored in our desire to applaud an invention, or see in it some advantage over other means which have failed to satisfy our wishes, or which do not meet all the difficulties which a variety of cases are sure to present. At the same time, I think it is not right to expect more than average results in the way of permanent cures from any given method. Cases must constantly occur which will fail under any treatment, and it must have happened in the case of the plaster jacket, that it has been applied in instances where no permanent cure, nor indeed temporary benefit could with reason be expected, so advanced was the disease, and so great was the deformity. So it has been with me. But at first so anxious were the parents to try the benefit of the treatment, and so solicitous were they to have it applied, that many cases were put up in whom no material benefit could, with justice, be looked for. I have already (December, 1877), in the *Dublin Monthly Journal of Medical Science*, published the particulars of thirty cases. Most of these, I have, with some difficulty followed the subsequent history of. These, with others, whom I have treated since then, and patients treated by medical friends, who have furnished me with notes or them, I shall give the general results of, with special allusions to some extremely interesting cases treated by them and me in this manner. This may act as an inducement to others to do the same, and to place the permanent results of their cases before the profession. I have no intention to do more in this paper than to give *results*. As to the treatment itself, the method of applying it in various classes of cases, and any recent hints and suggestions, I have not time to allude to these, my object being merely to tabulate and record results. This, I believe, must have greater practical value, and is the best evidence of the advantages of the jacket.

(a) Abstract of a Paper read before the British Medical Association, at Bath, August, 1878.

Synopsis of number and results of cases :—

Total number of cases referred to—		56
Successful - - -	42	
Partially - - -	6	
Unsuccessful - - -	8	
Total -	56	
Number of cases treated by Dr. Macnaughton Jones	39	
,, ,, Dr. W. Terry (Dilwyn)	9	
,, ,, Dr. Gratton (Cork)	2	
,, ,, Dr. Bernard (Londonderry)	1	
,, ,, Dr. R. Atkins	5	
Total -	56	

Ethel G., æt. 3, for six weeks suffered from obscure symptoms, unable to stand, pain in knee, and constant desire to pass urine ; does not sleep at night. On examining spine on 20th Dec., 1877, tenderness discovered over second and third lumbar vertebræ. She was on the same evening put up in Sayre's jacket by Dr. Grattan, of Cork. On Dec. 21st slept well ; no pain, and desire to pass water not so frequent. On the 24th she was able to walk a little, and played about with other children. On 1st June last could not move or go about without jacket, four of which had been applied since December. An abscess connected with spine, and which pointed a little below left trochanter, was opened, and a large amount of pus removed. On 1st July the abscess continued to discharge ; the jacket was removed, when the little patient became helpless, and suffered great pain till a new one was applied. On the next day she was able to move about, and has since been able to be taken out regularly.

Mrs. S., æt. 27, twelve years ago suffered from spinal disease, which compelled her to remain in bed for five years. At end of that time she became better, got married, and had two children, and continued in good health until 13th March, 1878, when she was kicked in the back over diseased vertebræ. After this injury she suffered much pain, and could not walk. She was admitted into hospital on 20th March, under care of Dr. Grattan. On examination there was great tenderness over first lumbar and last dorsal vertebræ. She had lost the power of motion in lower extremities ; was unable to pass urine, and the catheter had to be used. On 23rd March with great difficulty she was suspended, and put in plaster bandage, as recommended by Dr. Sayre. On 30th she was free from pain, was able to pass urine, and could walk about. On the 31st she walked from the hospital without permission, and has not since been heard of.

Joseph H., railway porter, æt. 17, Pott's curvature in lower dorsal vertebræ ; came on gradually, thinks from raising weights ; difficulty in walking and raising weights, general health fair, but pale and anæmic look. Sent by me to London to get appliance : put up at Orthopædic in August, 1877, by Dr. Sayre. At his work from the following September ; came to Cork in March perfectly restored in health and spirits ; could walk any distance and raise his loads without trouble. I put on a second jacket. He still continues well, and now wears no cuirass.

Lizzie P., æt. 13, spine affected fourteen months, very bad lateral curvature (*vide* photo.), in every way broken down in health ; wearing the spinal support for a considerable time without benefit. Put up by Dr. Sayre in Cork in September, 1877 ; improvement only temporary. I put on a second cuirass ; I do not think the jacket has done any service in this case ; heard of her July 24th.

J. C., æt. 13, spine affected six years after a fall, could not walk more than a mile at farthest without resting his hands on his knees, angular curve in dorsal region. Case a perfect success—when he had grown strong and healthy-looking I exhibited him at the Cork Medical Society He continued so well that he was put by his parents to some employment at which he was overworked, abscess formed, and he is now recovering from this, and to come again for support.

H. H. C., æt. 5, brought to Cork from England. History as given by mother: Healthy child as infant; when eighteen months old suffered from whooping-cough, which left him delicate, and when two years of age the child first showed signs of spinal affection with debility in the limbs; in May, 1875, advised perfect rest, and until the cuirass was put on, on November 1st, this perfect rest was enforced; a spinal support was made in London, and since 1876, in the mother's words, he has constantly worn the spinal support, and the utmost strictness used with regard to keeping the child still, and for this purpose leather straps across the chest and leather buckles for the legs have been used. The little fellow has also used an invalid's cup, and, indeed, in every possible way the accommodation has been such as to prevent the slightest necessity for movement on the part of the patient. On the 31st October, 1877, when the child was nearly five years of age, he was brought to Cork, where he went through Dr. Sayre's process—viz., the suspension and cuirass; the next day it was quite a difficult matter to keep the child from his feet, which had not felt the ground for quite two years and a half. The success of this treatment appears to be complete, though of course, from the long disuse of the limbs, we must expect it will be some weeks before they regain sufficient strength to walk alone. On the 9th of November last I heard that the child walked when allowed, was quite comfortable, and going on well. I have quite recently learned that the boy was still more improved in health and strength, and the parents were anxious to have a cuirass again put on and to get the old one cut. This has been done in England, and I learn the child is quite restored.

J. H., æt. 10, Pott's curvature in the lumbar region; kept in hospital, strapped to couch, and treated constitutionally for six months. When Dr. Sayre came to Cork, this child, with the case before referred to, was put up in jacket by him at a demonstration, and he instanced the case as a difficult one, the curve being so low down, the patient could not walk, and moved (even with the support of the hand) with difficulty. I subsequently put on a second jacket; this case is a perfect success, the curvature is now hardly noticeable, and the child is strong and healthy, playing about, wearing no cuirass, and completely altered.

J. D., æt. 14, confirmed angular curvature in dorsal region; spine affected for seven years, result of fall; pain in the side occasionally; at times burning pain in the back; cannot sit down well; must kneel to everything; can walk about a quarter of a mile, and must then rest, put up on 17th October, 1877, in cuirass; became able to walk much better, and without pain, looked more healthy and strong, and felt quite comfortable. On 23rd of this month, August, I got a letter from his mother with the following particulars:—"His health was good, appetite good, and getting every day stronger, up to last April, you cautioned him, so did I, not to take long walks. Against your advice, he went last April as far as Lisgoold, on a fishing excursion with another young fellow; the day was wet, and he sat down on the grass to rest himself; the result was a heavy cold, ending with paralysis of the lower limbs. I would at that time have written to you, but as I did not wish to submit his weak frame to a galvanic shock I nursed him up to the 1st of June, when I sent him to the seaside, where he is at present. His strength came back again, and he is now at the present time enjoying his usual health, walking about as well as ever. When paralysed he got bed sores, so I had to remove the jacket. I would like again to have the jacket (or a new one) put on."

G. S., æt. 5, about one year since had strumous abscesses in the hand and leg; he next showed symptoms of genu-valgum, and complained of his back; no history of injury; came to me on crutches; had been in the recumbent position for ten months; Pott's curvature of the lower dorsal and upper lumbar vertebræ. On the 6th October put him on the cuirass. It was wonderful to see the delight of this child immediately after the cuirass was on; the little fellow felt quite independent of his crutches and ran about without help. For a long time he continued well and happy. The jacket, however, did not in this case get a fair trial for an angular case, as it was cut, and I do not believe the permanent result was as good as it otherwise would have been. At present this little fellow has some abscess in the gluteal region, but he complains if left without his support.

The next was a sad case. M., æt. 20, subject to nervous attacks and epileptic fits occasionally; lateral curvature, which has come out within the past few years, and is now extreme; prominence of right scapula, and curves in the dorsal and lumbar regions. This was a very heavy girl, and difficult to suspend. I put on the jacket one week after the brother's. She found great support and comfort from it. She came into Cork about three weeks subsequently to get the jacket cut, in order to suspend herself. The jacket was off for a few days; during this time she got a slight attack of inflammation of the left lung, this she recovered from; her health, however, became worse, though the jacket was a great support and relief to her. Soon after she died, as I learned, in one of the nervous attacks.

M. H., married, æt. 32, has had four children; had to leave her home in America from ill-health; first noticed spine affection when sixteen years of age, then very slight; came to me to the Hospital for Women and Children last winter, to consult me for confirmed lateral curvature. The spine was curved like the letter S. She was never without pain; slept badly; often the pain was excruciating in the back; she could not sit straight, and always had to bend forward, resting her elbows on her knees, which were kept wide apart. On the 10th of September I put on the jacket. When Dr. Sayre was in Cork he saw this patient, and she thanked him for the great relief and the benefit which she derived from the jacket. This case has perhaps been as striking an example of the good of the jacket, as I have ever seen. When I wrote my previous report in December the woman was in much better health; walked better; slept well; and thoroughly appreciated the great good she derived from this treatment. I wanted her previously to go to London to the Orthopædic Hospital to get a spinal support, but she could not afford it. She has returned to America, and was in good health on her departure.

R. P., æt. 5, had a suppurating cyst under the sterno-mastoid muscle March, 1877; subsequently had an attack of rheumatic fever; both left him suffering from wry neck and great debility. He had been to the seaside, but the change had done him little service. The wry neck was followed by lateral curvature in the dorsal region, caused by the yielding of the body to the left side; he lost the use of the lower extremities, and this was followed by partial want of power in the upper. Altogether, when brought to me in the middle of October, he was in a pitiable state. I first put on a curiass, and afterwards applied a jury-mast. I subsequently received this letter from his father, who himself made the jury-mast:—"From the time he got on the curiass he has made rapid strides, and is putting on flesh, and looking well, while the jury-mast has been most successful. The little patient is certainly marvellously improved; he has plucked up in flesh, got colour into his cheeks, and the neck with the jury-mast has become quite straight." He wore the latter for some months, gradually the curve in the spine lessened, and when last I saw him I had him at the Cork Medical Society completely restored, and able to walk his two miles and run about. The child is now as well as ever.

Ellen W., æt. 12, brought on March 19th, 1878, suffering from Pott's disease in mid-dorsal region of five or six months' standing; for the past two months was entirely incapacitated from walking and unable to put the feet firmly on the ground; no cause could be assigned, family history good, is the youngest of a large family, *condition thin*. Appeared a delicate undergrown child of a strumous diathesis, with an ulcerated surface over the left clavicle, there was a considerable prominence in the mid-

dorsal region which had led to deformity, stooping posture with hands on thighs, and elevation of the shoulders; she could not bear to be touched anywhere or moved from the recumbent or semi-recumbent position, and complained much of pains down the thighs and legs, locating this especially in the left hip joint; appetite bad, respiration distressed, of a grunting character.

On March 30th suspended in Professor Sayre's apparatus by Dr. Ringrose Atkins, and he applied plaster jacket as usual; patient was excessively irritable, and the procedure was with difficulty carried out, the prominence was considerably diminished, and the amount of elongation was found to be three-quarters of an inch. That night the patient had no rest and kept constantly crying, and injured the upper portion of the cuirass by endeavouring to remove it; this went on for several days, the child refusing food and being very hard to manage, the pains however had entirely disappeared; abbreviating the history, it will suffice to say that for three weeks she obstinately refused to stir from her bed or from the right side; at the end of that time she was induced to sit up, and then improvement began to take place rapidly; her father unfortunately cut the cuirass over the hips, which allowed the hollow fitting on the prominence to become displaced, and as a result of the friction consequent on this a little ulcer formed, which the patient began to complain of. I then with some difficulty cut a round aperture from the jacket over the spot she indicated and came exactly on the sore, which I then dressed with zinc ointment and which healed in a few days; soon after another little abrasion occurred, which was similarly treated. During this time she began to put the feet to the ground, and with a hand and the support of the table she was able to take a few steps, and this was increased daily. On May 17th I removed the first cuirass, and at the same sitting again suspended and put on another plaster case, this time with much greater ease and a similar amount of elongation; unfortunately, some little time after the back again became sore, necessitating the removal of a round piece through which it was dressed, and in a short time it quite healed; her walking powers and strength now increased daily, she was able to progress without any assistance, walking with a peculiar rotation of the pelvis (a waddling-like motion), the elevation of the shoulders lessened wonderfully, and when dressed no deformity could be noticed in the back; by degrees the waddling gait has disappeared, her legs have increased in size and strength, and she is now (July 22nd) able to walk about quite well and go up and down stairs unaided. She has been for some weeks at the seaside, and her appearance indicates returning health; she still wears the cuirass, which fits her beautifully, and though at first so averse to having it on, now says that when this one comes off she would like to have another. During the treatment she has taken compound syrup of the phosphate of iron, and the muscles have been stimulated by massage.

ON THE ARREST OF UTERINE HÆMORRHAGE BY FLUID PRESSURE.

By DAVID CHRISTIE, L.R.C.P. Ed., L.F.P.S. Glasg.,
Carrigart by Letterkenny, co. Donegal.

I THINK it will not be disputed by any one that an infallible and safe remedy for uterine hæmorrhage is much required. Ergot, turpentine, cold water, or hot water, has been tried; but who can truly assert that any of these is sure to succeed?

Every accoucheur of experience knows them to be useless in hæmorrhage following the removal of an adherent placenta, because the site of the adhesion cannot contract. In your edition of 7th August, you have said all that any one need say about compression of the abdominal aorta, so that any remarks I could make would be superfluous.

Dr. Barnes relies on the injection of perchloride of iron, but that looks very like the old plan of arresting hæmorrhage by boiling pitch or strong acids. I would propose to treat hæmorrhage of the uterus the same as we do it anywhere else, *i.e.*, by compressing the part from which the blood escapes, and applying some antiseptic, as if it were an ordinary wound.

It has been discovered by experiment that if a tube be inserted in an artery, the heart's action is capable of rising a column of blood in the tube seven feet and a half; hence *that* amount of pressure applied to *any* bleeding surface *must arrest the hæmorrhage.* But I have found from experience that about two feet elevation gives sufficient pressure to arrest hæmorrhage in the uterus. I have invented for this purpose a very simple and inexpensive instrument. It consists of an india-rubber bag, and a tube of similar material four feet long; to the end of this tube is attached a stop-cock, and within a few inches of it the elastic tube passes through a piece of metallic tube, which is bent into the form of a syphon, which causes the entire tube to act as such when required. Being provided with such an instrument, and having to treat a case of post-partum hæmorrhage, press the air out of the bag, it will then be in a convenient shape for introduction into the uterus; turn the stop-cock, which will keep it so, then introduce the empty bag, at the same time let an assistant have at the proper height above the patient a vessel holding more water than will fill the bag, immerse the stop-cock, and open it while under water; the elastic bag will then act as a suction pump, the tube as a syphon, their combined powers will cause the water to enter the bag at the rate of one ounce per second for every quarter of an inch the tube is in diameter, and by having the size of the tube in proportion to the size of the bag, a large one can be filled as quickly as a small one. The bag will be filled in a few seconds, the pressure equal over every part of the uterus, and sufficient to instantly arrest the hæmorrhage, yet the uterus is free to contract and expel the water through the tube. When the uterine contraction ceases, and relaxation takes place, the tube will again act as a syphon, and keep up the same pressure, so that in any case the pressure on the uterus is always the same, yet it is free to contract and hæmorrhage is impossible.

What can be more simple than this to any one who knows what a syphon means, and understands the principle on which the hydrostatic bellows act? Those who do not will find all the information they require in any work on Natural Philosophy. I have been using different modifications of this instrument for the past twelve months; in its present form I can stop any kind of uterine hæmorrhage in from ten to twelve seconds; any one who doubts this let him stake £100 against me and we will see who will win. There has been any amount of twaddle written on this subject lately, and I think this is the quickest way of stopping it.

I have used the instrument I have been describing in cases of placenta prævia. For that purpose cold water should be employed, but tepid for post-partum; it is only necessary to shut the stop-cock when the pressure within the vagina has stopped the flooding, which it will do instantly; no matter how long it remains, it does not interfere with the labour, and when it is expelled the child's head occupies its place. In post-partum cases the bag should always be smeared with glycerine, which is better than carbolic acid. The instrument is made by Hilliard, 65 Renfield Street, Glasgow, one capable of holding ℥xvii. would do in most cases; its cost would be about six or seven shillings, but it can be got any size. I have now given the result of my past twelve months' experience, and hope it will give as much satisfaction to others as it has given to myself.

N.B.—I have given directions to Mr. Hilliard to construct an india-rubber vessel of a very simple and convenient shape, and very portable, to be employed as a reservoir for the instrument.

Clinical Records.

LARIBOISIERE HOSPITAL, PARIS.

A Fact against Cerebral Localisation.

By PROFESSOR JACCOUD.
Physician to the Hospital.

— SCHMIDT, female, æt. 60, was admitted into my ward at the Lariboisière on the 11th July last, at ten in the morning. She died on the 13th at three a.m., that is to say, at the end of twenty-nine hours.

Information furnished by her Friends.—In the last six weeks she had three apoplectiform attacks, not followed by paralysis. On the 11th July, at one p.m., a fourth attack supervened, producing the group of symptoms noticed on the admission of the patient to hospital.

Symptoms.—Coma. Profuse perspiration.

Paralysis.—Hemiplegia of left members, with incontinence of urine,—respiration equable on both sides—right facial paralysis limited to lower portion—deviation of labial commissure, and features, most marked towards the left. Deviation of the head and eyes to the *left*, viz., to *paralysed members*. This symptom is as marked as possible.

Convulsions.—Several very short attacks of convulsive seizures, limited to right side of face (paralysed side). On the 12th, the convulsions, beginning always on the right side of face, extend to limbs on same side—they continue strictly *right unilateral*. On the evening of the 12th they stop.

Temperature.— On the 12th, morning, 40°·4 C; evening, 40° C. (in right axilla). Death took place at three a.m. on 13th July.

Lesions.—In the *right hemisphere*, the focus, or seat of diffluent inflammatory softening. The ascending frontal, the paracentral lobule of Betz, the ascending parietal, are intact. The disease began in front, at the convolution, following the ascending parietal, and extended behind, as far as the occipito-parietal fissure. This *foyer* formed a cubic mass, limited.

In Front: by the intact ascending parietal, and the calloso-marginal fissure.

Behind: by the occipito-parietal fissure, prolonged on the external face of the hemisphere, behind the *pli courbe*.

Within: by the inferior border of the convolution of the corpus callosum.

Without: by the inter-parietal fissure.

Above: the broken down surface, formed the superior face of the lobe.

Below: the softened vault of the lateral ventricle formed the inferior *face*. All the mass between these limits, is softened to destruction. A small grey lamella on the *avant-coin*, remained intact.

Consequently, the *parts destroyed*, are the *superior parietal lobe*, with the exception of the ascending parietal and paracentral lobule, the two upper thirds of the *pli courbe*, the *avant coin*, and *convolution* separating it from the calloso-marginal fissure. *The convolution of the corpus callosum*, in the extent embraced between the parietal-occipital, and the calloso-marginal fissure. All the other parts of the encephaloid are absolutely intact, colour, consistence, vascularity normal.

THE fearful epidemic of yellow fever which we announced in our last as devastating whole districts in the Southern States of America continues with unabated force. Several members of the medical and clerical professions have succumbed in the midst of their ministrations.

Special Correspondence.

THE INTERNATIONAL CONGRESS OF HYGIENE.

[FROM AN OCCASIONAL CORRESPONDENT].

THE Congress is over. It may be written down a success. The papers were exceptionally good. Your translations should be appreciated by your readers. You are paying the French reporters a high compliment by devoting so much of your valuable space to them. There are a few circumstances in connection with the Congress I should like to allude to.

Under the sanction of the French government and on the invitation of the *savants* of France this Congress was held, and foreign visitors attended at considerable expense and sacrifice of time.

Some rooms at the Tuileries were placed at their disposal gratuitously. The afternoon meetings were held at the Palace of the Trocadéro. I regret to say, however, *a charge was made each day for admission*. This I consider to have been a want of hospitality. Was it due to some oversight? Evidently not. The French Government should have graciously granted the privilege of free admission to all foreigners, whereas, on the *carte personelle*, the following *notâ* was ostentatiously printed—

NOTA.—*Cette carte ne dispense pas de l'obligation d'acquitter le droit d'entrée à l'Exposition* (ART. 5 *du Reg. Général*).

Each member would probably pay eight or ten francs for admission to the meetings; this sum, though small, must be considered a tax upon science. If 1,000 Associates attended ten times, and paid a franc each time, the Exposition Universelle would thus realise 10,000 francs, a mere bagatelle, it is true, but still evidently a sum that was considered worth saving.

I do not think it probable that the visitors went through the Exhibition on each occasion, so that a franc was thus charged for the use of a room.

Could not a more convenient hall have been provided, free of charge? The great distance between the Tuileries and the Trocadéro should have also been taken into account, for the fatigue involved in going from one building to another was very great.

It has been said that France manages such things better than we do, and that her hospitalities to visitors are greater than those of any other nation.

This is open to very grave question. Her politeness I grant. Judging by this Congress, her hospitality falls far short of that of the Germans or English.

It is only just to point out these mistakes, for excessive laudation of all the proceedings might have a tendency to inflate the Committee, and they might in a possible future repeat their errors. This is only a minor point.

Science should be studied for itself alone. Scientific meetings are interesting *per se*; but the pleasure of such gatherings is enhanced by social meetings, by receptions, dinners, *soirées*, &c., &c. The German Association of Naturalists and Physicians may be regarded as a high-class society. The most eminent men in the world of medicine attend the annual meeting. But they are not above social enjoyment, which is provided for them liberally by their hosts.

The British Association is another scientific body. Dublin has entertained the members right royally. The citizens of Dublin invited them; the Royal Dublin Society, the Lord Lieutenant, and the Mayor, provided for their material wants, and there have been dinners, excursions, *soirées*, receptions, almost *ad libitum*.

The Congress of Hygiene, under the patronage of the French Government, does not seem to have taken a similar view, or considered it necessary to incur any similar expenditure. Food for the mind was provided. I must make a correction. It was thought desirable to have a dinner, to invite the *savants*, and to have a mutual interchange of compliments; hence, as the *Progrès Médical* expresses it, "que M.M. les organisateurs regoivent nos compliment les plus sincères sur la façon splendide dont la fête a était organisée." (!!!)

It is easy to organise a feast, under similar conditions; each member had *the privilege of attending the dinner by paying 20 frs. for a ticket*, and at that price a very good dinner can be always secured either in Paris or London, so that I fail to see what reason there is for congratulating the committee on "*la façon splendide dont la fête était organisée.*"

If the Committee had invited the Foreign associates, if the

Minister of Agriculture and Commerce, or the French Government had defrayed the expense, some praise would be due for such liberal hospitality. Under existing circumstances the congratulations of the *Progrès Médical* are misplaced.

France invited the world of sanitarians to Paris, about 500 came, and spent a fair sum of money in her capital, but France, unlike other countries, received them with politeness, but with a strict regard to financial economy. I am not expressing my own opinion but that of others who attended the dinner, to whom a sovereign was a trifle. I do not know whether members of the foreign press were invited, I did not see your special representative there.

The occasion of this meeting was a great and noble one, and never in the French capital was there such an assemblage of men, interested in the cause of humanity, from almost every quarter of the globe. There were Belgians, Italians, Germans, Spaniards, Russians, Austrians, Portuguese, Swiss, Greeks, Turks, Danes, Roumanians, Chinese, Japanese, Englishmen, Americans—representing medicine, surgery, chemistry, architecture, engineering, &c., numbering in all about 500.

The municipal authorities of Paris might fitly have entertained them at a banquet, and still more, the President of the Republic might have opened his salons to them and given them a reception.

Look at the contrast between the Celts in Dublin and the Celts in France. It may be said *tant pis* for the pockets of the Hibernians.

I remember on a far different occasion the reception of Englishmen by the Belgians, I allude to the Volunteer Visit—such hospitality has never been equalled, though the object was not such a noble and worthy one as that which drew so many hygienists to Paris.

Leaving this perhaps, unpleasant subject, I shall make a few remarks on the excursions, as they were called, and first on the list are the visits to

L'Ecôle Monge and Hôpital Menilmontant.

Your special correspondent has mentioned the work done on the Thursday, Friday, and Saturday. Sunday was the day for the first excursion, if it may be so called, evidently on the principle of *lucus a non lucendo*. Members were invited to present themselves at nine in the morning at 145 Boulevard Malesherbes, to inspect "L'Ecôle Monge."

This school was founded in 1869, and is an excellent example of a well managed and hygienically constructed establishment. I may say the visit was an interesting one. At three in the afternoon the members were invited to present themselves at the Hôpital Menilmontant.

Such of your readers who know Paris will remember the situation of Père la Chaise. The hospital is situated at a little distance from it.

The hospital was well worth a visit, though one of the staff of the Assistance Publique is reported to have said, *Quelle diable dideé M. Michael Moring a-t-il eue de nous envoyer les membres du conseil d'hygiene?*

It was a very good idea, and though the hospital was subjected to much hostile criticism, the general feeling was one of satisfaction.

It has cost 9,939.000 francs. It provides accommodation for 635 patients. It is constructed on the pavilion system, and the internal arrangements in general are good. There are some defects which it is possible to remedy, and which have been pointed out already by your excellent contemporary, *Lé Progrès Médical.*

The next excursion was to the

Farm of Gennevilliers, and to the Drains of Paris,

The former, taking place at eight in the morning, the latter at three in the afternoon. I need not describe them. Such visits might well have been supplemented in the evening by a more pleasant and more *spirituel* reunion.

I must allude to the excursion of the 8th August to the

Works of M. Menier at Noisiel.

During the Exhibition M. Menier has been most hospitable, and the English papers have already chronicled one of his *fêtes*. This visit was an enjoyable one, as the cost was slight, being only 5f. 15c. for the return journey.

We were honoured by the reception of M. Menier *fils*, and I have no doubt he felt an equal degree of the same by our acceptance of his hospitality.

The effect of the speeches at the dinner at the Continental Hotel, on one of our French contemporaries, is well worthy of notice.

M. Blondeau, in the *Progrès Médical* of Aug. 10th, thus feelingly expresses his satisfaction with the sympathetic words of the members of the Congress who dined at the 20f. dinner: "Ces temoignages de devouement et d'ardente amitiè venant de bouches si autorisées apportés par les délégués des differentes nations nous sont particuliérement chers. Ils nous ont montré que nous pouvons toujours, et à juste titre, être fiérs de notre pauvre patrie mutilée et si cruellement éprouvée. Ils ont été pour nos cœurs un baume bienfaisant qui aidera à cicatriser des blessures encore saignantes. Merci aux adhérents étrangers qui ont bien voulu prendre part à notre Congres."

Barristers tell us that claimants for compensation in railway accidents speedily recover after receiving a douceur. Gold is a wonderful antiseptic, hæmostatic, corrective, tonic, and restorative. By means of the Exhibition France has had her revenge; she has bled the foreigners, and if she applies as a cataplasm the American eagles, the English sovereigns, and the German thalers, &c., the "pauvre patrie mutileé" will soon be ready for another campaign. She has a wonderful power of recuperation. The *Comptes Rendus* may be obtained by all associates on payment of 20f. At that price there will be no loss either to purchaser or committee, for they are fully worth the price.

I alluded to the Palace of the Trocadéro as the place of meeting in the afternoon. It has some historic associations connected with it, thus graphically described by the Paris correspondent of the *Globe;*

"The large concert hall and series of *loggia* have echoed again with the voices of the singers who sang of peace and concord, and yet little more than seven years ago the Versailles troops were drawn up in battle array on the same heights, challenging the insurgents who had entrenched themselves within the barracks at the Ecôle Militaire, to an artillery duel. Marshal de MacMahon has sat thoughtfully on his horse amid shot and shell—until almost compelled to move by his staff to a less dangerous point—within a few yards of the place where he stood when he declared that the peaceful and universal industrial competition we call the Exhibition was open. To the left can be seen the famous Bois de Boulogne, the Park of St. Cloud, the cascade and the ruins of the palace, with the frowning old fortress of Mont Valerien, which wrecked the pretty little town of Saint Cloud and pounded the Imperial palace to pieces. To the right lies the Bois de Vincennes, the aqueduct of Arceuil, built in the seventeenth century by order of Marie de Medicis for supplying the fountains and basins of the gardens."

This recalls to mind the German occupation, and the heavy indemnity of milliards which had to be paid. People have often wondered how this large sum was so easily provided. The answer has been that it was supplied by the parsimony and saving habits of the French people, very excellent and commendable qualities, generally supposed to be the characteristic only of Scotchmen. But I am wrong, as your contemporary, the *Sporting Times*, reminds George Augustus Sala for sneering at the Caledonian. "En Ecosse l'hospitalité se donne et ne se vend pas."

In conclusion, to prove that I am not alone in my estimation of French hospitality, a correspondent of that paper has made the following remarks:—"At the present moment even the Parisians don't sell their hospitality, from the fact that there is no such commodity within the walls of Paris."

THE *United Service Gazette* has reason to believe that the Royal Warrant shortly to be issued, relative to the Army Medical Department, will provide for the appointment of surgeons to regiments for the term of five years. Medical officers will thus be made "regimental" again, and one of the chief objections to the "unification" scheme will disappear.

AN outbreak of Asiatic cholera is reported from Sweden. Several cases there have terminated fatally. The Danish Government has immediately taken the necessary precautions.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 4, 1878.

THE THIRTY-SECOND REPORT OF THE COMMISSIONERS IN LUNACY.—THE INCREASE OF INSANITY.

INDEPENDENTLY of the interest usually attached to the subject of lunacy, the increase of insanity among all classes of society should alone induce the journalist to give his careful attention to the Annual Reports that are issued by the Commissioners in Lunacy. Every year these reports become fuller, more perfect, and more instructive. In last year's report a series of new tables was inserted, giving, as regards the patients admitted in 1876, certain classified information as to their occupation or social condition, the assigned causes of their insanity, and the numbers affected with "general paralysis of the insane," and with epilepsy. In the beginning of this year the Commissioners issued to officers of asylums fresh forms of register similar to those circulated in 1876, and they expect to be able to repeat in 1879 and future years the information contained in the special tables which appeared in their Thirty-first Report. In the present Report, of which we now propose to make a careful analysis, there is a good deal of information not previously tabulated. Thus one table shows the numbers, sexes, ages, and condition as to marriage of the whole population in 1871 for the purpose of comparison with a similarly arranged table of the insane that came under treatment in 1876. In another table there is a calculation of the ratios borne by the total insane admissions of 1876 to the total general population, arranged as to sex, age, and condition as to marriage. There is also an account of the number and proportion of admissions where the disease was congenital, and where it showed itself late in life. Special attention has been given to the subject of general paralysis of the insane, and a summary is given of the causes or influences to which this form of mental disorder was attributed in the various cases cited.

We shall, for the present, confine our remarks to the *increase in lunacy*, a subject on which the present Report throws a good deal of light, although it is only by wading carefully through these 300 pages that the extent of that increase can be fully appreciated.

The facts quoted from this report by the general press will by no means confirm the impression which the heading, "Increase in Lunacy," must have conveyed to the minds of their readers. It is merely stated that last year there was an increase in the number of lunatics, but that the amount of this increase has been exceeded in four previous years, namely, 1863-68-69-71. The total number of registered lunatics, idiots, and persons of unsound mind in England and Wales on the 1st January last was 68,538, being an increase of 4,902 on those returned for the 1st Jan., 1877. It is further stated that the large increase of pauper patients in county and borough asylums and their diminished number in licensed houses are in a great measure due to the opening, during the year, of the third asylum for Middlesex at Banstead, and the removal to this and the two other county asylums of Middlesex of patients previously in Metropolitan licensed houses. It is only, however, by studying some of the excellent tables to be found in this Report, as well as the special reports of the condition of many county asylums, that we can form an adequate idea of the extent to which insanity has increased within the last few years. Thus, in the table showing the ratio of lunatics to the population on the 1st Jan. in each of the years 1859-1878, inclusive, we find that while, in 1859, the ratio (per 10,000) of the population was only 18·67, in 1878 it was as high as 27·57, or, in other words, while in 1859 a population of 19,686,701 supplied only 36,762 lunatics, in 1878, when the population was only about five millions more (24,854,397), the number of lunatics had increased from over thirty-six thousand to over sixty-eight thousand (68,538). But what is more ominous and alarming is the gradual and progressive manner in which this increase in lunacy has taken place. Indeed, so progressive has it been, that, if we take the absolute annual increase of lunatics for the last ten years, we shall find that this increase has varied (in round numbers) from 1 to 2,000; while, if we take the relative ratio (*i.e.*, to population) it will be seen that not once has the ratio of one year fallen short of the ratio of the year preceding, but that, on the contrary, the ratio has exactly increased by an unit every third year. Thus, during the last 11 years the ratio per 10,000 of the population has been respectively 23·23, 23·93, 24·31, 24·91, 25·42, 25·82, 26·23, and so on with the rest. Another remarkable fact which these tables disclose is that this increase in lunacy obtains both among private and pauper lunatics, for in the years 1859 and 1878 the absolute number of pauper lunatics was respectively 31,782 and 60,846, and the ratio per 10,000 of the population 16·14 and 24·48 respectively. The absolute number of private lunatics in those years was 4,980 and 7,692, and the ratio to population 2·5 and 3·09 respectively. The increase of lunacy among the poorer classes is shown still better in Table III, where it will be seen that, while

pauperism has been decreasing since 1859, lunacy among paupers has been greatly and steadily increasing, for whilst the percentage of total paupers to population was 4·37 in 1859, and 3·00 in 1878, the ratio of *total pauper lunatics to total paupers* increased from 3·68 in 1859 to 8·13 in the present year. The same fact is discovered in the table which shows the relative increase in the inmates of our various public and private asylums, making, of course, due allowance for the fact that a great many non-pauper lunatics are confined in public asylums or hospitals. Thus, while the number of patients under detention in county and borough asylums has increased from 15,844 in 1859 to 35,523 in 1877, the number of lunatics in our Metropolitan and Provincial licensed houses only increased from 5,016 in 1859 to 5,403 in 1877.

Another proof of the increase of insanity among all classes of the population, but especially among paupers, is the pressure for accommodation that obtains in a large number of the public asylums scattered through England and Wales. In fact, so general is this complaint that the expression "pressure for accommodation" continually meets the eye as we glance through the marginal references of this Blue-book. It would not be an exaggeration to say that one-half of the asylums either are, or will shortly be, unable to meet the demands made upon them. The Denbigh Asylum is full; the Derbyshire Asylum is full; the Essex Asylum is full; the Durham Asylum is so full that in Ward 7 it has been necessary to place beds upon the floor. The asylum at Glamorgan is overcrowded, so is that at Lancaster Moor, so is the Joint Counties Asylum, Abergavenny, so is the Oxford Asylum. At the Notts Asylum 51 applicants for admission have been refused from want of room, and from 40 to 50 patients belonging to the county of Nottingham are now in other asylums. The Salop and Montgomery Asylum continues to be so overcrowded that it has been found necessary to enter into another contract with the authorities of the Macclesfield Asylum for the reception, for one year, of 25 additional patients. There is, moreover, necessity for increased accommodation at the Suffolk Asylum. The asylum at Warwick is more than full; the North Riding of Yorkshire Asylum will soon be full. At Hull further accommodation for the pauper lunatics of the borough is imperatively called for. Several asylums have been recently built or enlarged, several are in course of construction; while at many places which we have not specified all kinds of manœuvres have to be resorted to in order to accommodate the increasing number of applicants.

The reader therefore will acquit us of any exaggeration when we say that the increase of insanity is serious and ominous in the extreme. It is high time that a thorough and systematic inquiry was made into the causes of this increase; and we are surprised that the attention of the Legislature has not been already directed to the subject. If lunacy is to go on increasing at the same rate that it has done during the last twenty years, what a prospect have we to look forward to! And, as we have seen, so arithmetically progressive has this increase been up to the present time that, unless something occurs to check the prevalence of this disease, we may reasonably expect that the ratio of lunatics to population will continue to mount up until it reaches a point too dreadful to contemplate. During the last twenty years the absolute number of lunatics in England and Wales has almost doubled itself; for whilst there were on the 1st January, 1859, over *thirty-six* thousand lunatics, there were in the beginning of this year over *sixty-eight* thousand. Is then our lunatic population to go on increasing at the rate of 32,000 every twenty years, at which rate it will have amounted, sixty years hence, to upwards of 160,000? Is the ratio of total lunatics to population to go on increasing at the rate of 10 per 10,000 every twenty years? It is evident from the above statistics that neither increase of population nor pauperism is at the bottom of this evil. To what causes therefore are we to attribute it? These questions call for an early and decided answer. If a few cases of typhoid fever occur here and there, all possible means are taken to trace it to its source, and to check its further progress. But here is a more terrible and dreaded disease than typhoid fever endemic amongst us, increasing every year, and attacking all classes of the community. Our asylums are even now overcrowded; and everywhere we hear of fresh asylums being built or new wards opened to receive those that are coming and those that have still to come. It is well, therefore, that the Commission in Lunacy intend to repeat next year and future years the information contained in their Thirty-first Report respecting the social condition of the insane, the assigned causes of their insanity, &c. It may, however, be questioned whether there are not already sufficient data to account approximately for this increase of insanity, a question which we shall hereafter have to take into consideration.

THE ARMY MEDICAL DEPARTMENT.

Our contemporary, the *Lancet*, has astonished us. Living in an age of progress, advice from such a source in a retrograde direction, comes upon us not only with surprise but with positive pain, and we have not the slightest doubt every medical officer in the British service will share the same feelings.

We have for years persistently laboured to improve the status and education of the army surgeon; as a first essential, we hailed with satisfaction the system of competitive examination, as it opened out a fair field for talent, and wiped away private interest, favour, and patronage. It weeded out inefficients and afforded a guarantee that the successful candidates were fully qualified to be trusted with the valuable lives of our soldiers. It was supplemented by a special course of training at Netley Hospital, and each regiment was provided with surgeons of experience and ability.

Has it answered? The strongest affirmation may be truthfully and unhesitatingly given to the question. The competitive system has stood the test of years; for efficiency, though not for *numbers*, the British Army Medical Corps may compare with any other civilised nation.

In instituting the scheme, we were only copying the example set us by other countries, as France, Germany, Austria, military powers, whose ambition was to place their armies on a sound sanitary basis. Towards this end these nations recognised the necessity and importance of providing skilled and educated surgeons.

Through causes known to all our readers, the number

of medical officers in the British service has diminished; fresh candidates are not forthcoming to fill up the vacancies, and consequently the medical *cadre* is incomplete.

The history of the Army Medical Department may be briefly told. Through the bungling and blundering either of the combatant executive, or of superior army medical officers, the department has become unpopular with first-class men, who consequently seek other fields for their talent. Promises have been broken, warrants altered, and faith has not been kept with those who have entered the service, and as the inevitable results, we have, dissatisfaction, grievances, and far worse, a lamentable condition of affairs, detrimental not only to the army medical officer, but to the efficiency, welfare, and health of the whole service. The soldier suffers by the present departmental system, and by the scarcity of medical officers. Formerly, when each regiment had its own surgeon, the habits, history, ailments, of every man in the regiment, were known to the medical officer, from the colonel to the drummer-boy.

Malingerers could not exist; the health of his corps was a matter of pride and personal interest, and in the words of a director-general, the regimental surgeon was the soldier's friend, and the commanding officer's councillor." The surgeon then had a home and a position, he was part of a regiment, and its glories fell by a kind of reflection upon him.

Mais nous avons changé tout cela; he is now in a nondescript position; he is with a regiment or dépôt, but not of it; he has no opportunity of learning the history of his patient, as he is changed about from station to station at the whim of the principal medical officer; he has lost his status—he cannot form friendships with his brother officers; he has no personal interest in their ailments; he may be ordered away whilst engaged in treating some case of interest, and has to hand it over to his successor, to the detriment of the patient. The soldier does not gain by this; as an instance, it is currently reported that one officer, who had fractured his leg, during treatment was attended by six different medical officers, not in consultation at one time, but who came in rotation, owing to the evils we are deploring.

The numerous letters from correspondents confirm the accuracy of our remarks, and we believe every intelligent combatant officer will hail with satisfaction the return to the regimental system. After this rapid glance at the present condition of the service, we again return to the competitive system. We have said it has not failed; we assert it should not be superseded. We invoke the assistance of the lay press to resist the proposed innovation as detrimental to the well-being of the army.

The *Lancet* exhibits a complete change of front, the opinions expressed in its back numbers are forgotten, and we have almost a recantation, inspired evidently by a desire to please, not the army officers, but Whitehall officials.

We must briefly analyse the paragraph and the scheme.

The Army Medical Department is unfortunately insufficiently officered. We are all agreed on this point. We know who is to blame for this.

Medical cadets are wanted; they cannot be had, but they must be secured at any cost. The remedy is simple, says the *Lancet:* "Abolish competitive examinations, open your portals to the sweepings of our medical schools, to the lazy, the ignorant, the dissolute who cannot hope to succeed in private practice, to men who having passed through the horrors of an examination for their diplomas and degrees, do not care to grind up for another for the army." We have no doubt the examinations have been "horrors" to the men herein alluded to.

Having thus secured a batch of candidates, the *Lancet* advises us to bribe them with an increase of pay, whilst undergoing probation at Netley, by giving them 7s. 6d. a day as an encouragement for study.

The Netley professors are a pride and honour to the British Medical Service, and we trust their time and talents will never be wasted upon the class of men who, if the suggested system were adopted, would fill the benches of their lecture rooms. The course of training at Netley is of a high class character; it would be unappreciated by cadets who were ignorant of the alphabet and the rudiments of medical science. Under the competitive system, as the *Lancet* says, "the service derived from it the benefit of the selection of the best qualified men," and the professors had a substratum upon which to work—they had minds and men accustomed to study, and who were thus capable of receiving benefit from their lectures.

The *Lancet* gives as a reason for suggesting to Colonel Stanley the abolition of the examination of candidates for admission, "that there is now a better guarrantee that the license represents a fair qualification to practice." We regret we cannot endorse this reason. There are "licences and licenses," and it is patent to all that, owing to the multiplicity of licensing bodies there is at the present time a marked difference in the character of the examinations, and a considerable looseness in that of some of them.

This is admitted by every medical reformer; hence the universal cry for a Conjoint Scheme, which would afford some guarantee of equability of education.

We ask, then, are we to adopt a retrograde policy? In place of providing a higher class army medical officer, as Professor Haughton, of Trinity College, Dublin, lately suggested in our columns, are we to lower the standard? Are we to disregard the experience of such countries as France and Germany, who train up their army medical *elèves* under a system more rigorous and more educational than our present competitive system? Above all, are we to disregard previous experience in the English Medical Service? Was there not at another time a block in the department? Were not candidates wanted?

The high ways and the bye ways were searched, and acting assistant surgeons were picked up; history can tell us the result. It was a most lamentable failure. We trust we shall be the means of stirring up an active resistance to this scheme—

1st, in the interest of the soldier, and 2nd, in the interest of the medical officer.

It is not by a manœuvre of this kind the *cadre* of the Army Medical Department should be filled up. Its efficiency can only be guaranteed by the present competitive system, its popularity secured by a simple measure of justice.

Colonel Stanley must know that there are just grievances to be remedied, apart from sentimental feelings about gold lace or rank, about precedence at mess or on

duty, that the regimental system must be restored for the benefit of the troops, that other ameliorations are absolutely necessary, details of which we cannot now enter on.

The present Army Medical system cannot be bolstered up by the scheme proposed by the *Lancet*. If we wish to have an efficient Army Medical Corps, a body of trained scientific experts such as the late Professor Parkes desired, we must uphold the principle of selection, we must hold out inducements to gain candidates, and when they have entered the service they must have security for the future. Modern warfare has taught and is teaching us the necessity and value of Army Medical Officers.

By a true measure of reform, based on justice, the Army Medical Department may be restored to its former state of popularity and efficiency. Candidates who are both good surgeons and gentlemen, will be forthcoming, as soon as a warrant has been issued on the lines we have indicated. Colonel Stanley has it in his power to rehabilitate the service, and if he sets himself resolutely to the task, he will earn the gratitude, not only of the medical officers, but of the whole army.

PRISON SURGEONS AND APOTHECARIES' IN IRELAND.

We informed our readers last week that delegates of the surgeons of gaols in Ireland, accompanied by a deputation from the Royal College of Surgeons, had waited on the Under Secretary at Dublin Castle, to represent the injustice and inexpediency of the new prison regulation, which imposes on them the dispensing of medicines. The surgeons have also addressed to the Prisons Board the following emphatic yet perfectly reasonable remonstrance :—

Observations on Duties required of the Medical Officers of Prisons, Representing

That a Minute of Instruction from the General Prisons Board was addressed some time back to the governors of several prisons, directing that in future the medicines prescribed by the medical officers shall be compounded by themselves.

That by a great number of the medical officers this order is felt to be a great injustice and a violation of the contract existing with them, established either by distinctly expressed agreement or equally so by long usage ; and a rule which it is impossible to carry out. Very many of the medical officers have not the inclination, leisure, or even the necessary familiarity with details of the general preparation of, and the compounding of, medicines which would be necessary.

That many of the medical officers of prisons enjoy the confidence of the public, securing engagements occupying their time far more usefully and productively than it would be if applied in performing the duties of licentiate apothecary or pharmaceutical chemist.

That while there are a few who have leisure and have hitherto performed such duties and are willing to continue them, possibly others willing to undertake them as new duties, yet there are many who cannot undertake them and who protest in the strongest manner, consistent with respect, against the attempt to force upon them duties which they never contracted for, especially as they cannot resign their appointments without sacrificing the advantages of the pensions attached to them, earned by more or less length of service, and which rights they feel cannot be disturbed by the imposition of new duties. The fifty-ninth section of the new Prisons Act does not forbid the appointment of apothecaries, it only repeals the obligation of appointment. It is now sought to require, from the medical officers, the performance of the apothecaries' duties, though there are apothecaries proper at the present time acting.

That by the new rules now in operation an immense amount of new duty is required, of which the medical officers do not directly complain, though they feel many of them to be irksome if not wholly unnecessary ; but do complain, as a grievous injustice, that there is continued silence as to advanced salaries for those who have hitherto received moderate salaries in consideration of former very much lighter duties, and as to others who have never as yet received *any salary* or been informed of how much, if any, it is proposed to allocate them, notwithstanding that each class of officers has carefully carried out the details of the new rules, only protesting against the proposed addition of the compounding of medicine, which provision has no place in those rules.

There is great force and plain reason in the argument here put forth. Presuming it to be expedient that the gaol surgeon of the future should compound all the medicines, which we altogether deny, there can be no equity in forcing the present surgeons to do so. They have been appointed to do certain duty set forth in the late Act, and, though it is open to the Prisons Board to modify the method of the performance of such duties, it is certainly not open to them to impose new functions which the surgeons would not have undertaken if they had known of them at the time of their appointment. The proposal to disestablish the gaol apothecary is, in our opinion, unwise even if it were not unfair. It is more than doubtful that it would prove economical; it is pretty certain that it would involve much trouble and complication in the making of drug contracts and the providing of a complete pharmacy system for each of the forty Irish gaols ; it is quite certain that the duty would not be as well done by the surgeon, who has no pharmaceutical experience, and may, probably, be in a hurry to fulfil other engagements, as by the apothecary who knows what he is doing and has time to do it. We are confident that, if the Prisons Board consider the matter carefully, they will see the force of these arguments, and rescind the objectionable order.

Notes on Current Topics.

Secret Infanticide.

A few days ago the *Standard* very properly called the attention of its readers to those pernicious influences which account for the abnormal proportion of infant mortality periodically registered by the Registrar-General. We feel sure that the profession will readily endorse the opinion of our contemporary, and will be glad that, through the publicity of the press, the subject will receive the attention it deserves. There are few general practitioners practising among the poorer classes who are not constantly called to almost dying infants, whose disease has been brought on more by neglect than by natural causes. They are morally certain that they are dealing with a disease in which confinement indoors or improper food, narcotics, and slow starvation, have gradually produced the desired effect. They know that in signing the death certificate "atrophy," or "marasmus," or "phthisis,"

they are stating but half the truth ; and, in too many cases, they know that they have only been called in to save the fuss and bother of a coroner's inquest. But they can do nothing. They have no legal proof of what they may consider to be as much infanticide as if the child had been strangled at its birth. Even were it their duty to do so, they are powerless either to prevent the crime or to punish the criminal. Often, too, would they hesitate to hold out an arm to save one of these infants' life, so wretched is its condition, so deplorable are its surroundings, so hopeless are its prospects. No ; the remedy is to be found in other quarters, and we trust that other leading papers will follow the example of our contemporary, and induce the legislature to give some attention to what may be regarded as a very serious social evil.

Dr. H. C. Bartlett, in a letter addressed to the *Standard*, remarks that he has, on previous occasions, directed attention "to some of the more startling instances of infant deaths from starvation, arising from culpable negligence (with or without motive), and also from direct criminal intention —almost confessed in more than one case." He attributes the evil to the inducement held out by "infant burial payments," and the ready means to murder with impunity afforded by many of the so-called infants' foods.

On the subject of infant death assurance we shall express no opinion, but our readers may remember that when, some time ago, an inquiry was made into the excessive infant mortality in one of our largest provincial towns, one of the medical witnesses imputed it in a great measure to the systematic practice of secret infanticide, and to the temptation offered by the burial assurance payments they receive on the death of the infant. With regard to infants' food, we can speak, and have often spoken, more decidedly, for, perhaps, there is not a more pernicious practice, both in the nursery of the rich and in the homes of the poor, than the irregular and haphazard manner in which infants are fed, and the administration of a lot of patent food, of the nutritious qualities of which the parents have no other guarantee than the plausible recommendations of the vendor.

With the view of removing as far as possible the motive above-mentioned, Mr. Bartlett thinks that infant insurance by money payment should be peremptorily stopped. He would permit burial societies to be formed to provide the actual funeral, burial charges, &c., but no money must pass into the hands of the policy holders. Moreover, the scope of the Adulteration of Food and Drugs Act must be extended to take special cognisance of the false pretensions so extensively put forward with regard to "infant's food." "If," says Mr. Bartlett, "plain starch is sold under any fanciful name, and it is stated on the wrapper or by advertisements that it contains 'nitrogenous, flesh and bone-forming properties,' or any such untruthful statement, the vendors should be held liable to the heaviest penalties. Not 'because they cheat but do not poison,' as was said by the Committee of the House of Commons after hearing my evidence on this point, but because the false pretensions so put forward prevent those most anxious to obtain the best food for their infants from being able to discriminate between the good and the bad ; and because those who desire to assure the death of their children do so, almost without a chance of punishment, by the slow starvation of such feeding."

Were the vendors of these objectionable foods to be held liable to a heavy penalty, one cause of infantile disease would be no doubt in a great measure removed ; but unfortunately there are so many other ways in which the health of infants may be undermined, that we must not be too sanguine as to results of any legislative enactments. Nothing short of the education, and the social and moral improvement of the working classes, will strengthen those maternal instincts, and that feeling of moral responsibility upon which the preservation of infant life must at all times chiefly depend. The profession, too, might do something in a preventive point of view by devoting a little more attention to the subject of infant feeding, instead of leaving it, as is too often the case, in the hands of nurses and the proprietors of patent food and medicines.

Neglect of Vaccination in Ireland.

At the last meeting of the Limerick Board of Guardians Mr. Bourke, Local Government Board Inspector, said he wished to bring under the notice of the Guardians the question relative to those people in the city who had failed to comply with the provisions of the Vaccination Act. There were a number of societies in the city who had their medical officers, and who generally vaccinated the children of the members. All persons were not vaccinated by the city dispensary medical officers. These gentlemen were bound to vaccinate all persons applying to them, but a number of other persons in the city, as well as the military, were not vaccinated by dispensary doctors. The result was that it was found some minute regulations would be required, so as to ascertain who were the persons that failed to comply with the law. Lists of defaulters had been published, and it was found that so many as three or four hundred children and others had not been vaccinated. It was also found that in some cases the certificate of vaccination was not given always by the private practitioners to the registrar, and thus a number of anomalies had crept up which it would be very advisable to check. Under these circumstances he thought it would be well to appoint a committee who would lay down a few rules in reference to the vaccination of children in the city.

It is as well to remind Mr. Bourke that the Irish Local Government Board has largely contributed to the neglect of vaccination of which he complains, because its policy has had the effect of discouraging watchfulness on the part of the medical officers. In the first place, the fee of 1s. given for a successful vaccination is altogether insufficient to pay for the trouble of hunting up unvaccinated children, keeping records of births, sending cautionary notices when the period allowed for vaccination has lapsed, and furnishing lists of defaulters to the Guardians. Naturally, the medical officers do not open their eyes very wide to see defaulters. In the second place, the Irish Local Government Board has thrown cold water upon the granting of a fee for attendance at vaccination prosecutions ; and—acting on the hint—the magistrates have recently, in many cases, refused to give the necessary certificate for such fee. The medical officer is not likely to be very zealous in instituting prosecution when he knows that it is likely he will have to travel a distance, lose much time, incur great unpopularity, and get neither money nor thanks.

If the Irish Local Government Board wishes to mend the matter—and it is one which much needs mending—it must first make it worth the while of the medical officer to follow up each unvaccinated child, and to carry the prosecution to a successful issue. It may not be inappropriate to remind the Irish Local Government Board that a Bill, constructed by the Irish Medical Association specially for the purpose of facilitating the detection of default in vaccination and the coercion of the defaulters, has been in the hands of the Chief Secretary, who is the President of the Local Government Board; and that, up to the present, it has been entirely ignored, both by the Minister and by the Board itself.

How Infectious Diseases are Spread.

An inquest has just been held in St. Pancras, which shows how some medical men will neglect to inform the sanitary authorities of any infectious disease which may come under their notice. The patient on whom the inquest was held was a child who died of scarlet fever after three or four days' illness; and it is stated that the parents of the child were not aware of the nature of the complaint until death had taken place. No notice was forwarded to the sanitary authorities of the prevalence of scarlet fever in the house, and the first that Mr. Rouch, the chief inspector of the sanitary department for St. Pancras, heard about it was from a return made by the Registrar-General. He then made inquiries, and found that two other children were also lying in the house in a very dangerous state. He at once had the house disinfected, and measures taken for keeping the fever from spreading in the neighbourhood, which is densely populated, and ordered the other children in the house not to be allowed to attend school. The Coroner very properly remarked that medical men should tell the persons whom they found in charge of patients suffering from infectious diseases that such was the case, and that the persons so told should, under a penalty, inform the sanitary authorities, who would then be able to take the proper remedies for preventing the disease from spreading, thereby saving a good many lives. At present that was not done, and the sanitary authorities did not glean any tidings till several persons had caught the disease.

Need of Medical Men in the Transvaal Republic.

On this subject the correspondent of the *Globe* remarks as fellows:—"Medical men are much wanted out here. A force of 400 mounted volunteers had to patrol a large extent of country near King William's Town, without a doctor accompanying them. At various towns in the Transvaal there are splendid openings for a practice. All doctors coming out here should be able to make upwards of £1,000 per annum the first few years. Their work would consist mainly in riding long distances to visit farmers' families. Large numbers of the Boers come immense distances to the towns of the Transvaal to consult a doctor."

Coincidence or Plagiarism?

It is sometimes wonderful how the same idea occurs to different minds at the same time. It may be a coincidence, or *it may be* what is termed plagiarism.

It is very singular that the Committee of the British Medical Association on Rabies, or Hydrophobia, should have struck out a line of investigation so very closely resembling the method adopted by our own Commissioners. The method, as applied to hydrophobia, was a new one, and hitherto unattempted. Our readers can judge as to the priority of idea. It is a mere trifle as regards any particular honour for the idea, but scientific men should not too faithfully copy without acknowledging the obligation.

British Medical Journal, August 17, 1878.

It has been thought that the only safe means of dealing with the subject was to collect a large number of cases, and to embody them in a condensed form in the report. The conclusions derived from the cases by the reporter and by the Committee will thus be easily checked by the facts themselves, and will acquire a weight which, unfortunately, does not belong to previous investigations.

Medical Press and Circular, October 31st, 1877.

We have, then, collected—

1. As many statements, under the head of hydrophobia, as we deemed sufficiently accurate, in order

2. To compare the statements with each other, and arrange them according to their resemblance or dissimilarity; and

3. To draw general conclusions and inferences which may assist further investigators.

We are arming our readers even against ourselves. . . . But better for medicine that we should be *checked* and corrected than that we should promulgate as facts what are only individual opinions.

Our readers will judge as to the similarity of the method, and as to the resemblance between the two paragraphs. The dates are very clear evidence as to the priority of conception of the line of investigation.

We condensed a large number of cases into our reports. Our conclusions we left to be *checked* by the facts, and the value of the investigations has been decided beyond appeal by the judgment of Sir Joseph Fayrer in the July number of *Brain*.

We wish the Committee success in their work. The method they have adopted is a good one, though borrowed, and, as we expect some original researches, we can afford to be generous.

The announcement as to the bibliographical portion of the reports is very interesting, though it is the least practical and easiest part of the task, for the material is already prepared by others. We are reminded, as regards this compilation, of the sins of the Abbé Trublet—

Au peu d'esprit, que le bon homme avait
L'esprit d'autru par supplement servait,
Il compilait, compilait, compilait;
On le voyait sans cesse ecrire, ecrire,
Ce qu'il avait, jamais entendu dire,
Et nous lassait sans jamais se lasser.

Medical Men in the House of Commons.

A contemporary says:—"It is understood that the medical profession are determined to have, if possible, a large number of representatives in the House of Commons at the next general election. Medical men complain that at present they are almost entirely without representation,

while the Bar, the railway interest, trade, commerce, and all the other interests have numberless spokesmen in Parliament. Dr. Andrew Clark it is said, will be urged to stand for the University of London. Sir Henry Thompson is also spoken of as a probable candidate for a seat."

Public Mortuaries.

INQUESTS are generally held at public houses, not through choice, but necessity. When a body is found, it is removed to the nearest public house, where there is generally no proper accommodation for the purpose.

It is placed in some outhouse, and coroners could tell us of some sad incidents happening to the dead under such circumstances, as injury from rats, &c. There are other dangers in connection with the use of public houses. It is quite possible that a body brought into one, may become a source of infection or contagion. We need not elaborate arguments against the present system. It is admitted that a remedy is wanting. It can be easily provided, by building public mortuaries. In some parts of London they are already in existence, and the example set by London should be copied in our provincial towns. They are a necessity, and medical officers of health should impress upon their boards, the importance of providing them. They might be used with advantage, not only for the purpose of the Coroner's Court, but as a receptacle for patients who have died of some infectious or contagious disease. Speedy burial is in all such cases desirable, but is not always possible. Many houses have not a spare room for the dead, and the ordinary living and sleeping room is used for the purpose. The evil is patent, the remedy simple.

Provident Dispensaries.

THE evidence as to the value of these institutions is very conflicting, as may be seen from the report of the sub-committee on the working of the provident dispensary system in Manchester. We are all agreed there is much need for out-door hospital reform, and that the wants of the poorer classes of the community must be supplied without injury to them or their medical attendant.

The feeling in Manchester is divided. We are told that general practitioners whose work lies in the neighbourhood of such dispensaries say their practice has been injured by them. One gentleman writes :—

"The instinct of self-preservation compelled me to cut my connection with the provident dispensaries. . . . . Our pay was most paltry and our work very considerable."

Dr. Watson says :—"I am convinced, instead of lessening hospital abuse, it was merely opening another and wider door . . . so many availing themselves of the charity for which it was never intended."

We agree with the conclusion of the report : "If the public and profession will lay themselves out to make the administration of medical aid to the poor satisfactory they can do so, but neither section of the community can act alone." At present the lay public expects too much from the profession. Hence the failure of this scheme.

Poor Relief in Ireland.

IN the Annual Reports of the Irish Local Government Board, dated 1876 and 1877 respectively, a decrease is noticed in the average daily number of workhouse inmates for two years in succession.

In the Report for 1878, just issued, a change is reported in the other direction, the average daily number being 1,441 more than in the preceding year. The comparison shown by the latest weekly return with the return at the corresponding period of last year is still more adverse, being in excess thereof by 4,277, the difference between 47,425 inmates in 1877 and 51,702 in 1878.

The out-door relief lists at the same periods show an average daily number of 33,547, in comparison with 31,600 in the previous year, and on the latest return an increase of 3,210 over the number in the corresponding return of last year. This fluctuation in the number of persons relieved by admission to the workhouse or otherwise, is perhaps no more than might have been expected from the indifferent harvest of 1877, and the inclemency and wetness of the subsequent season. Since the commencement of the present improved spring weather the increase of the weekly admissions to the workouse has been arrested, and the gradual decrease of number usually commencing at the end of February in each year has set in as heretofore.

On the last Saturday of February the total number of persons receiving relief out of the workhouse under the 1st section has increased from 32,429 to 35,535, a difference of 3,106, including an increase of 1,169 in the class of "permanently disabled," of 1,131 in the class of "widows with two or more legitimate children," and of 806 in the class of "persons disabled by severe sickness or serious accident."

Cure of Sciatica by Subcutaneous Injections of Ether.

DR. C. G. COMEGGS, lecturer on Clinical Medicine, Cincinnati Hospital, has found this treatment successful in an obstinate case of sciatica. The patient could not walk without a crutch, and suffered great pain with every effort to use the left leg. His health had become injuriously affected by the opium which, along with other medicines he had been taking, he had no appetite, and his bowels were excessively constipated. The spine had a curvature causing a projection of the left hip, the result of an effort to favour the suffering nerve. Fifteen drops of ether were administered hypodermically. The morphine he was in the habit of using was stopped, and 20 gr. of chloral given to secure sleep. The injection up to 30 drops was repeated, morning and evening for three days, when he was allowed to go home. In the meanwhile, he had begun to walk about the city, to try himself, as he said, for he was very reluctant to believe that he had been so readily cured. The injection was made behind the great trochanter. He had a liberal allowance of beef-tea and whisky while under treatment.

THE Hospital for Sick Children, Great Ormond Street, has been promised the proceeds of the first *matinée* performance at the Gaiety Theatre next

Treatment of Purulent Ophthalmia.

IN a paper read before the Ohio State Medical Society Xenophon Scott says, the treatment of this disease should consist of perfect cleanliness; the application of a solution of nitrate of silver (10 or 15 grs. to the ounce); cold ice compresses; scarifications and cold compresses after (and not before) cauterisation; incision with scissors of swollen conjunctiva, when over-lapping the cornea; leeches to the temple; and, when the cornea is attacked the application of a solution of atropia, with paracentesis of the membrane, if necessary. With regard to compresses, he advises them to be dipped in ice water, continually applied, and frequently replaced as soon as they become the least warm; but when the swelling and congestion of the conjunctivæ have diminished, it is not necessary to continue them more than an hour or two at a time. Scarifying the ocular conjunctiva, especially that overlapping the cornea, is an important adjunct to the treatment. They should be superficial, and made immediately after the cauterisations.

Ordeal of Poison.

THE following case, recorded in the report of the Chemical Analyst for Bombay, 1877, indicates that the practice of ordeal by means of poison still lingers in India. A man lost some ornaments, and suspected his sister of stealing them. Under the advice of a "wise man," he put outside his door a copper pot with a lump of cow-dung in it, advertising his friends that he had done so, and that, if the thief put the ornaments into the pot, nothing further would be said. This failed. The wise man, therefore, assembled the neighbours, and an ordeal was instituted, each person being required to eat a small quantity of sugar. The result was that the sister died with symptoms of irritant poisoning, and that a grain and a half of arsenious oxide was found in the contents of her stomach.

The Chinese Government and Opium Smoking.

A RECENT edict of the Chinese Government speaks of the people as foolish, coveting wealth, and forgetful of the injury that is being done by the cultivation of the poppy instead of cereals, and it enacts that for the future the cultivation of the noxious drug must cease; disobedience thereto to be visited with severe punishment. This edict applies to the whole of China. The district magistrate of Tientsin has personally visited the opium-smoking resorts, and closed them all. Soldiers and officials are strictly prohibited from smoking, under heavy penalties.

The Mortality in Dublin.

THE week which ended on the 24th of August seems to have been exceptionally healthy everywhere but in Dublin. In Edinburgh the ratio was only 17·3 per 1,000 of the population, in Glasgow 19·4, and in London 20·9, while in Dublin it was 26! and this in spite of a considerable reduction in the number of small-pox cases. The Public Health Committee of the Corporation is prostrate from its labours, and the small-pox gets along at its own pace uninterfered with by any official zeal.

The British Medical Journal says: "It is decidedly inconsistent with strict professional propriety that a licentiate of the King and Queen's College of Physicians in Ireland should see patients, on market days, in the shop of a chemist or druggist (not far from his own house) who pursues counter-practice and visits patients at their homes. The circumstances of the case should be represented to the authorities of the College to which the practitioner in question belongs. Our contemporary hardly does justice to the offence of the person in question when it describes it mildly as "inconsistent with strict professional propriety." We should have said "inconsistent with the most elementary idea of common decency, disreputable, and contemptible." It is deserving the consideration of the Fellows of the College of Physicians whether this line of trade comes within the limit which entitles them to cancel the diploma of the "gentleman" physician referred to.

THE *Students' Journal* says that "in spite of the raised fees for medical education, which some thought would deter a few from joining the profession, the number of entries for the next preliminary examination of the London College of Surgeons is even larger than usual. It will be interesting to learn, when October arrives, whether a smaller or larger average of students join the hospitals, and whether the average is smaller at those metropolitan hospitals where the fees have been raised; and in that case, has the average of the other schools in the United Kingdom been larger in consequence?"

AS an instance of the carelessness with which death certificates are sometimes given may be mentioned that of the death of an excavator, aged 36 years, at 56 Campbell Road, Islington, who died on Aug. 11th, which was certified by a registered medical practitioner as the result of "phthisis, 8 months, cerebral effusion;" an inquest was, however, subsequently held, and after a *post-mortem* examination the verdict was "injury to brain, and fracture of skull by falling from a wagon." Such ignorance, if it be not something worse, deserves almost the cancelling of the offender's certificate, whose name we, in charity, forbear to mention.

WITH few exceptions, the health of the large cities throughout the United Kingdom continues to be satisfactory. The mortality in London, Edinburgh, Glasgow, Bristol, &c., is particularly low, ranging from 17 to 21 per 1,000 of the population. Dublin, Manchester, Sheffield, Leeds, and Plymouth, are second on the list, whilst Salford, Liverpool, Birmingham, Leicester, Newcastle, Norwich, and Hull have a very high death-rate, the two latter showing a percentage of 39 and 40 in the 1,000.

A FEVER epidemic is raging in North Derbyshire, particularly surrounding Chesterfield. All the schools have been closed at Dronfield by order of the authorities, and it is intended to adopt a similar course at Clay Cross, at which place no less than twenty deaths have occurred within a very short space of time.

THE Honiton Town Council which has resisted the orders of the Local Government Board with regard to the water supply of their town, has had another meeting, at which a final decision was arrived at, that the present supply was adequate, and that the pressure of the Local Government Board be resisted. It is anticipated that the Local Government Board will now take the water supply in hand themselves and charge the town with the cost.

NEXT Saturday collections will be made throughout the metropolis on behalf of the Hospital Saturday Fund. The media will be by boxes in the principle thoroughfares, presided over by ladies or other volunteers.

Correspondence.

CORONERS' MEDICAL WITNESSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the report of the proceedings for the past year of the Irish Medical Association, as published in your journal, I just now observe the following statement: "A complaint having been made to your Council that on the 9th July (last year) an inquest was held at which the coroner who held the inquest employed as medical witness a practitioner who resided over twenty miles from the place where the inquest was held and where the death occurred, your Council adopted a resolution detailing the circumstances reported, and requested the coroner would offer any explanation he thought fit as to his action, to which the coroner replied in a very unsatisfactory manner."

In a spirit of courtesy towards my fellow members of the Irish Medical Association, and to give them the opportunity of judging whether my letter in reference to the above "complaint" deserved the epithet of "very unsatisfactory," I will briefly and truthfully lay the facts before your readers.

On the morning of July 9, 1877, I received by post a police report from a village in the county, in which village I had never been, as it is situated in the district of my brother coroner; the latter being from home, the duty devolved on me to hold the inquest. The police report stated that a poor man, apparently in good health, went to bed in a lodging house in the village on the night of 7th inst., was found dead in his bed early on following morning. Deceased had not been attended by any doctor, nor had any doctor seen his dead body.

It was evident that a corpse lying beneath a sultry July sun in a small lodging house from night of 7th July should not meet with any delay in its interment. On morning of that day I was requested by the friends of a sick person to meet a neighbouring practitioner in consultation; the consultation being ended, and all the necessary attention and directions having been devoted to our patient, I then addressed my medical friend in these words: "I am now off to a distant part of the county with whose topography I am not well acquainted, to hold an inquest; it is situated in the district of my brother coroner, now absent, but I believe it forms portion of the district of a doctor, who some few years ago (when under similar circumstances I was officiating for another coroner) was summoned by me in due form to attend as medical witness at an inquest. The early receipt of the police report on that occasion, as well as the fact of Sunday intervening, enabled me to give early notice to the medical witness—the latter received the summons on the morning of the day on which I held the inquest. Although I waited for a long time at the inquest, until the arrival of a policeman, whom I despatched to the residence of the medical witness to say I was waiting for him, I was nevertheless at great inconvenience obliged to hold the inquest without him. The policeman whom I sent for the doctor informed me that the latter was in the village. Notwithstanding all this, I never either verbally or by letter received from said doctor any explanation to account for his absence till some days afterwards, when I casually met him, and when in truth his explanation in accounting for his absence, whilst he admitted having received the summons in due time, was eminently unsatisfactory. Under these circumstances, and as I may be disappointed in getting a medical witness, I will ask you to accompany me." He did so, and on our arrival at the place of inquest I at once asked who was the doctor of the district; I was told, "the doctor is away on leave, and it is uncertain if the gentleman who is acting for him is now at home."

The owner of the lodging house being most anxious to have the dead body removed at once from her house, I directed the doctor who accompanied me to make the autopsy. On August 3rd my attention was called to the "complaint" as above quoted by the Council of the Irish Medical Association. I at once replied, stating the facts as already detailed by me, and courteously adding that I held in great respect the Irish Medical Association in their gratuitous efforts to redress the grievances of Irish Poor-law medical officers, and that I would be very anxious to see a definite judicial ruling on the interpretation of the words "at or near," but that an eminent lawyer, an ex-Lord Chancellor, gave it as his opinion that a coroner could exercise a discretionary power in the summoning of any particular witness.

Had I not been engaged as a witness in one of the superior Courts during the day on which the Irish Medical Association held its last annual meeting in the College of Surgeons, I would have laid before those then present at the appropriate time the facts above detailed; and now, Sir, I respectfully submit that the Council of the Association with my explanatory letter before them had not sufficient grounds for stating that I treated their remonstrance in a "very unsatisfactory manner.

I am, &c.,

THE CORONER
who presided at the inquest on 9th July, 1877, alluded to in the Annual Report of the Irish Medical Association.

MEDICAL REFEREES' FEES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It may—as it did me—astonish you and your readers that there are medical men who examine lives for insurance for the sum of one shilling each. Here are the grounds on which I make this statement: I was presented a few days ago by a respectable man in my neighbourhood, a printed insurance form to fill up by answering the several queries in it, and to do which I should make a most careful medical examination of the party named in the form. On inquiring from whom I was to receive my fee, I was told the agent said that the fee he gave was one shilling, but he supposed the agent meant a guinea. Without proceeding further, I wrote at once to the agent in Dublin, and I quote from his reply the following:—

"I beg to state the —— Society allows but one shilling for every proposal filled in by a medical practitioner. Our office is a Friendly Society, and consequently cannot assure for large sums. Our medical referees accept the fees as above."

I need not say I declined to accept "their fee." I will now, sir, leave to your more ready pen to comment on the conduct of any qualified medical man receiving as a fee the sum of *one* shilling for services which should exhibit medical skill and professional responsibility.

Your obedient servant,

FRANK J. DAVYS, F.R.C.S.I. &c.,

Cremona, Swords.

THE ALLEGED VIVISECTION IN BAYSWATER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your impression of August 28th, the statement of the case is not clear, therefore a few words seem to be necessary to put me right with your readers.

1st. The dog which I saw, not dead, but dying, was in Burlington Road, Bayswater. It had received its death-blow from a gentleman living opposite. It had been operated on, as I saw well, by the removal of a large piece of skin, a clean square cut by a neat operator, so as to expose the flesh. This was seen and remarked upon by many persons, and I have since heard a good deal about the experiment which was performed. But this not having personally seen, I must leave to the eye-witnesses of the operation to relate, contenting myself with describing what I saw. A policeman was present, and

took charge of the dog, but a gentleman among the crowd went to the police station, and reported the case immediately. He was told to "mind his own business." See a lady's letter in the *Bayswater Chronicle* of August 24.

The case which the Home Secretary describes, was quite different. It was a dog run over in Gloucester Crescent, Bayswater, half a mile from Burlington Road. A lady whom I know, saw the occurrence in the daytime, whereas the case I saw was at night. If required, I have no doubt forty witnesses might be found, and among them, probably some who actually saw the first stage of this case of cruelty.

Yours, &c.,

C. O. GROOM NAPIER.

18 Elgin Road, St. Peter's Park, W.
August 29.

[We do not wish to argue the question with our correspondent, but we may remind him that the appearance of the wound which he describes, was no proof that it was deliberately inflicted by a vivisector. Any surgeon will tell him that a wound occasioned accidentally, will often have the appearance of one that has been made by some sharp instrument. If our correspondent can prove the correctness of the statement he first made, we should be the last to screen those who were guilty of the cruelty of which he complains.—ED. M. P. & C.]

PHYSICIANS' FEES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Several letters have lately appeared in the *Times* newspaper regarding excessive fees charged by medical men to patients. I enclose you a tariff of my scale of fees for the last twenty years, which I either give to my patients at the outset of consultation, or cause the small printed papers to be laid on my waiting-room table to be taken away before consulting me, leaving patients free. The result is no grumbling. We must remember the profession is a noble and liberal one, and should be so used by all who profess it, otherwise it is a despicable trade if exercised for money-squeezing of the sick.

Yours truly,

A PHYSICIAN.

London, August 28th, 1878.

The memorandum to which our correspondent refers is as follows :—

Medical Fees Within the Four-mile Radius of London.

Single consultation or visit by day, one guinea.
Frequent consultations or visits by day, half-a-guinea.
Consultations or visits by night, one guinea.
Frequent consultations or visits by day to two or more of the same family, each person, seven shillings.
Frequent consultations or visits by night to two or more of the same family, each person, half-a-guinea.
Servants as by agreement.
Distant consultations, or visits in the country, the customary physician's charge.

Literature.

APHASIA AND ATAXIA OF SYPHILITIC ORIGIN. (a)

"WHY should anyone refuse to syphilis the possibility of producing locomotor ataxia?"

Dr. Drysdale has published in a pamphlet of fifteen pages an outline of his views upon this subject, prefacing his remarks with the details of four cases, typical of the different varieties of cases which he has met with in his hospital and private practice.

The great majority of classical writers upon the subject of locomotor ataxy have passed over in silence, either intentionally or inadvertently, the possible connection between a syphilitic history and this disease. Some, indeed, admit the possibility of such a connection as cause and effect, but few or none lay any stress upon it.

Without being dogmatic upon the point, Dr. Drysdale brings into prominence the frequent existence of a syphilitic history in such cases, and believes there is plenty of room for further study upon the matter.

The possibility of specific disease being the cause of loco motor ataxia—a disease usually considered hopeless—open to treatment by specific remedies, is well worthy of consideration, since it affords some hope of being able to combat a form of disease hitherto looked upon as a reproach to the science or art of medicine.

We cordially recommend to our readers a careful perusal of Dr. Drysdale's pamphlet.

(a) "Aphasia and Ataxia of Syphilitic Origin." Being the Substance of a paper read at the Medical Society of London, March, 1878, by C. R. Drysdale, M.D. Published by Bailliére, Tindall, and Cox, 20 King William Street, Strand, London.

FOWNES' MANUAL OF CHEMISTRY. (a)

IF any evidence were wanted of the development of chemistry within the last decade, we need not go further than the growth in size of many established works upon this science, as they appeared in consecutive editions. The consideration which naturally presents itself to the reviewer, is how far is this elaboration desirable for the requirements of the readers of a "Manual of Chemistry for the use of Students." That there is a limit, there can be little doubt.

Fownes' Manual is a striking example of this development of good books. Originally, a one-volume book of some six or seven hundred pages, it has passed through eleven editions since the death of its author, owing to the well-merited success of the first edition It was adopted as a text-book by Dr. Hofmann, when professor at the then styled College of Chemistry. This fact in itself was no small testimony to its worth, and it was extensively elaborated under that Professor's editorship. On his retiring from the scene of his London labours, we find the work handed over to the fostering care of Mr. Watts. If Mr. Watts is not a practical man, his Dictionary of Chemistry has stamped him as the most successful collator in any science that we have; under his auspicies we find Fownes' Manual has developed into two volumes, the second of which is devoted to Organic Chemistry.

In the second volume, the one now under review, the more modern, and at any rate the more rational, definition of *organic* chemistry is of course taken. The arrangement is simply based upon an arbitrary idea that carbon being the chief element in certain complex compounds, including those generally found in the organic world, the combination of that element with hydrogen gives rise to certain series of hydrocarbons, which in combination with other molecules, produce a kaleidoscopic-like variety of compounds to which there is no end. In fact, that the organic chemistry of the present epoch, is the chemistry of the carbon compounds. What will organic chemistry be in the twentieth century? and what will the chemical student of that century be? Will each element be treated as a special branch of science, and have its specialist? Why not?

The old idea of an organic compound, being formed by some inherent force, capable of building up in the laboratory of Nature compounds which could not be put together synthetically in the chemical laboratory, is a thing of the past. What is done in the natural laboratory has long been surpassed by the constructive tendency of the scientific chemist, who works by the aid of chemical laws, which he finds are quite sufficient without seeking for vital force.

Mr. Watts, from his comprehensive insight into modern research, has succeeded in placing before the student the difficult subject of organic chemistry as far as it has gone, in a very clear light. The subject of classification, however, as regards this subject, is only in its infancy, owing to the difficulty of seeing into the innermost structure of these organic molecules. We are still a long way off that condition of things chemical—mentioned by Carlyle—when they shall have "become transparent to you, so that you can survey them on all sides."

In the preface the editor states that the classical researches of Kœrner and others amongst the isomeric relations of the derivations of benzene, are presented in a form in which they have not yet appeared in any English dress; and the editor omits the physiological portion, this department of "Organic

(a) "Fownes' Manual of Chemistry." Vol. ii. Chemistry of Carbon, Compounds, or Organic Chemistry. 12th edition, revised and enlarged. By Henry Watts, B.A., F.R.S.

Chemistry" being already so extensive as to require separate treatises.

It is really curious to observe what a small proportion of the "Organic Chemistry" is devoted to the consideration of products directly derived from the vegetable or animal world.

Literary Notes and Gossip.

DR. MAUDSLEY contributes a paper to the current number of the *Fortnightly Review* "On the Hallucinations of the Senses."

* * *

A NEW edition of Cooke's well-known "Tablets of Anatomy, Physiology," &c., is, we hear, in the press, forming two volumes instead of one, as formerly issued. The author has given some additional subjects.

* * *

DR. B. W. RICHARDSON is engaged upon a paper treating of "Ether Drinking and other Extra-Alcoholic Modes of Intoxication," which is to make its first appearance in an early number of the *Gentleman's Magazine*,

* * *

ANOTHER volume of Zeimssen's splendid "Cyclopædia of Medicine" has just appeared. This volume (xiii) is principally the work of Professor Erb, of Heidelberg, translated by Dr. Geoghegan, and is occupied solely with Diseases of the Spinal Cord and Medulla Oblongata.

* * *

MUCH surprise has been created in literary circles by the simultaneous failure, during the past few days, of three well-known London publishing houses, with liabilities to an enormous extent. Messrs. Virtue and Co. were the first to go, one creditor alone claiming over £40,000. With them followed Messrs. Daldy, Isbister, and Co., and Messrs. Tinsley Brothers, who were involved with the first-named firm. Other houses are said to be "shaky," as publishing has not been a very profitable speculation of late.

* * *

THE *Medical Examiner* is, we hear, "on its last legs." The *Student's Journal* announces that it has already succumbed for want of support, but this, we believe, is somewhat premature. The last numbers have appeared two or three days after date, and each is said to be the last. This journal has struggled hard for existence for more than two years, and its proprietors have sunk over £4,000 in the venture. The profession is, however, overloaded with journals, and our moribund contemporary adds another to the long list to prove that medicine is sufficiently represented by the older media.

* * *

THE past month, like its predecessor, has not been pregnant with many new books in medical literature. Playfair's "Midwifery" (2nd edition), Kidd's "Laws of Therapeutics," Hunter's "Mechanical Dentistry," Ziemssen's "Cyclopædia of Medicine" (vol. xiii.), Baldwin Latham's "Sanitary Engineering," Semple's "Aids to Chemistry" (2nd edition), Startin's "Ringworm," Godlee's "Atlas of Human Anatomy," part vi., and Holmes's "Botanical Note-book" were the only issues during August. There are a few important works announced or expected in September and October, but these will be noticed anon.

* * *

ANNOUNCEMENTS for the coming publishing season are not so numerous as usual. We have new editions of two large works on surgery promised, viz., "Gant's Surgery," which will be nearly double its former size, and contain about 1,000 illustrations, and Holmes's smaller "Surgery" (1 vol.) Neither of these books were particularly successful as originally issued, but report has it that very strenuous endeavours have been made to ensure success with the new ventures, Mr. Gant having enlisted the valuable assistance of several leading London surgeons, in order to render his work as complete as possible upon special branches. A new clinical manual, by Scotch authors, and a few smaller works are announced, but we shall probably have to wait for the students' numbers of the journals for the complete lits of forthcoming works.

Medical News.

The Medical Colleges and Schools.

ST. GEORGE'S HOSPITAL.—Sessions 1877-78.—The following medals and prizes have been awarded to successful students at this school.—The William Brown £100 Exhibition, G. R. Turner. The William Brown £40 Exhibition, held by Mr. Dunbar. The Brackenbury Prize in Medicine, A. Shann. The Brackenbury Prize in Surgery, F. Wadham. Sir Charles Clarke's, Mr. Warwick. The Brodie Prize in Surgery, F. Wadham. Dr. Acland's Prize, G. H. Cowburn. The Henry Charles Johnson, C. A. Weber. The Treasurers', A. Shann. The Thompson Medal, F. Wadham. Third Years' Proficiency, C. A. Weber. First Years' Proficiency, A. K. Willis.

KING'S COLLEGE.—Winter Session.—Prizes. Anatomy.—John Phillips and William George Evans. Chemistry.—Robert Hoggan and Simpson Powell, Prizes. Medicine.—James Balls, Prize. Clinical Medicine.—James Balls, Prize. Surgery.—Arthur Lofthouse, Prize. Clinical Surgery.—Thomas Furze Clarke, Percy Close, Prizes. Practical Biology.—Walter Frank Weldon, Prize. Zoology and Comparative Anatomy.—Walter Frank Weldon, Prize. Summer Session.—Forensic Medicine.—James Balls, Prize. Materia Medica.—John Arthur West, Prize. Clinical Surgery.—Frederick Theodore Hebb, William John Penny, Prizes Tanner Prize, James Balls. Practical Chemistry.—Oliver Puckridge, Prize. Botany.—Robert Garner Lynan, Prize. Obstetric Medicine.—Geville Matheson M'Donald, Prize. Pathological Anatomy.—James Balls, Prize. Practical Physiology.—Frederick Wellesley Kendle, Prize.

UNIVERSITY COLLEGE.—Winter Session.—Physiology.—Gold medal, C. J. Bond; silver, P. E. Shearman; A. E. Permewan. Anatomy.—Gold medal, V. A. H. Horseley. silver, R. Pratt; H. Maudsley. Junior class, silver medal, H. R. Woolbert. Chemistry.—Gold medal, L. H. Edmunds; silver, John Hodgkin; W. D. Halliburton. Medicine.—Gold medal, J. D. Hayward; silver, W. F. Thomas; A. E. Wigg. Surgery.—Gold medal, W. D. C. Williams; silver, W. H. Copley; J. W. Bond; equal. Practical Physiology.—Gold medal, D. T. Hoskyn; silver, W. Chisholm. Comparative Anatomy and Zoology.—Gold medal, A. G. Bourne; silver medal, Theodore Beck. Clinical Medicine.—Fellowes medal, gold, equal, A. A. Lendon, N. S. Whitney. Junior class: Fellowes medal, silver, equal, L. C. Ponsford, F. H. Saunders. Bruce medal for proficiency in Pathology and Surgery, J. S. N. Boyd. Summer Session.—Midwifery.—Senior class: gold medal, J. F. Easmon; silver medal, A. Buckell. Junior class: silver medals, equal, R. H. Firth, R. S. Walton. Practical Chemistry, senior class.—Gold medal, D. W. Donovan; silver, A. J. M'C. Routh, William Chisholm. Junior class: gold medal, Theodore Beck; silver, J. W. Inger, W. A. Brough. Practical Physiology.—Gold medal, S. H. C. Martin; silver medal, A. H. N. Lewers. Materia Medica.—Gold medal, A. Atmaram; silver, A. J. Harries, A. J. M'C. Routh. Filiter Exhibition, £30, Bilton Pollard; silver medal, William Banks. Botany.—Certificate, 1, equal, E. W. von Tunzelmann, S. H. C. Martin. Hygiene and Public Health.—Silver medal and first prize, Wm. Banks; second prize, J. E. Hine. Ophthalmic Medicine and Surgery.—Silver medal, J. F. Easmon. Clinical Medicine.—Junior class prize, J. E. Hine.

NOTICES TO CORRESPONDENTS.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

DR. KNAPP, Wyoming, U.S.A.—Thanks for your appreciative letter. Our best endeavours will be directed towards keeping the journal up to the high standard you have formed of it.

A CANDIDATE will find Gant's little guide "For the Fellowship and Membership of the College" very useful.

AN INQUIRER.—The journal is now defunct.

A FORMER STUDENT.—There have been few changes in the staff since the date mentioned; it is virtually the same as when you left it for the colonies.

J. D. M.—Our contemporary must have mistaken your question. The reverse is the case.

A NOVEL PURSE.—A curious specimen of the inventor's ingenuity has just been brought out. It consists of a somewhat bulky looking purse, the size of an ordinary cigar-case, one compartment of which contains a five-chambered revolver, which can easily be fired by pressing a spring without opening the purse. It is intended as a handy means of self-defence against highway robbery.

DR. BOURNEVILLE. Paris.—With pleasure.

DR. MCN., India.—Communication received, and shall appear. Subscription paid up to July 1, 1877, by relative in Dublin. Now due to July 1, 1878, which will be furnished to same person.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Goodridge, Bath. Prof. Charcot, Paris. Mr. Downes, Dublin. Mr. Haynes Walton, London. Dr. Grailly Hewitt, London. Dr. Knapp, Wyoming, America. Mr. Greenway, Plymouth. Dr. Wyld, London. Dr. Paley, Bishopton Grange. Mr. Scaife, Scarborough. Dr. Burder, Bristol. Mr. Browne, London. Mr. Hay, Hull. Dr. Leadman, Manchester. Dr. Edward Moore, Middlebury, South Africa. Dr. Robertson, Glasgow. Dr. Thomas, Birmingham. Dr. Nicholson, Manchester. Dr. Moore, London. Dr. Barclay, Bethnal Green. Dr. Hardwicke, Rotherham. Dr. Wilson, Edinburgh. Dr. Carpenter, Bishops Teignmouth. Dr. Patterson Cassells, Glasgow. Mr. Lobley, London. Dr. Croft, London. Prof. Tichborne, Dublin. Dr. de Gorrequer Griffith, Pimlico. Mr. Field, St. Mary's Hospital. Dr. Fauvel, Paris. Dr. Leeson, Ilkley, Yorkshire. Dr. Bucknill, London. The Registrar-General. Dr. Milner Fothergill, London. Mr. Latham, London. Dr. Dolan, Halifax. Dr. Donovan, Whitwich. Dr. Burton, Rossbey. Dr. Higginson, Bangor. Dr. Anthony, Dungarvan. Dr. Palmer, Durrow. Dr. Adams, Killaliss. Dr. Poole, Rathgar. Dr. Armstrong, Blackrock. Dr. Boyce, Stillorgan. Dr. Brice, Armagh. Dr. Patrick, Carrickfergus. Dr. Berkeley, Mullingar. Dr. Faussett, Clontarf. Dr. Elliott, Waterford. Dr. Rice, Mountmellick. Dr. Sadlier, Germoy. Dr. McDermott, Poyntzpass. Dr. Ryan, Tipperary. Hamilton, Long, and Co., Dublin. Thwaites and Co., Dublin. Dr. Barrett, Coachford. Dr. Fletcher, Ballinasloe. Dr. McDonnell, Brandford. Dr. Allen, Enfield. Dr. Reed, Slieveroe. Dr. Molony, Dromahair. Dr. Wolseley, Dunfanaghy. Dr. Allchin, London. Dr. Duncan, Glasgow. Dr. Croft, St. John's Wood. Mr Groom Napier, Bayswater. Mr. Wallace, London. Dr. Semple, London. Dr. Gillespie, London. Dr. Bourneville, Paris. Mr. pland, Southsea. Dr. Clark, Glasgow, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Ziemssen's Cyclopædia of Medicine. Vol. XIII. London: Sampson Low & Co.

Habitual Drunkards and Insane Drunkards. By J. C. Bucknill, M.D. London: Macmillan & Co.

Report on the Sanitary condition of Bethnal Green for 1877. By G. P. Bate, M.D.

Sanitary Engineering. By Baldwin Latham, C.E. London: Spon.

Domestic Medicine and Hygiene. By W. J. Russell, M.D. London: Everett.

Guy's Hospital Reports. Third Series. Vol. XXIII.

Botanical Note Book. By E. M. Holmes, F.L.S.

London Hospital Reports for 1876.

Obstetrical Journal. Veterinary Journal. The Practitioner. New York Medical Record. Giornale Intermazionale delle Scienze. New Remedies. Louisville Medical News. Science Gossip. Le Courier Medical. Le Progrès Médical. The Detroit Lancet. La France Médicale. Cincinnati Lancet, &c.. &c.

VACANCIES.

Birmingham Queen's College.—Medical Tutor. Salary, £125. And a Professor of Comparative Anatomy. Applicants must address the Secretary on or before September 12.

Brown Sanitary Institution. Professor Superintendent. Salary attached, £300 per annum, with residence and an assistant. (See Advt.)

East London Hospital for Children.—Clinical Assistant. Board and lodgings provided, but no salary. (See Advt.)

Essex and Colchester Hospital.—House Surgeon and Apothecary. Salary, £100, with board and lodging. Applications, with testimonials, to the Committee by September 12.

General Infirmary, Leeds.—House Surgeon. Salary, £100, with board and residence. Applications, with testimonials, to Dr. Heaton, at the Infirmary, by September 12.

Lincoln County Hospital.—House Surgeon. Salary, £100, with board and lodging. Applications, with testimonials, to the Secretary by September 23.

Manchester Royal Infirmary and Lunatic Hospital.—Honorary Assistant Physician. Applications to the Chairman of the Board.

Mercer's Hospital.—Resident Medical Officer. Salary, £50, with allowances. (See Advt.)

Naas Union, Blessington and Ballymore Dispensary District.—Medical Officer. Salary, £125. Election, September 10.

Sheffield Public Hospital.—Assistant House Surgeon. Salary, £65, with board and lodgings. Applications to the Hon. Sec. at 221 Glossop Road.

Royal College of Surgeons, Ireland.—Six Examiners for the Diploma in Dental Surgery. (See Advt.)

APPOINTMENTS.

BARK, J., L.K.Q.C.P.I., M.R.C.S.E., Medical Officer for the Kirkdale District of the West Derby Union.

BURNIE, Mr. W. G., House Surgeon to the Children's Hospital, Dyke Road, Brighton.

BUTTERFIELD, H., M.R.C.S.E., L.S.A.L., re-appointed Medical Officer of Health for the Bradford, Yorkshire Urban Sanitary District.

CANT, W. E., F.R.C.S.E., L.R.C.P.L., Resident Medical Officer to the Royal Albert Hospital, Devonport.

CLARK, W. W., M.D., M.R.C.S.E., L.S.A.L., re-appointed Medical Officer of Health for the Wellingborough Urban Sanitary District.

CLOUSTON, C., M.B., C.M., Medical Officer of Health for the Hay Urban Sanitary District Brecknockshire.

CUTHBERTSON, J. M., L.F.P.S.G., Medical Officer, &c., for the Droitwich District of the Droitwich Union, Worcestershire.

DALTON, F. G., M.R.C.S.E. & L.M., L.S.A.L., Medical Officer for the Ogley-Hay District of the Lichfield Union.

DAVIES, J., M.R.C.S.E., Medical Officer for the Llanbrynmair District of the Machynlleth Union.

DAWSON, E., L.F.P.S.G. & L.M., L.S.A.L., Medical Officer of Health for the Bocking Sub-district of the Braintree Rural Sanitary District.

DODDS, W. J., M.B., D.Sc., Assistant Medical Officer to the Royal Lunatic Asylum, Montrose.

EVANS, Mr. J. W., House Surgeon to the County and County of the Borough of Carmarthen Infirmary.

FISHER, F. R., F.R.C.S., Surgeon to the Surgical Aid Society.

FLANNERY, J. G., L.R.C.S.I., L.K.Q.C.P.I., Medical Attendant to the Royal Irish Constabulary, Ballycroy, co. Mayo.

FRY, J. F., L.R.C.P.L., M.R.C.S.E., Medical Officer (for Out-door Patients) to the Swansea Hospital.

JONES, W. L., L.R.C.P.Ed., Medical Officer of Health for the Llandilofawr Rural Sanitary District, Carmarthenshire.

KENNEDY, Mr. H., Assistant Surgeon to the Mater Misericordiæ Hospital, Dublin.

MCDOWELL, C. W., M.B., F.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Carlograigne, Queen's County.

MCDOWELL, F. V., L.R.C.S.I., Medical Officer to the Baltinglass Dispensary District, Baltinglass Union.

MOWAT, G., M.R.C.P.Ed., Physician to the Swansea Hospital.

OULTON, H. W., M.D., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Doonane, Queen's County.

PADLEY, G., L.R.C.P.L., Consulting Physician to the Swansea Hospital, upon resigning as Physician.

REES, D. V., L.R.C.P.L., M.R.C.S.E., Medical Officer, &c., for the Carmarthen District and the Workhouse of the Carmarthen Union.

Births.

ELMES.—July 10, at the Royal Naval Hospital, Mount Stradwell, Hong Kong, the wife of W. H. Elmes, Surgeon, Royal Navy, of a daughter.

LORD.—August 26, at Woodford, Armagh, the wife of R. G. Lord, M.D., Deputy Surgeon-General, Indian Medical Department, of a son.

PARROTT.—August 25, at Hayes, Middlesex, Edward J. Parrott, M.R.C.S., of a daughter.

WHITE.—August 29, at Blackrock, the wife of Surgeon H. P. Esmonde White, Indian Medical Service, of a son.

Marriages.

CRICHTON—UNWIN.—August 28, at St. Mathew's, Surbiton, G. Crichton, M.A., M.B., of Twickenham, to Agnes, daughter of the late J. Ragget Unwin, F.R.C.S., of Brixton.

BROWN—HENDERSON.—August 29, at St. Mary's Church, Scarborough, J. Murdoch Brown, M.B.Edin., to Annie, daughter of J. H. Henderson, Woodlands, Sheffield.

HARMAN—SKEFFINGTON.—August 22, at Ilfracombe, Rodolphe Harman, M.B., Staff Surgeon, to Ada Blenerhassett, fifth daughter of the Hon. Chichester T. Skeffington, co. Antrim.

WESTROPP—GRESHAM.—August 29, at Dublin, Cecil G. Westropp, L.R.C.S.I., &c., &c., of Ardcanny, co. Limerick, to Elizabeth, eldest daughter of the late William H. Gresham, Esq., of Raheny Park, and 8 Merrion Square South, Dublin.

Deaths.

ARSCOTT.—On August 19, at Exeter, Robert Arscott, M.R.C.S.E., aged 76.

BURN.—On August 24, at Fernie Knowe, Budleigh Salterton, William Hewitt Seton Burn, late Surgeon-General, Madras Army, aged 63.

CHARLTON.—On August 20, at Little Hulton, Lancashire, Thomas Charlton, L.S.A.L., aged 76.

COLGAN.—On August 10, at Tivoli Road, Kingstown, Henry Colgan, L.K.Q.C.P.I., aged 54.

DUFFY.—On August 20, in London, James William Duffy, M.D., late of Valparaiso, aged 72.

DUIGAN.—On August 27, at Mullingar, Anne, widow of the late Samuel A. Duigan, M.D., F.R.C.S.I., late of Killeggan, County Westmeath.

GAYER.—On August 26, at Calcutta, Edward John Gayer, Surgeon-Major, Indian Army, aged 44.

GOOLDEN.—On August 19, at Altrincham, William Goolden, Surgeon.

HAMILTON.—At Morkstown, Co. Dublin, the beloved wife of John T. Hamilton, M.D.

LYDDON.—On August 22, at Faversham, Kent, Sarah, the wife of W. Reeks Lyddon, L.R.C.P.Ed., L.R.C.S.I., L.S.A.L.

MEEK.—On August 16, at Market-Drayton, William Sutherland Meek, M.R.C.S.E., aged 59.

POLLARD.—On August 20, at Chorley, Lancashire, John Pollard, M.R.C.S.E., aged 84.

ROSE.—On August 29, at Ealing, W. J. Franckin Rose, M.R.C.S., late of Gloucester Crescent, Hyde Park, W., aged 72.

SHARP.—On August 28, at 41 Kensington Park Gardens, W., Henry Dockyer Sharp, F.R.C.S., in his 82nd year.

STEWART.—On Sunday, August 18, at the Knock, Belfast, Mary Frances Stewart (née Le Clerc), aged 72 years, wife of the late Robert Stewart, M.D., formerly Medical Superintendent of the Belfast District Hospital for the Insane.

VISE.—On August 20, at Spalding, Lincolnshire, W. Foster Vise, M.R.C.S., aged 35.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 11, 1878.

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Original Communications.

THE MECHANICAL SYSTEM OF UTERINE PATHOLOGY.

By GRAILY HEWITT, M.D. Lond., F.R.C.P.,

President of the Harveian Society, &c., &c.

LECTURE I.—(*Concluded*).

(*Continued from page* 179.)

Abnormal softness of the Uterus as a predisposition to Distortion, &c.

WE find, then, that the uterus is provided with certain apparatus designed to restrain and modify its movements, to enable it to resist to a certain degree forces tending to displace or to alter its shape. We have next to inquire how it happens that displacements and distortions originate, and why it is that the apparatus in question fails in certain cases to preserve the proper equilibrium.

It is obvious enough that the position of the uterus would be more readily disturbed by external shocks or by physical exertions, if the ligaments and attachments of the organ were relaxed and less firm and rigid than usual. And undoubtedly whatever tends to produce such relaxation and to diminish the rigidity of these structures will favour the occurrence of displacement. This is a statement the truth of which would be probably universally admitted. That relaxation of the uterine attachments which constitutes a part of the phenomena of pregnancy is well known, and it is well understood that the circumstance that the uterus is liable to become severely displaced after labour is over, is to some extent, at all events, a consequence of this relaxation of the various structures holding the uterus in its proper place. And although severe dislocations of the uterus do not often occur in consequence solely of this relaxation, yet undoubtedly it has a considerable share in their production.

No doubt, after pregnancy is over, an unusual strain is put upon the uterine ligaments and attachments in consequence of the greater size and weight of the organ; and it is manifest that the two things in conjunction—viz., the relaxation of the ligaments *plus* the increased weight of the uterus—will favour the occurrence of a displacement. The degree of relaxation of the uterine attachments varies much in different cases. Possibly, if every patient were in perfect health at the time of delivery there would be no such relaxation; the uterus would not give way, and the attachments would be of sufficient strength to prevent displacement. But we know well that many women are in anything but a good state of health when pregnancy comes to an end; the uterus often remains too large, owing to defective or retarded involution, and associated with this there is weakness of the uterine ligaments and attachments.

It has been already remarked that the uterus itself possesses certain physical qualities which render it most important aid in resisting forces tending to bend it and distort it. This quality is firmness, hardness, and considerable rigidity. I desire now to point out how this resisting faculty may be diminished and rendered practically inoperative in protecting the uterus against the action of physical forces tending to bend and distort it.

In a certain number of cases of uterine distortion the patient is in perfect health at the time of the accident or event producing the distortion, but in the large majority of cases it is not so; and in most of the cases we witness in practice the subjects of the affection are patients who have been confessedly out of health previously. This is an important generalisation, and it will serve as an introduction to what follows.

In one of the three propositions embodying these recent views on uterine pathology, and published five years ago, it is stated that "the change in the form and shape of the uterus is frequently brought about in consequence of the tissues of the uterus being previously in a state of unusual softness." More recently, in a paper read before the meeting of the Brit. Med. Association at Manchester, I directed attention particularly to this subject—viz., the presence of undue softness of the uterus as a factor in the etiology of uterine distortions. Inquiry into the condi-

tion of the uterus in the early stage of flexions, at the time when the symptoms begin to declare themselves, has made me aware of the fact that in these cases there is usually a very undue softness of the uterine tissues present, the ordinary firmness and resistance to the touch being wanting. Inasmuch as cases of decided flexion occurring in women not married offer the best subjects for analysis in regard to the etiology of the affection, I selected a number of such cases for illustrating the prevalence of this particular feature in the early history of uterine flexions, for in married women, or those who have had children, other disturbing elements come into play. My observations were limited, therefore, in this paper to the nulliparous uterus. Twelve cases were narrated in which uterine flexions, associated with undue softness of the uterine tissues, were met with in a marked form. The subjects of these cases were young women, most of them in an extremely feeble state of health, suffering severely from symptoms referable to the uterus, and who had been for some time incapacitated, more or less completely, for the ordinary duties of life. They were all found to be suffering from decided flexion of the uterus, and the fact concerning them to which it was my object particularly to direct attention was the state of the uterine tissues in these cases. Observing carefully the various facts concerning cases under my notice, this peculiarity some time ago attracted my notice, and I consider it worthy of prominent mention. Searching further into the history of cases such as the above, it became evident that this extreme softness of the uterine tissues was met with chiefly, indeed, I may say, almost universally, in young women whose nutrition was in a very low state, and who had for some time—some years in some of the cases—habitually taken little food. Some of them had been underfed at school; others had been weakly, and allowed to take only what their appetite suggested, which was very little; in others a more or less constant feeling of nausea had interfered with the taking of food. In short, the preceding history of these cases was one of semi-starvation. The uterus, in common with other parts of the body, was consequently very imperfectly nourished, and the result was that its tissues had lost their natural tonicity and firmness. Hence the softness which by clinical evidence seemed plainly to be due to the insufficient food supply. (The paper here alluded to is printed *in extenso* in the *British Medical Journal*, Nov. 3, 1877.)

Mal-nutrition of the uterus is, then, a cause of undue softness of the uterus. The undue softness of the uterus constitutes, according to my experience, one of the most powerful predisposing causes of uterine flexion. The reason is obvious; for, under these circumstances, slight exertion or application of disturbing mechanical forces is more liable to produce uterine distortion than would be the case if the uterine tissues were in a sound state, and this accounts for the occurrence of the distortion in a great number of cases.

Hitherto, I have spoken of softness of the uterus as predisposing to flexion in unmarried women. But when we consider the subject of the etiology of flexion in the case of married women, we encounter a fresh series of facts. It is well known that when pregnancy is over, the uterus offers a mass of considerable size, and that it has to undergo a process designated the involution of the uterus, by virtue of which it regains its original dimensions. While the involution is in progress the uterus is softer than usual. When the involution is interfered with, this softness of the uterus is more marked than in other cases. The tissues of the organ are, in some of these cases, extremely soft, and the organ is a long time contracting to its proper size. Examining the uterus after labour we are not unfrequently able to substantiate this fact. The uterus may be found extremely soft as late as a month after parturition, the organ being at the same time much too large. The question, Why does the involution in some cases proceed so imperfectly? offers an interesting subject for inquiry. In the cases in which I have observed it the associated condition universally present has been extreme feebleness and general weakness. It will generally be found, I believe, that the subjects of these cases are individuals who have been recently, or at some previous time, very insufficiently nourished. A low and meagre dietary during the period of childbed is responsible for this irregularity in many instances; but, of course, weakness and feebleness may have been present during the pregnancy, and may have been produced by mal-nutrition then or at any antecedent period. In any case it has the effect of disturbing the proper involution of the uterus when the pregnancy is at an end.

Again, after abortions it is not uncommon to meet with retardation of the contraction of the uterus; the organ remains for some time loose and open in texture, and wanting in firmness, and the presence of undue softness of the tissues can be readily substantiated.

The frequency with which flexions originate shortly after labour has occurred is a remarkable fact. Many patients suffering from these disorders have been perfectly free from all symptoms of uterine affection previously, but their pains and discomforts date from some one particular pregnancy. This is a common statement for patients to make in relating the history of their troubles. Clinical evidence abundantly shows that disturbance of the involution process constitutes a very decided predisposition to the occurrence of flexion, and the explanation which obviously suggests itself is that the undue softness of the uterine tissues is responsible for the subsequent distortion of the organ. It by no means happens that the uterus becomes changed in shape in all cases where involution is retarded, but it is certainly the fact that exertions which in more healthy subjects would have little or no disturbing effect on the uterus do, in these, produce, very frequently indeed, marked and serious distortions, leading to grave and troublesome effects, not seldom leaving their injurious consequences traceable many years after the commencement of the disease.

The degree of softness of the uterus which may be present varies in different cases. I have seen cases in which it was so considerable that the uterus appeared absolutely at the mercy of the action of gravity, the fundus inclining backwards or forwards according to the position the patient happened to assume. In particular may be mentioned a case of chronic retroflexion associated with this extreme softness of the tissues. In this case, after the fundus uteri had been supported posteriorly by means of a pessary for a little while, the uterus became decidedly anteflexed. This was dealt with, whereupon the organ became again retroflexed. Finally, it became necessary to apply support, both anteriorly and posteriorly, to keep the uterus straight. The patient was quite comfortable when her uterus was in proper position, and exceedingly uncomfortable when, for any reason, the mechanism used failed to restrain the abnormal movements of the uterus.

In short, observation teaches that the uterus possessing its natural firmness resists forces tending to bend it with success, unless those forces happen to be considerable. Very severe accidents may produce suddenly a decided uterine flexion, but these cases are not very common, whereas cases in which the uterus has slowly become weakened and softened, and thus incapacitated for resistance to external influences, are comparatively very frequent, and it is under these circumstances that slight accidents, over-walking, over-exertion, produce injurious effects.

The Problem to be solved.

It will now be necessary, in reference to the problem before us—viz., the question as to the importance and influence of the mechanical diseases of the uterus—to consider the clinical aspect of cases of uterine disease more particularly. We have now to survey another series of facts: namely, the symptoms, abnormal sensations, discomforts, and inconveniences which patients experience. On the one hand, we have patients suffering variously, unable to walk, experiencing pains of various kinds, suffering in a multitude of ways from derangement of the men-

strual functions, presenting various other symptoms traceable to the influence of the uterus. On the other hand, we have information from clinical observation, from *post-mortem* examination, and otherwise, of the existence of a variety of changes in the position, size, shape, texture, and vascularity of the uterus, certain abnormalities of appearance of the os uteri, increase of secretion, &c. Now, it is evident that any system of uterine pathology professing to be a system must be an intelligible interpretation of these various phenomena. The suffering, and the cause of the suffering, must be ascertained ; the symptom and the lesion must be placed in the proper relation one to the other. It must be shown that the pain or inconvenience from which the patient suffers stands in proper relation to this, that, or the other alteration of the uterus. This analysis of symptoms has been hardly attempted, the chief attention of uterine pathologists having been directed solely to the discussion of the uterine changes—the presence of inflammation, the presence of so-called ulceration, and the presence of congestion, each one of which has in turn been put forward as *the* important pathological condition of the uterus ; and these have occupied much attention, but little has been done to determine the relation of these changes one to the other, or with the view of ascertaining the connection of particular lesions with particular symptoms.

I have drawn up two lists, the first (A) a list of the symptoms of all kinds which may be observed in connection with diseases or affections of the uterus, these symptoms being placed as nearly as possible in their order of frequency. The second (B) is a list of the various physical changes which the uterus may undergo.

A. Uterine Symptoms.

Pain ... 1. Spontaneous.
2. Produced by motion (dyskinesia).
3. Undue sensitiveness of uterus to touch.

Leucorrhœa.
Dysmenorrhœa.
Menorrhagia.
Amenorrhœa.
[If married—Sterility, abortions.]
Various reflex phenomena :—
1. Sickness or nausea.
2. Hysteria.
3. Convulsions.
4. Cephalalgia.
5. Melancholia.

Disturbance of functions of bladder.
Disturbance of functions of rectum.
Disturbance of sexual functions (dyspareunia).

B. Uterine Changes (non-organic).

Change in position.
Change in size of walls.
,, ,, cavity.
,, ,, cervix.
Change in shape.
Change in patency of canals.
Change in texture.
Undue hardness.
Undue softness.
Increased vascularity.
Disorders of innervation.
Increased secretion.

Here, then, we have the data for the construction of a pathology of the uterus ; all the possible changes on one side, all the possible effects on the other. It must be understood that organic diseases of the uterus, cancer and fibroid tumour, are excluded from the list, the nature, course, and effects of these organic diseases being better understood. It must not, however, be forgotten that these organic diseases may occasion one or all of the uterine symptoms.

Looking at the list of uterine symptoms on the one side, and the list of possible uterine changes on the other, it is evident that the clinical importance of any one of the possible uterine changes should be, approximately at all events, indicated by the frequency with which it occasions uterine symptoms. If it can be shown, for instance, that any one uterine change or any one combination of uterine changes, has a very decided pre-eminence in this respect, it will be natural to conclude that considerable importance is to be attached thereto. Further, should it be shown that this particular change or combination of changes is particularly associated with those especial uterine symptoms of which patients most complain, an additional reason will exist for attaching great importance to this uterine change. Further still, should it be capable of being shown that there is a rational and intelligible explanation of the frequent association of these particular uterine changes with those especial uterine symptoms, there will be a greater reason still for thinking these uterine changes of importance.

(*To be continued.*)

LECTURES ON LOCALISATION IN CEREBRAL DISEASE.

By Prof. CHARCOT, M.D.,

Physician to the Salpetrière Hospital, Member of the Academie de Medicine, Par s ; Fellow of the Clinical Society of London, &c., &c.

(*Continued from page* 79.)

The considerations which have just been given may, I think, be employed to explain why hemiplegia resulting from destructive lesions affecting the grey cortical matter only is, as a rule, transitory, while that which is caused by injury to the substance of the internal capsule is of long duration, and often incurable.

We can easily see by the hypothesis proposed, how the lenticular and caudate nuclei, and the so-called motor regions of the cortical matter of the hemisphere, could supplement one another in their functions, supposing that the connecting bands which constitute the capsule have remained entire, and continue to keep up the connection between the grey centres in question and the periphery, though this could not have been the case had the continuity of the bands in question been interrupted.

I may further remark, that this supplementation may take place not only between the different grey nuclei, but between different parts of the same nucleus. It has been shown as far as the caudate nucleus of the corpus striatum is concerned, that destructive lesions of the most remote parts of this nucleus are uniformly signalised by more or less distinct hemiplegia, transitory, but total, that is to say affecting the face and limbs as well. In this respect there is no difference to be seen between the head, tail, and middle part of the caudate nucleus. From this it appears—as Dr. H. Jackson has reasonably remarked—that each piece of the corpus striatum represents the whole nucleus on a small scale. Beside which, experiment gives results like those obtained by clinical observation, showing that partial irritations of the caudate nucleus always produce associated movements of the other side of the body, and never isolated movements confined to one limb or part of a limb.

In cases of destructive lesion of the internal capsule slow reparation of the nervous structures could alone reproduce the re-establishment of the functions. But this work of repair, which really takes place sometimes, as certainly does not take place, except under peculiar circumstances. It is rendered certain by very numerous observations that hæmorrhages which destroy to a certain extent the motor fibres of the capsule, almost necessarily produce a "fasciculated lesion," which beginning directly beneath the clot, can be traced on the same side, in the foot of the crus, in the pons, the anterior pyramid, to the level of the decussation of the medulla, and below this last, in the side of the cord opposed to the clot, all the length of the lateral column, to the lumbar enlargement.

III.—I consider this a suitable time for considering the pathological anatomy and physiology of the *secondary degenerations* or *descending scleroses* as they are called.

It is incontestable that they are the chief causes of the persistence of motor paralysis in the cases under consideration. And I am of opinion that we must for the most part attribute to them the *permanent rigidity* (called *late rigidity*) which sooner or later affects the paralysed limbs in such cases, and plays an important part in the prognosis of cerebral hæmorrhages.

1. At the outset we must pause to consider a fact which really is at the foundation of the matter. Hæmorrhagic clots, as far as their locality is concerned, are not all equally adapted for the production of consecutive scleroses. The result is that among these lesions there are some which do not cause descending scleroses, while others as certainly do. In this second group are the lesions (even when circumscribed, destructive) which, according to M. Turck, affect the fasciculi of the internal capsule in their course between the lenticular and caudate nuclei, in the anterior two-thirds of the capsule. On the other hand, lesions limited to the grey nuclei of the cerebral masses (the lenticular and caudate nuclei and the thalamus) are not followed by consecutive sclerosis. This remarkable fact was clearly demonstrated by Turck in 1851. M. Vulpian and I, in some researches we made together at the Salpétrière (1861-1866) bearing on the subject, confirmed M. Turck's statements, which has also been done by M. Bouchard (1866). We also proved the truth of a certain number of not less interesting statements of M. Turck, which I proceed to repeat.

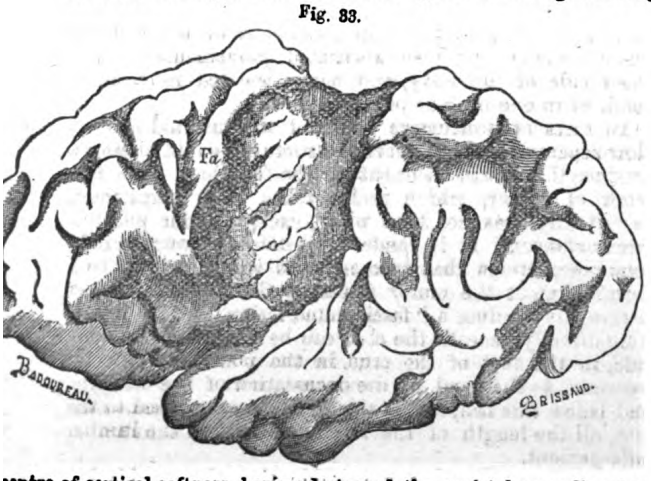
2. Lesions situate outside the central masses, in the valve of Vieussens, even when small, produce descending sclerosis, supposing that they are not too far from the foot of the corona radiata.

3. Lesions of the grey cortex of the hemispheres, if very superficial—the results of meningitis, for example—do not produce descending sclerosis.

4. On the other hand, cortical lesions, extensive in area and deep at the same time—that is to say, involving the grey matter and white substance at once, as is seen in cases of ischæmic softening, such, for example, as would result from obliteration of an important branch of the Sylvian artery; such lesions, I say (supposing that there is no implication of the central masses), *in certain conditions* involve consecutive scleroses as pronounced as those caused by lesions of the anterior part of the internal capsule.

Among these said conditions, one most important is the *seat* of the cortical affection. As we shall see, my own observations have shown that superficial yellow patches of large extent, whether in the occipital lobe or the anterior part of the frontal lobe, are *not* formed by consecutive fasciculate scleroses, while they will as a rule arise, if the lesion affects the two ascending convolutions (parietal and frontal), and the neighbouring parts of the parietal and frontal lobes (fig. 33). I shall return to this matter more minutely farther on.

Fig. 33.



centre of cortical softness, having destroyed the parietal ascending convolution, a great part of the frontal ascending convolution, and the greater part of the convolution of the insula. The central masses were not affected.

5. Finally, the seat and extent of the lesion appear to be the two fundamental conditions—the nature of the morbid affection has no marked influence. The proper seat and extent given, the lesion sufficiently destructive to rupture the medullary fibres, descending sclerosis will follow; foci of hæmorrhage and softening, simple or syphilitic inflammation, holding nearly the same rank.

The case is different with certain tumours which, developing gradually, *separate* the medullary fibres without breaking them. And for this reason such tumours may be met with in the cortical regions spoken of above as favourable to its production without any consecutive sclerosis.

Clinical Records.

ST. MARY'S HOSPITAL.

Injury to the Liver and Kidney from a Crush.—Recovery.

Under the care of Mr. NORTON.

Reported by Mr. F. FRASER.

GEORGE WOOD, æt. 13, was admitted to the hospital on June 24th. He had been squeezed between the tire and driving-chain of a mill wheel. Immediately after the accident he was partially collapsed; skin cold and clammy; face anxious; pulse small and irregular; great pain over abdomen, and especially left hypochondrium and lumbar regions; vomiting, but no hæmatemesis. Patient was placed in bed and hot bottles were applied; he passed a restless night; and on the following day complained of a good deal of pain in left hypochondrium; pulse small and irregular, 100; temperature 100·8; tongue clean; bowels open; passed water naturally, which was normal. He continued much the same until the 29th. He was still restless, and complained of great pain in the abdomen, especially over the region of the left lobe of liver on pressure. Fomentations were applied, and opium mixture given three times a day. On the following day he began to get jaundiced, his urine of a chocolate colour, sp. gr. 1025, containing albumen, blood, and bile; from this time he became excessively jaundiced; temperature 100·2; pulse 100; bowels constipated; these were relieved by an enema; no blood was passed per rectum. These symptoms continued the same up to the 2nd of July, when the urine still contained much bile, but no blood or albumen. On the 5th there was less jaundice, but urine remained the same as on the 3rd. From this time the jaundice began gradually to disappear, and on the 8th the patient complained of no pain; could sit up easily; slept well; temp. normal; bowels open, but still bile in the urine. He continued improving, and on the 22nd there was no pain, no jaundice, urine normal, bowels open, fæces normal colour.

Remarks.—The case is one of interest, though it may be doubtful what was the precise extent of the injury received. From the collapse on admission and from the position and character of the pain,-which on the day after admission was limited to the left hypochondriac and lumbar regions, it was diagnosed that the left lobe of the liver was injured. Within two days there were symptoms of peritonitis, followed by jaundice and by albuminuria and hæmaturia. On the fifth day after admission blood appeared in the urine, a condition for which it is difficult to account. Hæmaturia immediately following the accident might have been expected as the result of injury or laceration of the kidney, but a delay of several days throws some obscurity upon its cause. As regards the liver, it was evident that the left lobe was lacerated or injured, which was the cause of the extreme pain in the left hypochondrium, that subacute inflammation both of the liver and of the peritoneum followed; that some of the ducts of the liver became closed and the bile consequently absorbed into the blood.

Special Correspondence.

[From our Special Correspondent].

Rue de Luxemburg,
July 21st, 1878.

I have digressed very much from the programme I started with—special correspondents always do digress; *mais revenons à nos moutons.* I said in my first letter, I would describe some of the appliances useful in time of war, as hospitals, ambulances, tents, stretchers, splints, &c., so I must keep my promise.

It will be impossible to describe them all. I shall first give a rapid glance at the general distribution of these appliances, and the localities where they may be seen.

The French exhibit will be found near the garden, bordering on the military school, where there is a pavilion, in which are the ambulances of the Minister of War and Marine, with models of tents, waggons, brancards, &c.; whilst in the English cottages will be found a somewhat similar list, furnished by the Society for Aiding the Sick and Wounded. In and near *La Rue des Nations*, will be found the exhibits of other foreign countries in this class, amongst which, I may mention those of Belgium, Switzerland, and the Lower Countries.

HOSPITALS AND TENTS.

In the French section, I must point out the very interesting models of M. Tollet, the hospital-tent of Professor Le Fort, and the ambulance-tent of M. Couette; and in the Belgian section, the model of an hospital exhibited by the Red-Cross Society, and the small *hôpital-baraque*, constructed on the plans of Dr. Harzé. The system of ventilation in these buildings is novel, and well worthy of examination. The Red-Cross Society of Utrecht has furnished the plans of the Hospital Amalia, which may be seen in the gallery of Les Pays Bas.

Simplicity in hospital construction is one of the first desiderata, and the next construction we are about to notice, though it does not comply with this condition, still has some claims for consideration. As it is the production of an Englishman, we shall give a more detailed account of it. Mr. Henry Greeway, of Plymouth, the designer, in Class 14, exhibits the model and plan of an hospital, constructed of an outer shell, containing in its interior a smaller building made of glass, or enamelled sheet iron and glass. By subdividing the internal departments, a number of cells are formed, so that each patient is virtually isolated and protected from contamination. The ventilation is novel, and the warming secured by hot-air pipes, the corridors are formed by the space between the two buildings, and, as in Tarnier's lying-in-wards, the walls are made of material that can be washed, so that when evacuated, the cells can be disinfected. This form of building, owing to the expense, will never come into general use.

England and Russia have lately had some diplomatic relations, so I pass on to the Russian quarter, to the plan and model of the Hospital St. Vladimer, at Moscow. Dr. Charles Rauchfuss, of St. Petersburg, is the designer. It is an excellent specimen of a mixed hospital. The pavilions plan has been adopted for infectious and contagious diseases, and isolation is well secured.

In a previous letter I mentioned some of the other principal hospitals, so that I need not pass in review all the different constructions of the various nations.

MEANS OF TRANSPORT FOR THE WOUNDED.

The French Society exhibit a number of carriages for transport, and a train of nine or ten waggons for railway conveyance. It is well fitted up and provided with every comfort for the sick and wounded. The carriages are necessarily heavy. This is a difficulty which can hardly be surmounted. Security against accident or a break-down must be one of the first considerations in transport waggons or *voitures*. Weight should be, of course, as little as possible for the horses, but a heavy carriage will also be, if on springs, a more comfortable one for wounded or sick patients.

The ambulance carriage designed by Lieutenant-Col. Kromhout, and exhibited by the Minister of War for the Lower Countries is a very ingenious piece of contrivance, as it admits of two purposes. It serves both for the transport of the wounded, and for a flying ambulance, being fitted up with necessaries. The Belgian, Spanish, and English carriages are also worthy of commendation. I believe Dr. Porter deserves the credit for the designs of the English models.

Amongst the brancards, I may particularly mention those of Dr. Mooy and M. D'Ieteren; they will be found in the Belgian section. In the latter section will be found a very portable double ambulance pannier, which may be placed on a horse in front of the rider. It is small, very complete, and is exhibited by Dr. Hermant. For a similar class of appliances, M. Arrault deserves credit, and he evidently took into consideration in designing his apparatus, the importance of condensing everything into the smallest space.

APPLIANCES IN THE FIELD—HAMMOCKS—SPLINTS.

Near the machine gallery are the English contrivances for transporting the wounded, and in the English cottages may be seen a complete sanitary train with stretchers, models of ambulance tents, carriages, &c.

A good surgeon does not require ready-made splints, or any of those complicated apparatus with which our instrument makers flood the market. Individual ingenuity can always supply for pressing needs out of the most simple material. This has been clearly proved by Surgeon-Major Porter in the "Pocket Book" he has published, and in which may be found diagrams illustrating the application of the most common material for injuries received in warfare. Thus for fractures, a broken sword, bayonets, straw, branches of trees may be temporarily subsidised, whilst a stretcher is always at hand, made of rifles, cross belts, knapsacks, coats, trowsers, &c.

This earnest and energetic surgeon has on view extemporised splints formed of telegraph wire, which only requires some soft material wrapt round it, as a piece of paper, shirt, coat, &c., to form a handy and useful support in case of fracture. Surgeon Porter also exhibits a model of a passengers' railway luggage van, in which the wounded may be carried by means of hammocks.

It would have been simpler and admit of more critical comparison if all the appliances for the wounded had been arranged in one building, for some of them are difficult to find, as they are situated in the midst of a heterogeneous class of articles. Of this I was reminded when looking at a case of soldiers' uniforms, amongst which I saw a model representing the method of rendering first aid to the wounded. The group consisted of a surgeon kneeling and supposed to be restoring an unconscious person, represented by a poupee, whilst standing by are two orderlies, one carrying a case filled with bottles, whilst the other holds in his hand a bandage. It is the production, of course, of an army tailor.

The arrangement of grouping this class of exhibits according to country has, however, advantages, for the object of the exhibition has not been invidious comparison, but to show what each country is doing. As these special appliances are thus scattered, the visitor will have to inspect other articles which he would probably never have seen if all the medical appliances were grouped together.

I have mentioned the localities where the visitor will find them. I cannot, unfortunately, make this letter into a *catalogue raisonnée.* I must not omit mentioning some hospital furniture as

INVALID CHAIRS, BEDS, STRETCHERS.

and particularly I may point out the exhibition of invalid couches, chairs, &c., by Ward, of Leicester Square, London, Harris, of Birmingham, the couches of Hamilton, of Brighton, and the stretcher or invalid lift of Child and Hinde, of Euston Road, London. For utility and sound workmanship all these must come in for high commendation.

DRUGS AND DRUGGISTS' SUNDRIES.

In Class 14, as I have mentioned in my first letter, there were not as large a number of English exhibitors as I expected, but I omitted some names which I now supply.

Deaf ladies will feel gratified with the acoustic instruments of Reid and Son, whilst their elastic conveniences are well worthy of approbation. I can say the same of the elastic belts and stockings of Longdon and Co.

In the direction of galvanic batteries there is a new invention of a single liquid battery, exhibited by Mr. Pulvermacher in the French section, Class 15, which attracted considerable attention in scientific quarters, when it was

presented to the Academy of Science on the 2nd of July last. In this single liquid battery, effective depolarization of the negative metals is obtained by atmospheric oxygen, instead of—as in the Léclanché battery—peroxide of manganese. Although the invention tends to the economical and simplified production of electric light and other industrial applications, its combination seems well fitted for the use of medical practitioners.

As the feeding-bottle meets a universal want, I must commend the cheapness of Mather's feeding-bottle, and its quality. Their case is certain to attract the notice of mothers and housewives, as their "Nigrine" marking-ink, which possesses the great advantage of not requiring heat to make it permanent, is on view.

Leslie's tape plaster has been favourably received by the profession, not only for its quality, but for the saving effected. Besides this specialty, Leslie and Co. have on exhibition some attractive-looking specimens of almonised cod-liver oil and medicated plasters. I found in Class 47 the firm of Burgoyne, Burbidges, Cyriax, and Co., one of the largest London wholesale houses. Their exhibit is a very large and comprehensive one, embracing essences, essential oils, drugs, chemical and pharmaticutical products. Their specimens are very fine. In this class will also be found other English exhibitors, as Broomhead, Bowdler, Atkinson, and Allen Hanbury, all of whom have on view excellent samples of their respective specialities.

Though in our special department we have not such a large numbers of exhibitors, yet what is shown by those who have taken the trouble to represent British productions in Classes 14 and 47 is good. We have, however, to congratulate ourselves that the general British department is a credit to the country, and that whether for comparison or competition, we can hold our own in the race.

[Owing to pressure on our space, the letter of our corres- has been unavoidably held over.—Ed.]

Literature.

CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. (a)

When we see the respected names of Eulenberg, Nothnagel, Ziemssen, Jolly, Kussmaul, and Bauer, as the Editors of a volume on "Diseases of the Nervous System," we are to a certain extent satisfied not only that the work will be well done, but that it will command, as it deserves, the scrutiny and the impartial investigation of every well-wisher to the advancement of our scientific knowledge of medicine. There is a thoroughness and completeness in the practical consideration of each of the subjects in this volume, which in our opinion, gives to it an especial qualification; a qualification which in fact can only be looked upon as most desirable, emanating as it does from men of deep thought and high scientific culture. Dr. Eulenburg is the first contributor, and devotes 170 pages to the consideration of vaso-motor and trophic neuroses, including hemicrania, angina pectoris, unilateral progressive atrophy of the face, Basedow's disease, progressive muscular atrophy, pseudo-hypertrophy of the muscles, and true muscular hypertrophy Hemicrania, according to Dr. Eulenberg, is essentially of vaso-motor origin ("hemicrania vasomotoria"), and is capable of sub-division into the sympathico-tonic and the angio-paralytic, or neuro-paralytic forms. He says, "this distinction, which is not without its value in therapeutics, seems to have met with rather general acceptance, as shown by later works (Brunner, Berger, Holst, and others), and although the etiology of this condition is little understood, yet it undoubtedly comes under the denomination 'constitutional neuropathy,' and among other predisposing circumstances, we should attach very special importance to age, sex, and hereditary tendency. The female sex being very much more disposed to hemicrania than the male, the proportion being about that of five to one, yet it has been clearly proved that hemicrania is not, as some would have us believe, simply dependent upon diseases of the female generative system. The period when hemicrania is most common is decidedly between puberty and the fiftieth year. There are few who doubt the hereditary predisposition to migraine, and that it comes under the class which was first distinctly formulated by Griesinger, the essential character of which must probably be stated as consisting in congenital anomalies in the primary structural development of the central nervous apparatus. Its association with epilepsy and insanity are merely matters of every-day observation. Dr. Eulenberg says, "that in families which have tendencies to constitutional neuropathic diseases, there are often individual members who suffer with the migraine, while others are attacked with epilepsy, insanity, and other morbid conditions of this class, where it defies the most careful observer to discover any direct cause." The symptomatic description given does not embrace more than we find in Dr. Liveing's classical work upon this disease, excepting, perhaps, in one or two particulars.

O. Berger is quoted as having lately shown by accurate tests of the sensibility in a case accompanied by fluxionary hyperæmia (hemicrania, angio-paralytica), that there may exist a pathological acuteness of the sense of touch. For instance, in corresponding parts of the frontal region, he found the diameter of the circle of perception of touch to be on the right or affected side one line, while on the left it was four lines. Variations of temperature of 0·4° C. were perceived on the right side, of 0·8° C. on the left, and similarly the electro-cutaneous test indicated sensibility at a minimum distance between the coils of 160 millim. on the right, 120 on the left. Dr. Eulenberg says that at the height of the attack, the examination with the ophthalmoscope shows, in a few cases, dilatation of the arteria and vena centralis retinæ, on the affected side contortion of the vein, and dilatation of the vessels of the choroid, and a darkening of the tint of the fundus oculi. In continuation of an analysis of the symptoms, he says, concerning the alterations in the pupil, the dilatation during the height of the attack, depends on an increase in the tonic excitation of the dilator nerve fibres, which arise from the cilio-spinal centre, and follow the course of the cervical sympathetic; the subsequent contraction depends on a secondary diminution in innervation corresponding to the condition of the vaso-motor fibres. Doubtless, the most important question to the practitioner is the treatment of this affection. Dr. Eulenberg says that it is partly general—that is corresponding, at least in theory, to the *indicatio morbi*, and partly symptomatic or palliative, consisting in attempts to conquer the single attacks. Empirical remedies consist of iron, quinine, quinoidine, berbeerin, caffein, guaranin, nitrate of silver, bromide of potassium, &c.; but he appears to place special confidence in the aqueous extract of ergot, given in doses of from one to fourteen grains daily, in the form of pill, or in the form of subcutaneous injection. This remedy is to be used in the angio-paralytic form. But in the sympathico-tonic form, he prefers the nitrite of amyl as introduced by Richardson, Brunton, and Wood, and he also speaks very favourably of the use of the constant galvanic current, which he says seems to have a destiny such as hardly any other possesses. One electrode is placed upon the cervical part of the sympathetic at the inner edge of the sterno-cleido-mastoid muscle, whilst the other is placed on the palm of the hand, and the circuit closed.

Angina Pectoris.—This term, according to Eulenberg, is intended to designate a group of symptoms, of which the most characteristic are the following:—*Pain in the region of the heart occurring in paroxysms, which usually radiates over the left side of the thorax, and the left arm—more rarely over both sides and arms; the pain is associated with a peculiar sensation of anxiety and constriction, and often also with other motor, vaso-motor, and sensitive disturbances.* The period between the paroxysms is free from pain, and usually from all other symptoms. The disease, therefore, bears the plainest marks of a neurosis, and may be classed according to its symptomatology with the visceral neuralgias, including cardialgia, colic, hysteralgia, and so forth. In the history of this disease, we find associated the names of a large number of eminent physicians, who held divers opinions concerning its nature and pathogenesis, which was somewhat defective previous to the series of physiological experiments upon the sphere of action of the cardiac and vaso-motor nerves (v.

(a) "Cyclopædia of the Practice of Medicine." By Dr. H. von Ziemssen. Vol. xiv. Diseases of the Nervous System. London: Sampson Low, and Co. New York; Wood and Co.

Bezold, Goltz, Bernstein, Ludwig, M. and E. Cyon). Dr. Eulenberg seems to be of opinion that smoking is a direct and essential cause of this disease, and he expressly states that the form of angina pectoris concerning which he has written, has no relation with those forms which are complicated by faults in the valves of the heart, or fatty degeneration of this organ, nor those forms which are caused by atheromatous processes in the aorta, and especially by ossification and contraction of the coronary arteries. He insists upon it that these changes do not furnish the exclusive basis of the symptoms which has been proved by the discoveries of Senac, Corvisart, Bianchi, and others, but refers the cardinal symptoms, such as pain, anxiety, and disturbances in the action of the heart and the circulation of the blood, *to definite disturbances of the innervation of the heart, consisting in an abnormal increase or diminution of the activity of the nerves forming the cardiac plexus;* in fact, nothing more nor less than a constitutional and hereditary neuropathy; and he mentions by way of confirming his views the peculiar connection which often exists between it and other diseases of the group, such as hysteria, insanity, and epilepsy. We are in a measure inclined to agree with Dr. Eulenberg's views in this respect, yet it will take far more evidence than he has brought forward to assure the mass of practitioners in this country, that *latent gout* is not more or less connected with, and causative of angina pectoris, even though there be no organic changes in the heart or vessels. He says that Landois (1860) first subjected all the symptoms of angina pectoris to a thorough and systematic physiological analysis, and divided the disease in accordance with the results of this analysis into four classes, caused respectively by—1. Disturbance of the activity of the excito-motor cardiac nervous system. 2. Conditions of irritation in the region of the cardiac branches of the vagus. 3. Reflex excitement due to irritation of the organs of the abdomen (angina pectoris reflectoria). 4. An affection of the vaso-motor nerves of all or of most regions (angina pectoris vasomotoria). Finally, Dr. Eulenberg brings forward the noteworthy physiological experiments of Goltz, Gurbocki, Von Bezold, Hein, Carstatt, and others, to show how readily *reflex vagus neuroses* can be accounted for, when considered in relation with the medulla and the great sympathetic ganglia. Dr. Eulenberg's views of the treatment of this disease are very similar to those usually accepted in this country. He discards blood-letting, and speaks in favour of derivatives and counter-irritation, as far more beneficial than the internal administration of the so-called nervines and antispasmodics, valerian, musk, castoreum, camphor, and the like; he recommends the inhalation of chloroform, ether, or nitrite of amyl, and the general or constitutional treatment may, he says, consist of the preparations of iron, zinc, or arsenic, the bromide of calcium, or of potassium. The induced current in the form of the faradaic brush may be useful. Duchenne affirms that he has not only arrested very severe attacks instantly and completely by cutaneous faradisation of the nipple and region of the breast, but that he has by protracted use of this means produced a permanent cure in two cases. Von Huebner has lately obtained a permanent cure by galvanism, in a case which seemed to have a rheumatic origin. He placed the positive electrode upon the fossa suprasternalis, and the negative upon the cervical ganglia of the sympathetic on both sides in succession; then he placed the positive pole upon the lowest cervical ganglion, and the negative upon the sensitive spots at the angles of both shoulder blades.

At first only very weak currents of from four to six elements were borne. The attacks ceased from the first session, and did not return, and by degrees it became possible to use stronger currents of from eight to ten elements.

Hemiatropia fasocialis progressiva (Unilateral progressive atrophy of the face—Definition).—*This extremely rare disease is characterised by a chronic loss of substance in one side of the face, which usually begins in the external soft parts, and passes successively to the deeper tissues;* the neurotic nature of its origin is not proved by pathological anatomy, but is renderered very probable by internal and external reasons.

We see nothing in the short chapter devoted to this affection, of either clinical, physiological, or pathological novelty. It is quite evident that it usually occurs in connection with a neurosal diathesis, and is most probably associated with a neuritis of the trigeminal nerve, or Gasserian ganglion, or possibly with an atrophic or degenerative change in definite parts of the grey matter of the pons, or floor of the fourth ventricle, or superior sympathetic ganglia.

Basedow's Disease—Grave's Disease—Definition.—"By the name of Basedow's disease, we designate a group of symptoms of which the chief are *palpitation with an accelerated pulse, swelling of the thyroid gland*, and exophthalmus. A number of other disturbances, especially in the nervous system, the circulation, and (in females) in the genital sphere are frequent symptoms, but not quite pathognomonic. The three cardinal symptoms are found associated in the great majority of cases, but each one may be absent now and then, or be present in a degree scarcely passing the limits of physical health, or exophthalmus may be present alone, in which case it always attacks both eyes, and is combined with other general disturbances of health."—Dr. Eulenberg, in agreement with other physicians of the present day, considers this affection to be essentially a neurosis, and says, I must continue to uphold the neurotic theory as an essential postulate, while I regard the question of localisation in definite sections of the nervous system (especially in the cervical sympathetic or its centres), as not yet solved, and at present insolvable. The etiology, symptoms, and course of this disease, as described most fully and carefully by the author, do not differ greatly from other recent writers, and is certainly quite in agreement with our own experience. Firstly, the symptoms may be ushered in with attacks of an hysterical or even epileptic character, palpitation and accelerated pulse not affected by digitalis; then, secondly, the signs of struma and swelling of the thyroid set in; and thirdly, the exophthalmus. The different points in reference to temperature, physical and functional differences in the circulation, more particularly as affecting the heart itself, and retinal and post-ocular vessels, are all noted with an exactness unequalled in any other work upon the subject, and yet the author sticks to his text, and is in no way discursive. The physiological theories relative to the sympathetic nerves are discussed with fairness to the several authors who bring forward their experimental investigations to prove actual morbid changes as the result of lesions of this part of the nervous system, into the nature of which in a review of this kind it is impossible to enter; but there is a practical point in the treatment with which we think our readers ought to be made acquainted. That is, the direct application of the constant galvanic current to the sympathetic, to reduce the pulse rate, and diminish the exophthalmus. Dr. Eulenberg says: "My own first experiments in this treatment of the sympathetic in Basedow's disease, were made in 1867 upon a lady, æt. 50, sent to me for treatment by Von Graefe, who had an habitual pulse of 108-130, with abnormal tension of the carotids. When her cervical sympathetic was galvanised by placing the negative pole upon it with a very weak current (from six to eight elements), the pulse was observed to sink gradually to 84 or even to 70, while the tension of the carotids and radial arteries continually diminished." He goes on to say that repeated applications are necessary, continued over a considerable period to effect any absolute benefit.

Progressive Muscular Atrophy—Definition.—A wasting of the voluntary muscles, which is gradual progressive, extends to a more or less considerable part of all the apparatus of motion, and usually observes a very distinct order of march. It is further a severe disease, ending with the complete annihilation of the functions of the muscles affected, very rarely curable, and in many cases leading directly to death. It is characterised anatomically by the nature of the pathological changes in the muscles, consisting in chronic myositis, interstitial proliferation of connective tissue, with secondary destruction of the muscular fibres, and finally, fibrous degeneration. The history of this disease is of great interest, and has received marked attention from the greatest authorities, from the time of Sir Charles Bell to the present. To Duchenne is due the credit of first discovering the anatomical changes in the muscles. To Cruvelhier, that the anterior roots of the spinal nerves were chiefly involved. To Gull, Lockhart, Clark, and others, that the disease was associated with changes in the grey matter of the anterior horns of the spinal cord; and lastly, to M. Charcot, who says that progressive muscular atrophy is a chronic irritative atrophy of the anterior ganglion cells, which are gradually, successively, and progressively attacked. Dr. Eulenberg does not care to face the question with a dogmatic answer as to whether this disease is, as Friedreich maintained, essentially a myopathy, or having an origin primarily in the nervous system. He says, "at present, nobody seems able to give a concrete statement about it," and we think he is to be praised for his candour. But in our experience we are in perfect agreement

with Charcot and others, in fact to a certain extent with Eulenberg himself, that it is essentially a neuropathy, involving primarily the motor cells of the anterior horns of the spinal cord, where the nutritive processes are in a state of instability, and where the normal reciprocity between centre and periphery of generating and conducting power becomes interfered with, and finally exhausted. But all these questions are most carefully studied in the article before us, which is well deserving the most careful attention. The following two articles on pseudo and true muscular hypertrophy are exhaustive, and we would advise our readers not to be content with this bare abstract, but to go carefully through the chapters for themselves.

(To be continued.)

A KEY TO ORGANIC MATERIA MEDICA. (*a*)

So many works on materia medica and therapeutics have been recently published, that at first we wondered why there should be another addition to the literature of the above subjects. On looking into the book, however, we found that it was not only written chiefly for students of the South-London School of Pharmacy, but that, as far as the vegetable materia medica is concerned, it might be turned to very good account by medical students who are preparing for the primary examination of the several examining boards. Although the work consists of nearly 500 pages, its typography is so clear and open, and the descriptions are so concise, that it is by no means heavy reading. The botanical source, collection, general characters, uses, and doses, of each drug, are all briefly described; while especial attention has been given to the chemistry of the drug, and of its active principles. In fact, a distinctive feature of the work is the separation and tests for active principles, so as to aid analysts in their work on drugs; and under the head of "Specially Distinctive Tests," will be found a sort of qualitative course, verified by experiments, which, if followed step by step, will lead to the detection of the article under examination. This part may not be so useful to the medical as to the pharmaceutical student. Still, even the latter should not be ignorant of the chemistry of some of the active principles, alkaloids, &c., of the more valuable articles of the vegetable materia medica, and for information on the subject he could not refer to a better book than that of which Dr. Muter has just brought out a new and revised edition. On the eve of students going up for their examinations, we have often found they knew little or nothing about the decompositions which take place in the preparations of such common and valuable drugs as morphia, quinine, strychnia, &c. That would scarcely be the case if they had carefully read such a clear description, for instance, as Dr. Muter has given of the changes that take place in preparing sulphate of quinine. After describing the pharmacopœial process, he says:—In this process the hydrochloric acid dissolves out the quinia and cinchonia as hydrochlorates, setting free kinic acid. The soda precipitates the alkaloids by conbining with the acids. The precipitated alkaliods are then carefully treated with just enough of diluted sulphuric acid to obtain a perfectly neutral sulphate, when the sulphate of quinine crystallises out, being much less soluble than the sulphate of cinchonine which remains in solution.

A TEXT-BOOK OF OPERATIVE SURGERY. (*b*)

It is not often that we have the pleasure of noticing a book which has been so much wanted as this "Text-book of Operative Surgery." Operative surgery and surgical anatomy are subjects which especially admit of good descriptions and copious pictorial illustrations. And yet, up to the publication of the present work, there was no well-illustrated manual in the English language to which the young operator could refer for the information he required. Mr. Norton therefore deserves the gratitude of students and junior members of the profession for introducing to them in an English dress the well-known text-book of Bernard and Huette, a work, which even in its original form, has had no inconsiderable circulation both in this country and in America.

It is evident that if books are to be of much use to students in practical surgery, they must be well and copiously illustrated. One glance at a well-executed drawing will often give him a more correct idea of the way in which a certain operation should be performed than the most elaborate description. When, however, good illustrations and good descriptions go together, the reader cannot fail to form a just conception of the operation described. In fact, it is not too much to say that, with a fair knowledge of anatomy, and after the careful study of the work before us, the young operator might even undertake an operation which he had never seen performed. But the great advantage of this, over all other text-books of the kind, is that it will enable the student to know a good deal about an operation before he sees it practised either on the dead body or on the living subject. He who visits the operating theatre with such a knowledge of practical surgery as may be gathered from the careful study of Bernard and Huette's descriptions and illustrations, will much better understand and appreciate what he sees—every manœuvre of the surgeon, and every incision that is made—than he who enters the theatre perfectly ignorant of the subject.

The illustrations, then, form an important feature of the work, and too much praise cannot be bestowed either upon the surgeons who designed, or the artist who executed them. The reader's attention is at once attracted by their number, their accuracy, and their artistic finish. When we state that there are 88 plates, that each plate contains several figures, that each step of an operation is illustrated, and that, when there are two or three different methods of performing the same operation, each method receives its appropriate illustration, some idea may be formed of the pains the authors have taken to demonstrate every operation that is performed on the human body.

Not the least valuable portion of this text-book are the introductory chapters and plates devoted to the surgical anatomy of the region in which the operation is performed; as thereby the student is better instructed in the nature and relative position of the parts concerned in the operation.

With regard to the text and the style of the translation, we may remark that the former is remarkably clear and concise, and that the latter is a faithful rendering of the original. The mere translation, however, of the French edition was not the only task Mr. Norton set himself to accomplish. A full description of the many improvements in operative surgery which have been introduced since the publication of the French work has been also added; and where there are several methods of performing the same operation, special reference has been made to the operations that are practised in this country and on the continent at the present day.

In taking leave of this elaborately illustrated, and yet very handy, text-book, we may say that it is about the most useful work on surgery that has appeared for many years; and we venture to predict that it will have no little influence in fostering among students a desire to study operative surgery in a more practical and systematic manner than is usually the case.

(*a*) "A Key to Organic Materia Medica." Written for the Students of the South-London School of Pharmacy. By Dr. John Muter, M.A., F.C.S., Director of the School. 2nd edition, revised and re-arranged. London: Baillière, Tindall, and Cox.

(*b*) "A Text-book of Operative Surgery and Surgical Anatomy." By Prof. Claude Bernard and Ch. Huette (de Montargis). Illustrated by 88 plates. Translated from the French and edited by Arthur Trehern Norton, F.R.C.S. London: Baillière, Tindall, and Cox. 1878.

A CHAIR of military science has been founded at the Polytechnic High School of Stuttgart, and a pensioned Prussian engineer officer has been called to it. This is the first chair of the kind established in a German high school. A chair of military science was established some time ago at Zurich in connection with the Polytechnic School there.

THE acquisition of Cyprus appears to be about as valuable to the British Empire as the proverbial white elephant. The climate has, so far, proved as fatal to our troops as the worst parts of India; and already many valuable lives are returning badly invalided. The chief of the medical staff is down with fever, and the scare to quit the island is as great as the first rush to get there.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 11, 1878.

PHYSICIANS' FEES.

"THERE'S no hand so dear to me
As the hand that holds the fee."

So runs the old couplet; and we can imagine with what glee the Sir William Gulls and the Sir William Jenners of the last century used to shake the hands of their liberal patients. But the times are now changed. The expense of living has become greater, and, as regards physicians, the means of living less, than was the case a century ago. If the wealth of patients has increased their parsimony has, in too many instances, increased in like proportion. And if we might judge from the correspondence that has recently appeared in the *Times*, the day may come when the hand that holds the fee will be doubly dear to the physician, and when he will sigh for those good old times when physicians were well rewarded by their confiding and grateful patients.

But to be more serious, it may at first sight seem strange that people should in this country be found to grudge the physician his fee at a time when riches have increased, when wealth has become more widely distributed, when medical education is both arduous and expensive, and when medical science and medical art are so much more perfect and so much more entitled to the confidence, respect, and gratitude of the public than they were a century ago.

At this late stage of the discussion respecting the physician's and surgeon's fee, it will be unnecessary for us to add much to what has been already said in explanation of the correspondence above mentioned, and in favour of remunerating the physician or surgeon in such a manner as his education, his professional standing, and his talents deserve. We may, however, remark that, unless we are mistaken, there are two reasons why the consultant's fee is, with a few exceptions, more grudgingly given now than it was in the time of our predecessors. In the first place, it may be confidently asserted that the public have not so much confidence in medicine as they formerly had. They have the same respect for surgery, and can place in this science the same confidence as they did in the days of Cheselden or Abernethy; but in medicine their faith has been more than once rudely shaken. They can believe in an operation when they cannot believe in a prescription, and the surgeon's knife is often more honoured than the physician's drugs. Then, again, the relation between the physician and general practitioner is, in a scientific and educational point of view, very different to what it was in the last century. Then the disparity between the social and intellectual standing of the two classes of practitioners was much greater than it is now. Then the general and professional ignorance of the apothecary, as he was called, put such a premium upon the advice of a physician as cannot be claimed for him now that his general scholarship and his collegiate qualifications, rather than his professional skill, have placed him in the front ranks of the profession. In proportion as the public have recognised the great improvement that has taken place in the social and scientific status of the great body of the profession, so has their deference to the authority of the physician decreased, and in proportion as their deference decreased, so have they become less disposed to put so much confidence in his advice, or reward him so liberally as in times gone by. Of course we do not mean to say that there are no other circumstances at the bottom of the complaints that have been recently made in the columns of the *Times:* but the reasons we have assigned appear to us legitimate ones, and none the less true because they have escaped the notice of both our lay and medical contemporaries.

But whatever change has taken place in the relation between the physician and the general practitioner, the former will, in virtue of his superior acquirements and the demands of society, be always an indispensable member of the medical profession, and will always be entitled to as good an honorarium as the means of the patient will allow. It should, indeed, rather exceed than fall short off what his predecessors were in the habit of receiving. As for quibbling about the amount of a physician's fee for the first consultation, it is too humiliating to take any notice of. Such a fee might be justly a high one, or, at all events double those that are paid for subsequent consultations, inasmuch as not only does a first consultation take up a good deal of the consultant's time, but the value of his advice will greatly depend upon the diagnosis he has formed during the first consultation, and the care with which he has conducted his examination of the case.

DRUG ADULTERATION AND IRISH UNION CONTRACTS.

THE recent meeting of the Pharmaceutical Conference in Dublin, and, notably, the communication read to it by

Prof. Tichborne, which we printed *in extenso* in our issue of August 21st, have reanimated the interest of the profession in the question of the adulteration of drugs, and have raised anew the question to which the MEDICAL PRESS has devoted much attention—the continuance of the present system by which the sick poor of Ireland are supplied with medicines. The facts narrated by Prof. Tichborne are capable of neither dispute nor explanation, and are such as to provoke the indignation of honest men and to shed disgrace upon the class of pharmaceutists who are guilty of these practices. We invite our readers to reperuse the paper. The author proved, upon the evidence of his analyses of drugs (not sought out to support his idea, but presented to him in the ordinary course of business) that the sophistication of medicines is by no means confined to the most expensive drugs, but is flagrant in connection with the common cheap medicines. He found that powdered hæmatite ore was sold as peroxide of iron, impure phosphorus made from bone-dust and oil of vitriol, linseed made from pressed grape refuse, pure colocynth almost impossible to obtain, and the proportion of active principle in the commercial specimens varying between 14 and 2½ per cent. Prof. Tichborne concluded his paper with the following remarks :—

"As regards the moral responsibility, I wish emphatically to express my conviction that the control of drug adulteration must come from the pharmaceutical chemist himself. In time, the public analysts will be selected from this body, and if he once realised his great responsibility, and it is a very great responsibility, he will be able to control the manufacturer. He is much more than an ordinary trader. He has been declared to have an education outside the three R's, and outside his buying and selling. This in itself is a responsibility. If he says I must have a colocynth, which represents 14 per cent. of active matter, get it how you like, the manufacturer or grinder will supply it. He, the pharmacien, will satisfy the doctor—the public in years to come, will learn to appreciate him—but best of all he will satisfy his own conscience.

"'Nought's had, all's spent—
Where our desire is got without content.'"

Prof. Tichborne's paper brought to their legs several gentlemen who gave, what to *them* seemed, good excuses for the perpetration of these frauds, and one physician—Dr. MacSwiney, of the Catholic University—who stated his conviction that many of the medicines supplied to hospitals were utterly unreliable and disappointing in their effects, and the discussion wound up by Prof. Tichborne reiterating the facts already asserted by him, and expressing his opinion that there could not be any palliation for the practices which his inquiries had disclosed.

We do not think it necessary at present to consider the question from the point of view of the private consumer, who, we will assume, can take care of himself; but we think it right to supplement Prof. Tichborne's communication by exposing what we must call the stupid and nefarious system of drug contracts for the supply of the Irish Poor-law Service.

For the benefit of the uninitiated we must explain that there are 893 dispensaries and 163 union workhouses in Ireland, at which institutions not only the destitute poor but almost the whole of the artisan classes and petty farmers of Ireland receive medical advice and medicine gratis. The medicines are compounded by the Dispensary or Workhouse Doctor, as the case may be, and the drugs are supplied by wholesale drug houses by contract. The tenders for supplies are opened yearly or half-yearly, on the 25th of March or September. On the approach of that date the doctor is supplied by the Local Government Board with a voluminous list of medicines in the margin of which he writes down the quantities of whatever drug he may require. The contractor sends in his tender on a similar form, covering ten pages folio of printed matter, writing opposite each item the price at which he will supply the article for the year. He undertakes to furnish them "of the best description and quality, and in strict accordance with the several formulas in the British Pharmacopœia, at the prices hereunder stated;" and he further "guarantees that no methylated spirit shall be used in the preparation of any tinctures, spirits, essences, extracts, or liniments." These tenders are laid before the Board of Guardians, who are empowered to deal with them in all respects as they would deal with offers to supply coal, oaten-meal, or anything else.

We have characterised this system as stupid and nefarious, and we give our reasons *seriatim*. We justify the statement.

(*a*) Because it is notorious that in very many instances the medicines so supplied are not only not of the "best description and quality, and in strict accordance with the several formulas of the British Pharmacopœia," but are, on the contrary, the worst rubbish which can be obtained in the London drug market. Multitudinous instances are on record where, by mere chance, this fact was detected; and several of the speakers at the Pharmaceutical Conference asserted that many articles were tendered for at prices which would not go near purchasing the genuine materials for making them up. We believe it to be a fact that in many instances the terms of the contract are systematically broken, and that stuff is supplied for the use of the paupers which has lost (or never possessed) the therapeutic powers which it should have.

(*b*) Because the Guardians, who are the arbiters in the matter of drug supplies, are almost without exception small farmers and country shopkeepers, who are profoundly ignorant of the look—the use—or the price of any single drug in the list. They have not the most remote notion of distinguishing whether the drug offered is good or bad, or its price cheap or exorbitant, and, in fact, never make even a pretence of selecting the drugs by quality.

Those who profess to be initiated in the most successful method of dodging the Guardians and securing the contracts assure us that the following is the trick :—

The contractor is fully aware that the only means of selection which the Board of Guardians usually exercise is, to tot up the price column of the tender and give the contract to whoever produces the lowest tot. Accordingly, the contractor takes care to make the figures at the bottom of the page as low as he possibly can. This he manages by writing opposite all the drugs *which are almost certain never to be used* a nominal sum—a farthing a pound for a five-shilling drug—or a penny an ounce for some scarce alkaloid which the dispensary doctor hardly ever heard of. On the other hand, he writes down opposite *the ordinary drugs*, *e.g.*, senna, castor oil, Epsom salts, quassia, &c., a price upon which he can make an exorbitant profit. Thus, inasmuch

as the drugs in common use are few out of the ten folio pages he is enabled to produce a total at the bottom of the page which is ridiculously small in comparison with the market value of the drugs, but when the guardians come to pay they find that they are giving for their every-day medicines a much larger price than what is fair, and the nett result of the system is that the paupers recieve drugs of the lowest quality, while the ratepayers pay much more than would purchase the best drugs in the open market.

We do not, of course, assert that the system which we have just described is universal in Ireland. We know it is not, and that there are contractors honest enough to supply none but genuine medicines, at a fair price, but we assert that it is rare to find a Board of Guardians willing to pay the market rate for good drugs when they can get those which they may suppose to be of the same quality at prices which appear to them to be greatly less ; and we repeat that the facts which we have stated are notorious amongst those conversant with the drug trade in Ireland and amongst those members of the medical profession who have had experience of the contract system, and we appeal for corroboration to the prices set down in the tenders which will be found on the files of the Irish workhouses, and to the statements publicly made by speakers at the Pharmaceutical Conference.

The object which we have in hand is to fix the discredit of this system upon those responsible for it, and to draw public attention to the matter, in order that a remedy may be provided. Who is to blame? Certainly not the guardians, for they do, we believe, as well as they can under the circumstances. They make no profession of knowing anything whatever about the matter which is submitted to their decision, and they take the only means within their reach to arrive at a prudent settlement of the dilemma. It would be as reasonable to submit the War Office contracts for Snider rifles to a jury of matrons as it is to submit drug estimates to country farmers, and if those functionaries allow themselves to be tricked it is only what might be reasonably expected.

Nor can we pass an unqualified condemnation upon the drug-contractors who pursue these practices. They are without doubt guilty of dishonesty in supplying drugs of a quality inferior to those for which they have contracted, and they are guilty of disgraceful practices in cooking their tenders for the beguilement of the Guardians ; but it requires a high standard of commercial morality to refrain from taking in a customer when you are well aware that the customer is profoundly innocent of the value of the goods, and that, if you are too honest to trick him your next-door neighbour will do so without scruple, and you will lose the contract without benefiting the customer. We quite believe that there are drug firms in Ireland who refrain from sending in tenders for Union contracts because they will not descend to the usual practice, and because they know that, without doing so, they would have no chance of the contract.

The medical officers are entirely free from blame in the transaction. They are not usually asked their opinion as to the quality or prices of the drugs. Nor would it be their duty to make the necessary analyses and examinations, in order to give such opinion if asked. As a general rule they are quite incompetent to judge of the purity of a drug by its appearance, or to form any idea as to its fair price, for it is not an essential part of their education, and few of them have had special education in drug testing. Lastly, they are, with one consent, snubbed whenever they venture to complain of the quality of any drug furnished to them. If their complaint turns out to be undeniably true the Guardians are told that it was a simple mistake of the druggist's clerk, and the contractor's friends on the Board of Guardians—of whom there are always several—serve out the doctor when the opportunity arises.

Upon the Local Government Board for Ireland alone the discredit must rest of permitting the continuance of this system. It is they who have placed the selection of tenders in the hands of the Guardians, well knowing the utter incompetency of those officials to form a judgment on the subject—it is they who, having in their hands the evidence of the cooking of tenders by contractors for the purpose of hoodwinking the guardians, omit to supply the Guardians with information as to the market prices, which they might do for a nominal expenditure once a year—it is they who permit the supply of sophisticated medicines to the sick poor, having the best reason to suspect, if not to know, that those medicines are not according to the contract or to the British Pharmacopœia.

That they are fully aware of the truth of the facts which we have stated and the extent of the abuses which we have exposed, they cannot deny, because they have already recognised the evil as one demanding their interference. Some years since the Irish Local Government Board announced that they considered that the system demanded reform, and that they were about to reform it by taking the contracts out of the hands of druggists, and establishing for the supply of Unions a central depot, with an Apothecary-General over it at a large salary.

To that proposition a violent opposition was given by all concerned in the matter, and the influence of the MEDICAL PRESS was used to prevent its being carried into effect, because we regarded it as unpractical—not calculated to remedy all the abuses, and redolent of a job. We enthusiastically approved of the proposal to reform, but with equal emphasis condemned the method proposed by the Local Government Board ; and, in the end, the intention was abandoned, and both pauper and ratepayer left to the mercy of the drug-contractor. Since that day the Local Government Board has maintained a sulky indifference, and has disregarded every representation on the subject.

We congratulate ourselves, however, on the hope that the time has come when the question may be brought before Parliament with probability of success, and, in order that its bearing may be fully discussed, we intend to return to the subject before long.

THE ARMY MEDICAL DEPARTMENT.

IT is strange that none of the Licensing Bodies which replied to the queries of the Committee which is now investigating the causes of discontent in the Army Medical Department, should have proposed a remedy, which appears to be the one thing needed to place the Army Medical Department upon a satisfactory footing. That remedy is the bestowal of *substantive* instead of *relative* rank upon officers of the Army Medical Department. It

is anomalous that the Medical Department should be the only non-combatant department connected with the Army in which the *prestige* of military rank is denied. What is proposed, and what has of late been agitated a little in England, and a good deal in India, where official rank is everything, is that this *relative* rank should be done away with, and that officers of the Medical Department should receive commissions as lieutenants, captains, majors, and colonels "in the Medical Department of our Army." This would not entitle them to any military command whatever, but would at once and indisputably place them in the social position to which they are entitled. Non-military men cannot realise the great importance and social value of military titles in the military world; but all will admit that *relative rank* is a sham and a delusion. How long would the Woolwich examinations continue to attract competitors if military engineers were told, "You shall have relative army rank; Mr. Smith shall be entitled *Engineer Smith*, with the *relative* rank of lieutenant or captain; and Mr. Robinson shall be called *Engineer-Major Robinson*, with the *relative* rank of major or lieutenant-colonel?" What wonder that the supply of candidates for the Army Medical Department should fail under similar conditions? The Medical Department is now neither civil nor military. If medical officers wore no uniform, and had no *quasi* military titles, there would be no reason to complain. They would take their position as members of an honourable profession. They are, however, obliged to wear a military uniform, but are debarred from the titles which are supposed to be inseparable from that uniform. Until substantive and not sham rank is granted to officers of the Army Medical Department, that Department can never attain a satisfactory footing.

Army medical officers are "nobody's children." They belong to no regiment, and have no *esprit de corps;* they wear a uniform which is more a shame than a glory to them, for it carries no privilege or title; by civilians they are regarded as semi-military individuals, and by military men as civilian intruders.

Unification and *short service* have destroyed the only two attractions that belonged to the old Medical Department. The former has broken up the regimental *home*, and the latter has ruined the *career* of the army medical officers. The system of *short service*, as it exists, is admitted on all hands to be an error, and may be dismissed without further allusion. The *unification* scheme is unpleasant for individuals; but there can be no doubt that, at least for field service, it is better and more elastic than the old regimental system. To make officers satisfied with unification a departmental *esprit de corps* must be established, to supplant the old regimental *esprit*. This can certainly be done without any State expense or difficulty—by simply granting *real* instead of what is called *relative* rank to officers of the Army Medical Department. By such a measure only can a regular supply of professionally and socially eligible candidates be secured.

Thus shall their social position in the military world be raised to an indubitable standard; and thus shall be created a professional pride and *esprit de corps* in the Army Medical Department, which will go far to secure its constant efficiency and prosperity.

Notes on Current Topics.

The Heroic Treatment of Acute Peritonitis.

It is rare now-a-days to hear of a practitioner who sticks to the antiphlogistic treatment in vogue thirty or forty years ago; but according to the *Boston Medical and Surgical Journal*, an eminent American physician has been attacking several cases of idiopathic peritonitis with all the formidable weapons which our ancestors were wont to wield. In a clinical lecture delivered in the Hospital of the University of Pennsylvania, Prof. H. C. Wood says he has seen several cases of the idiopathic form of this disease. "In all of the five cases," he remarks, "I have had complete cures. My treatment is nothing new; on the contrary, it is very old. I remember my uncle, Dr. George B. Wood, saying that he never lost a case of peritonitis in an adult, and the reason he gave was that he always bled his patients from the arm until they fainted, and then put one hundred leeches on the abdomen. I am proud to say that I am a thorough believer in the same plan of treatment, antiquated as it may appear. . . . In my second case I also leeched very heavily, it being too late to bleed. In my third case I drew thirty-two fluid ounces by leeches. The patient's cheeks grew deathly pale, her pulse was reduced, and she was left weak and relaxed, but made an excellent recovery. So with the fourth case. In my fifth case the excessive purging rendered the subject scarcely a fit one for venesection. This treatment was followed up by repeated doses of calomel and large doses of opium, and this again by repeated blistering."

We have more than once expressed our opinion that blood-letting is a practice which is more neglected at the present day than it deserves; but we should hesitate a long time before we advised the profession to adopt a plan of treatment which Dr. Wood so complacently recommended to his pupils. At all events, it is very questionable advice to give young students and practitioners, in whose inexperienced hands such heroic measures might be attended with very disastrous results.

Electric Light versus Gas Light.

We are told by the *Globe* that the shares of the London Gas Companies have suddenly fallen in value, and that this fall is due to the prospective lighting of our streets and houses by means of electricity. It is to M. Jablochkoff that the world owes the grand discovery without which the electric light could not have become available for any purpose except for lighthouses. He discovered a means of breaking up the electric spark, so that instead of one intensely dazzling beam the light could be subdivided, producing a number of separate lights or lamps, in which, of course, the over-brilliance of the original spark was reduced by diffusion to a convenient, yet, for general purposes, still too great luminosity. Our contemporary is quite right in remarking that in a sanitary point of view, the advantage of the new light is very great. Coal-gas vitiates and overheats the atmosphere of our dwellings. It gives rise to sulphurous and other noxious vapours which are formed by the combustion, even of the best purified coal-gas. A person who has entered from the open air a room in which gas

is burning, will at once appreciate the unwholesome state of the atmosphere in which many families pass the longest evenings of the year. Even in our own practice we have known the health to be very seriously affected by remaining for several hours in a room in which gas is burning. Gas-light and the surrounding air are bad for the eyes, bad for the lungs, bad for mental application, and bad for the health in general, and therefore the profession would gladly hail any other kind of light which would be free from those serious objections.

Magnetic Sleep.

In the Court of Session, Edinburgh, Lord Gifford has just heard the case of James Bryce against Joseph Agnew, surgeon-dentist, of Glasgow, for £500 damages and expenses. It was stated that, about November, 1876, he entered the employment of the defendant as an apprentice, and remained till 1878. The plaintiff, at the defendant's request, went to his house at Crosshill every night. On these occasions the defendant induced the plaintiff to become the subject of experiments in magnetism. These experiments consisted in placing large magnets in front of, behind, and above the plaintiff's head, which were also connected with his head by means of magnetic chains. Besides these there were also rods of magnetised metal placed about the room, and the plaintiff was made to hold himself in such a position as to allow himself to fall under the influence of magnetism. These proceedings, and other experiments of a similar nature, which the plaintiff was unable to describe, were repeated by the defendant for several days running and frequently for about two hours at a time. The defendant enjoined upon the plaintiff the strictest secrecy as to the experiments, as well as to their nature and effect, and particularly enjoined him not to tell his parents. During the progress of the experiments, and, it was alleged, in consequence thereof, the mind of the plaintiff became seriously affected, and he became insane, and on one or more occasions was apprehended as a lunatic. His physical health was also shattered, and he was still suffering from the effects of the experiments. At the time when the plaintiff entered the employment of the defendant it was said he was in perfect good health, both of mind and body, and had been so all his lifetime. The defendant said the boy acted in the capacity of page, and he (defendant) feeling interested in the subject of magnetic sleep, subjected him to some experiments, without producing any effect. It was alleged that before entering the defendant's service the plaintiff had shown symptoms of insanity. The case has not concluded.

Carbolic Acid in Yellow Fever.

In a work on "Personal Protection against Yellow Fever," by Dr. John A. Wegg, of Kingston, Jamaica, the author speaks in high terms of the benefit to be derived from the use of this acid, both as a disinfectant and as a medicine. He recommends one or two drops of liquid carbolic acid to be taken in a little sherry and soda-water twice a day (morning and evening) on an empty stomach. It has a remarkably preservative action, and should be resorted to on the first appearance of the ailment.

The Best Basis for Violet Powder.

This was lately the subject of discussion at the British Pharmaceutical Conference. According to the *Monthly Magazine of Pharmacy*, Dr. Benger said it might be well either to place this article in the Pharmacopœia and give it an authoritative formula, or let it be understood that pharmacists as a body considered it might be composed of either vegetable or harmless mineral constituents. Mr. Benger did not consider starch a good basis for this powder, and founded his opinion partly on the fact that starch powder, if slightly moistened and kept at the temperature of the body, undergoes a kind of fermentation, and in a few hours becomes distinctly acid to test paper. Mr. Benger was distinctly in favour of a powder in which French chalk or silicate of magnesia was the basis, an opinion in which several of those present agreed, whilst many others indicated surprise that anything else than starch powder had ever been employed, and did not consider that any mineral powder could be equally innocuous.

Ventilation of Barracks and Hospitals in India.

A very interesting paper was read by the Hon. R. C. Parsons before the British Association on the above subject.

Notwithstanding every attempt to supersede the coolies in pulling punkahs over the soldiers in barracks and hospitals in India, the human labourer still keeps his post. The cost of these men to the Government every hot season is nearly £50,000 a year, for simply fanning the soldiers! This sounds absurd, but, in fact, no European could live without it, and the difficulty of superseding the human labour lay with the human arm and its action. In pulling the punkah, the human arm gives a jerk, and consequently the punkah gives a flap. It is this flap which is so dear to the British soldier, and leads him to roar "kenchaw" (pull) when the unfortunate coolie is overcome with sleep. Not only do these coolies go to sleep, but they bring disease into barracks, and moreover, the women of the bazaars dress up as men, and come at night to pull punkahs. Hence, an ever increasing desire on the part of the authorities to get rid of the punkah coolie, but no machine could imitate the jerk of his arm up to the time that Mr. Parsons and Captain Palliser took it in hand. Their motive power is compressed air, by which punkahs can be worked in any position with a much better effect than that given by coolies, because they can only give a jerk in pulling, but the compressed air gives the jerk in pulling, and also in pushing the back stroke. A machine, working a punkah, was exhibited at work, and attracted much attention. Not the least interesting part of the exhibition was a perfectly new ventilator, or air pump, designed by the Hon. Charles Parsons, for pumping foul air out of barracks and hospital rooms. This ventilator is placed in the ceiling of the room, and when the compressed air which works the punkahs is admitted to it, the air of the room is pumped out, and yet no draught is created. The authorities in England have strongly recommended these most useful inventions to the Government of India.

Population as a Test of National Prosperity.

THE Registrar-General for England, in his last report, says that various attempts have been made to estimate the amount and the increase of the capital of the United Kingdom, but hitherto no determination has been made of the value of the most important part of the capital, that is to say, "the economic value of the population itself."

Population not only has the power of earning and producing, but it gives the value to all kinds of property. Without population, land, houses, railways, yield no profit; quarries, and mines, and factories owe their value to the men who work them. "Should the population of a country decay, the value of its capital might sink to the vanishing point."

In the thirty-nine years and a half during which the General Register Office has existed, 7,619,759 people have been added to the population of the United Kingdom; "who, valued as land is valued by the annual yield of net profit, constitute an addition of £1,212,000,000 to the wealth of the nation." The minimum value of the population of the United Kingdom, men, women, and children, is £159 a head; that is, the value inherent in them as a productive, money-earning race. It follows that the United Kingdom, as the hive whence the swarm of emigrants passes yearly to the English Colonies and the United States, is a source of untold wealth. Probably the money value of the 8,000,000 people that emigrated in the years 1837-76 was £35,000,000 a year. "The policy of the people of this country has thus been a policy of progress. Since 1837, they have added on an average 192,873 souls annually to the population at home, and sent 202,868 sons and daughters to seek their fortune abroad."

Antagonism of Alcohol and Diphtheria.

DR. E. N. CHAPMAN (U.S.) has just published a small *brochure*, of 98 pages, in which he advocates the use of alcohol in both simple and complicated diphtheria. He not only, says the *Medical Record*, employs the supporting treatment in general, but relies upon alcohol as the *antidote* to the diphtheritic poison, as the stimulant and force-conserving agent, *par excellence*, in this disease. In this he is supported by M. Sanné, who, however, looks upon alcohol as "le plus sûr de tous les antiseptiques donnes à l'interieur." Dr. Chapman thinks that alcohol promptly and *liberally* given is an antidote to the poison of diphtheria, a febrifuge, a sedative, and a prophylactic as well as a curative, agent; and that it should be given as early as possible, and during even the so-called inflammatory stage. Out of 125 cases he only lost one—a fact which is certainly in favour of the alcoholic treatment of this disease.

With regard to this plan of treatment we agree with our contemporary, that the profession at large should heed these facts, individually test this most potent remedy, and not allow their prejudices or pre-conceived ideas of the nature of the poison of diphtheria to interfere with an honest attempt to lessen the mortality of this frightful malady.

Legalisation of Apothecaries' Measure.

BY an Order of the Queen in Council, published in the *London Gazette* of August 30, the following apothecaries' measures are made "legal secondary standards," in addition to those of a greater capacity long since legalised:—

"Imperial Standard Measures of Capacity to be used in the Sale of Drugs.—4 fluid drachms, weighing 218·75000 grains; 3 fluid drachms, weighing 164·06250 grains; 2 fluid drachms, weighing 109·37500 grains; 1 fluid drachm, weighing 54·68750 grains; 30 fluid minims, weighing 27·34375 grains; 20 fluid minims, weighing 18·22917 grains; 10 fluid minims, weighing 9·11458 grains; 5 fluid minims, weighing 4·55729 grains; 4 fluid minims, weighing 3·64583 grains; 3 fluid minims, weighing 2·73438 grains; 2 fluid minims, weighing 1·82292 grains; 1 fluid minim, weighing 0·91146 grains; also 3 fluid ounces, weighing 1312·50000 grains."

This is the first time that the foregoing measures have received legal sanction, although they have been in universal use for a long time, and the Act under which the order is issued dates from 1866.

The Fermentation Controversy.

A SOMEWHAT curious discussion has been recently occupying the attention of the Paris Academy of Sciences. It originated in the publication by M. Berthelot, in the *Revue Scientifique* of July 20, of a series of laboratory notes by the late Claude Bernard, on alcoholic fermentation, in which the great physiologist came to conclusions opposed to those so long advocated by M. Pasteur. It was natural that M. Pasteur should endeavour to weaken the force of M. Bernard's experiments and conclusions. In the *séance* of July 22, he drew attention to the publication of the notes, and explained their apparent opposition to his theory by the statement that Bernard's method of working was to proceed to the investigation of every theory as if its opposition were true, thus submitting every point to a crucial test. He declared his intention of taking up Bernard's series of experiments and working them out from the latter's standpoint, in the confidence that the result would be entirely in favour of his (Pasteur's) theory of fermentation.

The Mortality of Doctors.

THE question is often asked, are we longer or shorter-lived than other classes of the community? The answer is difficult. If we take for data the ages of physicians and surgeons of eminence, it would seem that the anxieties of medical life, the loss of rest, exposure to infectious or contagious disease, were not unfavourable to longevity. If a medical man commences medical life with a fairly balanced constitution, and with what is of still more or equal importance, a fair balance to his credit at his bankers, the chances are that he will both secure a good practice and live to a good age, provided he follows fairly the general laws of health.

If, on the other hand, his health is exceptionally good, and he is but scantily provided with funds, he will have greater difficulty in acquiring a good *clientèle*, whilst the worry and anxiety about pecuniary matters will have a tendency to shorten his life.

It is the worry about ways and means that kills. Casper affirmed that German medical practitioners were shorter-lived. Dubois has ascertained that out of 800

practitioners, 365 attained the age of 70 and upwards. This exceeds the proportion allotted to theologians. Accurate modern statistics are difficult to secure, but we feel certain it will be found the mortality will vary in proportion to the pecuniary position of the individuals.

Hospital Saturday in London.

THE fifth annual collection on behalf of the Hospital Saturday Fund was made on Saturday in all the principal thoroughfares, business centres, and railway stations throughout the various postal districts of the Metropolis. The collection began in some quarters, as at Covent Garden, Smithfield, and Billingsgate markets, as early as five o'clock in the morning, while in many parts of the suburbs, where the streets are usually crowded on Saturday nights, it was continued until quite late in the evening. There were altogether about 250 collecting stations, most of the tables, as on former occasions, being presided over by ladies, distinguished by wearing blue badges. The area of the collection has been considerably extended this year, and a large number of additional stations having been provided, it is anticipated that the receipts will show a considerable increase on the amounts previously obtained. It was originated, as is now pretty generally known, with the primary objecting of affording the working classes of the metropolis an opportunity of contributing to the support of the hospitals and dispensaries from which they derive so many advantages. The street collection was supplemented by subscriptions in a large number of City establishments and workshops, and in the various offices, departments, and branches of the Post Office, to facilitate which nearly a hundred thousand collecting sheets were issued from the office of the fund; and by the proceeds of an open air concert in Victoria Park, and other entertainments.

Curious Charge against a Doctor.

IT is reported in the papers that at the Glasgow Small Debt Court James Patrick and his father sued Dr. Herbert, house surgeon, Royal Infirmary, and Mrs. Lynch, one of the nurses, for £12, as damages sustained by James Patrick, by their having, without the authority of his father, cut from his right arm a piece of healthy flesh for the purpose of grafting it upon the body of another patient. Mrs. Lynch admitted that she had taken a piece of flesh from the boy's arm for the purpose of grafting it on the bad arm of another patient. The practice was quite common, and she did it on the authority of Dr. Herbert. Dr. Herbert denied that he had given Mrs. Lynch any such instructions. The Sheriff found the nurse liable in £5 damages and costs. The case against Dr. Herbert was found Not Proven.

The above statement seems almost incredible. If true we can only say that no occurrence could have happened more calculated to prejudice the minds of the public against the conduct of hospital officials, which conduct we know to be usually unexceptionable, and marked with the greatest kindness and consideration for the patients under their charge. We trust, however, that there is some exaggeration in the above statement, or that at all events the authorities of the Glasgow Royal Infirmary will submit the matter to a careful investigation.

The Nature of Syphilis.

DR. CORNIL, of Paris, one of the latest teachers on this subject, insists on the anatomo-pathological differences between soft and hard chancre, the period of incubation being the distinguishing feature. Soft chancre appears immediately after contamination, indurated after a time varying from ten to twenty-five days, and sometimes extending to a longer period, as has been proved by the observations of Langlebert, Rollet, Diday, &c., and the experiments of Wallace, Vidal de Cassis, Waller, and Pellizari. But what takes place between the time of incubation and the appearance of the chancre? Some authors affirm that the individual is contaminated during the period of incubation, the chancre being the local and first manifestation of a general disorder dating from the day of incubation. Others have denied this theory. M. Cornil considers the most probable hypothesis to be that syphilis is not generalised at the onset, but that the chancre is the first complication, which by little and little infects the whole economy.

A Minister of Public Health.

THE want of such a minister is universally recognised. It has been the dream of sanitary reformers, and we hope it may become a practical realisation.

Public preventive medicine requires a head, the interests of society demand a reconstruction of the present Governmental arrangements for the regulation of sanitary officers, and we shall not have an efficient sanitary machinery until the whole system is placed upon a more solid and comprehensive basis.

The multiplication of medical officers of health is a mistake. Every little town and village can now appoint a separate and independent medical officer of health, whose views of the duties appertaining to the office may be controlled or biased by petty elective bodies. This system is fatal to efficiency. There is a tendency at the present time to break up large districts, or combined rural and urban sanitary boards. High-class medical officers of health will not brook dictation, nor can they be bribed to overlook sanitary deficiencies. England must ultimately be mapped out, and large districts placed under the supervision of highly qualified medical experts in hygiene, on a somewhat similar principle to that of Local Government Inspectors. Such appointments would be independent of local influence. As we expect an Imperial scheme to regulate our water supply, so we may reasonably hope for an Imperial system of sanitary inspection.

The Rainfall of Last Month.

THE past month of August must be noted as a memorable one in a long term of years. The returns are not yet completed, but it is certain that it was the rainiest August we have had for a long time, and Mr. Plant, writing from the neighbourhood of Birmingham, tells us that he registered more rain last month than in any month of any year since 1852. The average annual fall at his station is 30in., or 2½in. per month, but in August he registered 7¾in., or rather more than a quarter of the yearly quantity in one month.

Schools for Medical Witnesses.

THE *Union Médicale* says that, after a paper on this subject had been read at the International Congress of Legal Medicine, by its President, M. Devergie, and a long discussion had taken place, the Congress passed the following resolution :—"That the Government be asked to establish in France institutions which have been at work for years in Hungary, Austria, Prussia, Belgium, Holland, &c., having for their object the formation of experts in legal medicine and experts in toxicology, remunerated by the State, and who shall be elected by *concours*, having for its basis trials essentially practical; that, with the object of educating such experts a great extension should be given in the different faculties of medicine to courses of practical legal medicine, such as M. Devergie first established at the Morgue in 1834, and which has been reopened last year at the request of Prof. Vulpian, Dean of the Faculty; and that special courses for instruction in toxicological analysis be opened at the Ecôles de Pharmacie.

The Dustbin Nuisance.

DR. WHITMORE, of Marylebone, says, in his last monthly report :—

The most prevalent and objectionable nuisance in the parish at the present time, for the existence of which no shadow of excuse can be offered, is the foul and offensive condition of the dustbins. In this respect I am compelled to state it as my opinion that the poor are by no means the greatest delinquents. In their dustbins, undoubtedly, is thrown a great deal of decaying vegetable refuse; but in the dustbins of the wealthy and well-to-do there is added the further and greater abomination of putrefying animal matter. Any person passing through the most aristocratic streets in the parish on a hot, close summer's evening will constantly have his sense of smell offended by foul emanations arising from the areas of many of the largest mansions, and which, on investigation, would be found to proceed from dustbins reeking with both animal and vegetable matter in a state of putrefactive fermentation. I need hardly say that this is a nuisance injurious to health, to which the provisions of the Nuisances Removal Acts will apply, but which, I fear, will never be effectually abated until some few of those who are responsible for the evil are convicted and punished.

Medical Practitioners in France.

Lyon Medicale says that in 1866 there were 11,254 doctors of medicine in France, and 5,568 *officiers de santé*, together 16,822 practitioners. In 1876 there were only 10,743 doctors and 3,633 *officiers*, together 14,376 practitioners, or less by 2,446. In 1876 the *pharmaciens* were 6,232 in number, the midwives 12,847, and the herbalists 983. In 3,484 communes, doctors alone practise, in 2,111 *officiers de santé* only, in 764 both doctors and *officiers*, and in 28,697 neither doctors nor *officiers*.

The Origin of Species.

AT one of the recent meetings of the British Association Mr. Huxley remarked that about the year 1860 there was nothing more volcanic, nothing more shocking, more subversive of everything right and proper than the proposition put forward that, so far as the physical organisation was concerned, there was less difference between man and the highest ape than there was between the highest ape and the lowest. Now, however, M. Quatrefages, whose views were very different from his, admitted that the proposition was one which no rational man would dispute. The Professor then dealt with the craniological and physiological data regarding man collected by M. Broca, Mr. Herbert Spencer, and the mental and social data gathered by Mr. Max Müller, Mr. Tyler, Colonel Lane Fox, and others. As to the history of man on the earth there was now a vast accumulation of evidence to show that man existed at a period when the physical condition of the world was very different from the present, but he admitted that so far as any fossil evidences of evolution were concerned he thought that at present they were entirely wanting.

It would, however, be better if evolutionists, instead of boasting of the number of scientists who were joining the ranks of Darwin and his followers, could manage to collect a few more facts in support of their theories. It is not the number of believers that testify to the truth of any doctrine; and the Darwinists cannot be surprised that their theories meet with so much opposition when there are no new facts forthcoming in support of them.

Non-Pauper Hospitals for Infectious Diseases.

THE Poplar District Board of Guardians deserve great credit for deciding to erect a new pauper hospital for the reception of patients suffering from infectious diseases. In his annual report, just issued, Dr. Talbot, the medical officer of health for the Bow and Bromley division of the Poplar district, testifies to the great need of such an institution, and remarks that during the past year he has requently been unable, through the want of accommodation at Highgate, to order the removal of private cases. He further urges that the 37th section of the Sanitary Act must be made compulsory, or the Poplar district will be supplied with cases from all parts of the metropolis, and adds that his experience justifies the belief that when the requisite accommodation is provided the public will become anxieus to be removed to the hospitals.

FOR the purpose of prosecuting biological researches, Prof. A. Agassiz has lately completed a superb establishment near his residence, wherein every device that experience could suggest has been brought to bear for the convenience of investigators. A building 45 by 25 feet has been erected on the side of a bay making up from the entrance to Newport harbour, and provided with the purest of sea-water by means of a steam-pump, which keeps a tank constantly filled. The tables are covered with a series of tiles of different colours, so that the minute animals of different shades can be the more readily overhauled when emptied upon them. The shelves in the laboratory are all of glass, the tanks are of slate, the conducting pipes are of iron, lined with a composition of rubber, which it is believed will protect them against corrosion. These tables are all well lighted, and are available for students, whom Mr. Agassiz invites to share his facilities. Four persons, in addition to himself, at present occupy the laboratory, in prosecuting their special researches.

In foreign cities the annual rates of mortality, according to the most recent weekly official returns were—Calcutta 23, Bombay 43, Madras 35; Paris 24; Geneva 19; Brussels 29; Amsterdam 21, Rotterdam 23, The Hague 25; Copenhagen 29; Stockholm 28; Christiania 22; St. Petersburg 40; Berlin 30, Hamburg 26, Dresden 26, Breslau 36, Munich 33; Vienna 35, Buda-Pesth 36; Rome 28, Naples 34, Turin 22; Alexandria 47; New York 28, Brooklyn 22, Philadelphia 18, and Baltimore 19 per 1,000 of the various populations. Diarrhœal diseases showed exceptionally fatal prevalence in Copenhagen, Berlin, Breslau, and Munich.

The rates of mortality continue to be very low throughout the United Kingdom. In Edinburgh they were as low as 17 per 1,000, London 20, Glasgow 21. In a few of the large cities and towns the rates were somewhat high, Dublin 26, Liverpool and Birmingham 29, Hull 31, and the highest, Norwich, with 36. Of course, the mortality in London is exclusive of that awful calamity in the Thames on Tuesday, when over 600 were drowned by the sinking of the *Princess Alice*.

There were but fourteen deaths throughout the United Kingdom from small-pox, 7 in Dublin, 6 in London, and 1 in Hull. Scarlet fever was fatally prevalent in Birmingham, Sheffield, Liverpool, Salford, and Newcastle-upon-Tyne. The deaths from enteric fever showed excess in Hull, Sunderland, and Newcastle-upon-Tyne. Diarrhœa showed a further decline in the number of deaths during the past few weeks, the fatal cases being considerably under the usual average.

There is a considerable opposition to the Vaccination Act on the part of some of the inhabitants of Tring, and the Berkhempstead Board of Guardians have summoned a batch of offenders before the local magistrates. Mr. Evans, the chairman, said the magistrates were bound to carry out the law, and when they found a number of people leagued together to resist it, like the defendants, it made matters rather worse. The usual order was made in every case, and the defendants had also to pay costs.

The terrible epidemic of yellow fever in the southern districts of the United States shows no signs of abatement. At New Orleans, Memphis, Vicksburg, &c., the fresh cases number about two hundred per diem in each town, and the state of frenzy of one portion and that of blank despair on the other part of the populations can be better imagined that described.

The *Archiv der Heilkunde*, for June 15th, contains an admirable biographical notice of the late Dr. C. B. A. Wunderlich, the founder of scientific medical thermometry, from the pen of Professor O. Heubner. All who read it must lay it down with a deep respect for the personal character of this profound investigator.

The village of Kollmar, near Gluckstadt, in Holstein, which is situated in a district reputed for its healthiness, has just witnessed the diamond wedding, or the 75th marriage anniversary of two of its 1,400 parishioners. two more diamond weddings are impending, and the last fourteen years have seen ten such celebrations there.

There is an unusual mortality at Copenhagen amongst children from a gastric epidemic. At the garrison half a battalion of Foot guards are in hospital, causing great anxiety. The general health, as proved by the weekly official returns, is satisfactory. No fresh cases are reported, the cholera in Sweden being probably suppressed.

Cremation becomes optional in Gotha on the 1st of October, and a building has been erected for the purpose. The body of an engineer named Stier will be exhumed, and will be the first subjected to the process.

Correspondence.

THE ARMY MEDICAL SERVICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Whilst agreeing with the spirit of your article on the Army Medical Department, and thanking you for your energetic protest against the proposal of the *Lancet*, I regret you have used the term sentimental grievance, as applied to rank and precedence at mess and on duty. I can assure you that much of the dissatisfaction has arisen from not having our position in the service better defined, and from our not having proper military rank.

I could quote numberless instances and stories of great injustice springing from this defect, and I hold, it may be wrongly, that we shall not be contented until this difficulty is overcome.

I hope you will not imagine I desire military command; I do not. I should like to abolish our present sham military rank, substituting the system at present in force in America and Italy. This will not interfere with the combatant branch of the army, or clash in any way with existing regulations as regards the executive.

Trusting that if Colonel Stanley should initiate a new Warrant, he will make some provisions for leaving us our proper rank. I am, yours truly,

September, 1878. A Surgeon-Major.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—My son, who is a student of medicine, has forwarded to me a copy of your paper of the 4th inst., in which there appears a long and able article on the present state of the Army Medical Department. He having almost completed his medical studies, is desirous of serving Her Most Gracious Majesty in the capacity of an army surgeon, but the state of chaos now reigning in the department, and the very different circumstances under which army surgeons now serve, compared with what I myself can remember some years ago, causes me to hesitate about acceding to his wishes. There are, of course, many points in your excellent leader which are of paramount importance to the medical officers and the army generally; but writing as a father, desirous of seeing his son's position and future prospects in some degree assured, there are two points above all others of primary importance to me:

1. Security of appointment, as in old days, while of good conduct and efficient. And—

2. Connection with a regiment, during at least the earlier years of service, and at a time when the present "solitary system" is likely, in very many cases, to exert a baneful influence on a young man's career in life.

Yours, &c.,

Bath, Sept. 9th, 1878. A Retired Field Officer.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Accept my congratulations on your very able and interesting article on the Army Medical Department in this day's issue. Your leader-writer has carefully quartered the

whole ground, and while steering clear of the quicksands of sentimental grievances, brought the real causes, which are rapidly and surely disintegrating the Army Medical Department, into the foreground.

You do well to expose the tergiversation of the *Lancet* on this important matter. The paper to which we are indebted for the phrase "sweepings of the Irish schools" (see back numbers of *Lancet*), ought to be the last to advocate a scheme which will not only fill the department with Irish sweepings, but English and Scotch also. There is in Paris a class of men who earn a precarious livelihood by pursuing candle-light investigations into the mounds of rubbish, collected in the various quarters of the city. I would suggest to the author of the *Lancet* scheme, that a careful performance of the office of *chiffonnier* amongst the collected sweepings of the schools, ought, in all conscience, to be previously gone through, with a view of foisting on the army the best preserved and least noisome of the "selections from the gutter."

Yours, &c.,

London, 4th Sept. 1878. ADMINISTRATIVE, A.M.D.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—After issuing numerous abortive Warrants, the Army Medical Department is as unpopular as ever. The bait of £1,000 after ten years' service has not proved sufficiently attractive, and I am pleased the profession is in such a position as to be able to refuse this offer.

The inducements to enter the army were generally considered to be the social life and position, and the certainty of a regular, though moderate income. Times have changed since the late Lord Herbert of Lea said he could get officers (and surgeons) even though he gave them no pay.

In a great national emergency, I have no doubt, surgeons would be forthcoming, and our experience of foreign battle-fields and wars strengthen this fact, so much to the credit of our profession. But looking at the question practically, and from an utilitarian point of view, can we expect young men to enter the service when there is no security for the future wretched pay, and an unstable social condition? The stern logic of facts must convince Colonel Stanley that there must be some deep-seated ulcer in the department when vacancies cannot be filled up, and when it is seriously proposed to abolish the test of competition for admission. The thanks of the army medical officers are due to you, for resisting this proposed innovation. It is an Imperial question, and though Parliament is not sitting, I trust some members of the House will think it worthy of their attention, and ventilate their objections in some of the leading organs of public opinion.

Yours truly,

Sept. 5th, 1878. B. DUBIOUS, M.R.C.S.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—On perusing your interesting article of the 4th Sept., I was reminded of an inquiry made by me some short time since amongst fellow-students as to the reason why so few of our number are to be caught by the glittering baits of the Army Medical people, and as the subject appears again to be working to the front, I will, with your kind permission, summarise their and my objections from a student's point of view.

A. Undefined, indefinite, and insecure position.

B. Abolition of regimental appointments. At present a young man is obliged either to "pig it" by himself, or be duly grateful for the semi-contemptuous pity with which a regiment accords him the privilege of using their mess as an honorary member.

C. An almost total restriction put on private leave, and should a man' health break down on foreign service—which I take it in the present overworked state of the department is not an unlikely event—sick leave for a few months, and then, if without money or friends, starvation or the workhouse.

Yours, &c.,

Dublin, Sept. 6, 1878. A MEDICAL STUDENT.

[We regret that pressure on our space will not allow us to publish all the communications we have received on the subject to which we devoted a leader in our last; we have selected a few representing the views of different classes who are interested in the welfare of the Army Medical Department which show how universal the discontent must be. Our correspondents may rest satisfied that we shall not allow the matter to slumber, and as the MEDICAL PRESS AND CIRCULAR has always persistently advocated the just claims of the Army Medical Service, its voice and influence will ever be found on the side of justice and true progress.—ED. M. P. & C.]

ON A PEPTONIC EMULSION OF COD LIVER OIL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—From Claude Bernard's discovery of the action of the pancreatic fluid on fats, and the researches and views of Dr. H. C. Bartlett and Dr. G. Overend, the medical profession have gradually drifted into the idea that pepsine does not affect fats at all. This, no doubt, is an error, as there is every reason to believe that nothing assimilable passes through the stomach which the gastric juice does not more or less affect. Moreover, many physiologists and medical authorities of status, opine, in opposition to the latter two gentlemen's views, that pancreatine passing through the stomach is rendered completely inert, and metamorphosed into some other substance; and if such be the case, *ergo*, it follows that any good effects which followed the administration of pancreatic emulsion, and the so-called "hydroline," or hydrated oil, were due to the mere fact that the oil was presented to the digestive organs in a minutely divided state. If it were presented in an emulsive form by any other means without being saponified, *i.e.*, without having its fatty acids fixed by potass or soda, as desirable results would follow as from pancreatic emulsion or hydrated oil.

There are many ways for emulsifying the oil. Alkalies are objectionable from their chemical action on it, because they neutralise the gastric acids, and from their own individual medicinal properties. What is then required, is a slightly acid and palatable emulsion. This is obtainable by the trifold means of glycerine, wine, and acidified pepsine, as follows:—It is palatable, leaves but the faintest oily taste on the fauces after being swallowed, and never produced eructations in the few cases I saw it exhibited in. Half an ounce of it diluted with an ounce of water will retain a uniform milky appearance for half an hour. It is always better though, to take it without any admixture immediately after meals, in doses of a dessert to two tablespoonfuls.

Cod-liver oil	- -	f℥iv;
Glycerine, Sound sherry	of each	f℥ij;
Pepsine porci	- -	f℥iss;
Dilute muriatic acid	-	f℥j;
Sodium chloride	- -	℥ij.

Agitate, first, the oil with the glycerine in a clean 12 oz. bottle, and add the wine and pepsine, previously mixed, shaking the whole well together; then add the acid and salt. Of course it must always be well shaken together before use, as the oil, though completely emulsified, will float on the top, in appearance like cream.

I have made these few remarks on what, I think, will be found an agreeable and efficient form of exhibiting a naturally repulsive, but most important remedy in the treatment of wasting diseases, as laconically as possible.

Yours, &c.,

J. H. W.

A PATHOLOGICAL CURIOSITY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I send a few notes of the following case, as a pathological curiosity:—

About six months ago, an old man of sixty-eight, came under my care as a dispensary patient, suffering from a bubonic abscess of the right inguinal region, and a number of *chancroid* ulcers on the most prominent member of the genital *triad*, which was greatly swollen and inflamed. By my advice he went into the hospital, where he remained for about two months, and then discharged himself, as he disclaimed the soft impeachment of having courted the disease. During his stay in hospital the abscess, after being opened, became a phagedænic ulcer of huge dimensions, four or five inches long, by about three broad, and so deep as to

threaten to penetrate into the cavity of the abdomen. The ulcers on the member enlarged and coalesced, nearly encircling it, and so deep as to threaten its complete amputation in front of the pubis. But the singular feature of the case is, that about a month ago a new *glans* commenced to grow alongside the original one, which it now equals in size and dimensions every way, only *minus* a prepuce; it has a urethra, through which the urine flows as freely as through the original one, but not along both at the same time.

The ulceration has invaded both glans, and threatens at no distant date the destruction of both. Were it not for the gravity of the case, one could not help looking on the double-headed affair as a humorous *lusus naturæ*.

Can the experience of any of your readers afford a similar instance of Nature's freak in a diseased organ?

Respectfully yours,

SAMUEL STUART.

Donaghadee, 28th August, 1878.

THE DENTAL DIPLOMA OF THE IRISH COLLEGE OF SURGEONS.

THE establishment by the Irish College of Surgeons of the Dental Diploma, the first special qualification created under the provisions of the Dental Bill, has been consummated during the past week, and the first examinations were held on Saturday, Monday, and Tuesday last. Immediately on the passing of the Bill, the Council of the College had initiated active steps towards carrying into effect the clauses which empowered them to establish a license in Dental Surgery. Having considered the subject, and decided upon the subjects of examination, and the restrictions on admission thereto, the further action of the Council was stopped, pending the arrangements for Dental Registration by the General Medical Council, for it was specified by the Act that three of the Examiners must be Registered Dentists, and no means of registration yet existed. The Executive Committee of the General Medical Council having met to adjust the matter, the register was declared open, and the Council of the College then announced its intention of electing examiners and holding examinations as speedily as might be. As the College recess had already been long postponed, in consequence of the meeting of the British Association in Dublin, it became necessary to act with expedition, and to name the earliest possible date for these proceedings, or else to postpone the whole business until the end of November, which was considered very undesirable. Accordingly, Thursday last, the 5th, was named for the election of Examiners, and Saturday for the first examination, and it was ordered that the Court of Examiners consist of three Fellows of the College, and three Registered Dentists, and, inasmuch as a complete discretion is confided to the Court to refuse to admit any applicant to examination or to grant the diploma to him, after examination, without reference to the Council, it was decided to add to the Court the President, the Vice-president, or a member of Council, who shall act as chairman, and be considered to represent the College in the voting. In the method of election, an important, and, we think, very salutary change was made from that hitherto in use in the College. Heretofore, as many of our readers are aware, all Examiners have been elected by the secret vote of seven chosen by lot from the twenty-one Councillors, and it was found that, on many occasions, the vote of these seven gentleman did not at all represent the opinion either of the Council or of the Fellows at large. Therefore, that system has now been abandoned, *quoad* the Dental Court of Examiners, and the selection is made by the entire Council. We regard this decision of the Council as of much importance, because it is equivalent to an expression of feeling against the old system, and a pledge that, on the first opportunity, that system will be set aside. The registered dentists who were candidates for a seat on the Court were: Messrs. Eskell, Corbet, M.R.C.S.E., McClean, L.F.P.S., Stack, F.R.C.S.I., Pearsall, F.R.C.S.I., Sherlock, L.R.C.S, and Dowling. Messrs. Stack, Pearsall, and Sherlock were elected. The Fellows of the College who presented themselves for the office of examiner in the surgical, anatomical, and physiological subjects were: Messrs. Richardson, Edward Stoker, John Barker, Thornley Stoker, O'Grady, Roe, and P. C. Little. Drs. Richardson, Edward Stoker, and O'Grady were chosen.

Every Candidate for the Licence in Dental Surgery is obliged to produce testimony of two Fellows, Members, or Licentiates of a College by Surgeons, and one Member of the Dental Diploma Committee, or of the Odontological Society, that he "is of good moral character, and has not, during the past two years," attracted business as a dentist by advertising or other unbecoming practices; and the Board has the absolute power to refuse the application of any Candidate.

The examination consists of the anatomy, physiology, and pathology of the teeth, jaws, and surrounding parts, and of mechanical dentistry, and shall be partly written and partly oral.

Each Licentiate shall make and subscribe the following declaration:—

I———, of———, hereby delare that I am twenty-one years of age, that so long as I hold the Diploma in Dental Surgery of the Royal College of Surgeons in Ireland, I shall not attract business by advertising or any other unbecoming practice, and that I agree that such Diploma shall be cancelled on it being proven that I have done so.

THE L.D.S., R.C.S.I.

WE understand that for the examinations in Dental Surgery held by the Royal College of Surgeons in Ireland on Saturday, Monday, and Tuesday last, fifty-five gentlemen presented themselves, two of whom were not admitted to examination. The written examination took place on Saturday, and the *viva voce* on Monday. At the hour of going to press the result had not transpired.

TESTIMONIAL TO DR. G. MAYBURY, KENMARE DISPENSARY.

WE understand that there is now to be seen at the establishment of Messrs. Waterhouse, Dame Street, Dublin, a handsome piece of plate which the members of the Kenmare Dispensary Committee intend to present, with a suitable inscription, to their lately superannuated medical officer, Dr. George M. Maybury.

The duties incident to the office of a dispensary doctor are often of a trying and laborious character, and always bring with them a heavy weight of responsibility. The care and anxiety which the proper discharge of these duties imposes upon the conscientious medical officer would, sometimes, be almost unendurable, but that the doctor is cheered on and supported by the good feeling and friendly co-operation of the members of his committee. And when, at the close of a long time of service, he retires with a pension, carrying with him, also, the esteem and good-will of those in whose service he spent the best years of his life, accompanied, as in this instance, by the presentation of a handsome piece of plate, he forgets anything that was troublesome or disagree-

able in a position which has finally brought him so gratifying and so prized a reward.

We sincerely congratulate Dr. Maybury upon having received this well-deserved tribute to his worth and ability.

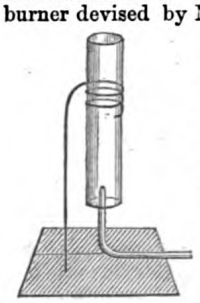
Novelties.

SAVORY AND MOORE'S GELATINE LAMELS.

It is with great pleasure that we call the attention of our readers to one of the most elegant and useful novelties that the skill of the pharmacist has ever introduced to the notice of the profession. This consists of a series of medicated gelatine lamels, or thin sheets of uniform thickness, each of which is about the size of a lady's visiting card, and contains several doses of some active drug. They are so portable that in the compass of a small pocket-case (which is supplied with the lamels) a number of the most useful medicines may be carried about. Each sheet of the lamels is subdivided into twenty-four small squares, each square containing one dose of the medicine with which the gelatine sheet is impregnated. Thus, there are sheets containing respectively the muriate of morphia, jalapine, sulphate of quinine, podophyllin, calomel, extract of nux vomica, and various other active remedies. These lamels are, moreover, as easily taken as they are portable. All that the patient has to do is to cut off the required dose, float it on a little water, and swallow it. Although this method of dispensing medicines is chiefly for the use of travellers, we need scarcely say that they will be of the greatest convenience both to the physician who may wish to keep a few medicines by him in case of emergency, to the general practitioner who may live far away from many of his patients, and even to patients themselves, especially if they live in the country out of reach of any surgery or chemist's shop.

ON A NEW SIMPLE BUNSEN'S BURNER.

In our number for July 24 we gave a description and illustration of a very simple and easily made Bunsen's burner devised by Mr. P. Ebell. Since then, a still more simple contrivance has been made by Mr. Rud. Biedermann (in *Dingl. Pol. Journ.*) A large cork is divided by a horizontal section into two halves. Into the lower half is cut a gutter, intended to receive the gas-tube. The upper half is perforated in the centre to allow the upright end of the gas-tube to passs out. Both sections of cork are joined together with glue or sealing wax. A tube of hard glass is then fixed over it in the manner shown in the cut, by attaching it to a wire, which is spirally wound around it, and one end of which is fastened in the cork. By raising or lowering the glass tube the flame may be made larger or smaller. The burner may be made steadier by attaching a piece of lead to the cork.



NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

PHYSICIANS' FEES.

F.R.C.S., replying to "A Physician" in our last, considers that he is too modest in his scale of fees if he be practising purely as a consulting physician. Such a scale should be that of a general practitioner in first-class practice; whereas, a consulting physician or surgeon should make his fee two guineas for the first visit, and one guinea for all subsequent visits. F.R.C.S. says that since he has raised his fees to this scale he has lost on the *number* of patients, but has more than gained on the amount, and regrets that the rise is not universal.

Dr. Cassells.—Many thanks.

A Member of the Association.—The matter is at present in obscurity. Report has it that the gentleman mentioned is endeavouring to resuscitate the periodical at his own risk, but we give him credit for too much shrewdness to attempt this. We do not know how it will affect his official position if the report be true.

Mr. Bell should write to the Secretary of the College; like our correspondent we fail to understand the objection.

A Candidate will find all he wants to know in the next (Student's) number of our journal.

A M.—Can a magistrate and an *ex-officio* guardian vote on a dispensary committee, he not living within the district, nor his name given in the list published as members of the committee? I should state that the person I refer to resides in the parish from whence the district takes its name.

[Under Clause 7 of the Med. Charities Act ("Irish Med. Directory," page 496) the guardians are directed to elect a sufficient number of ratepayers in each district . . . who, together with the *ex-officio* and elected guardians of the poor *resident or being the owners or occupiers of property therein, shall be a committee for the management of the dispensary of such district.* It appears from this that it is sufficient for a person to be a guardian and the possessor of property in the district to constitute him a committee-man.—Ed. M. P. & C.]

VACANCIES.

Brown Sanitary Institution. Professor Superintendent. Salary attached, £300 per annum, with residence and an assistant. (See Advt.)

Essex and Colchester Hospital.—House Surgeon and Apothecary. Salary, £100, with board and lodging. Applications, with testimonials, to the Committee by September 12.

General Infirmary, Leeds.—House Surgeon. Salary, £100, with board and residence. Applications, with testimonials, to Dr. Heaton, at the Infirmary, by September 12.

Holborn Union.—Resident Medical Superintendent. Salary, £300 per annum. Applications endorsed "Medical Superintendent," to be addressed to the Clerk of the Guardians. Offices, Gray's Inn Road, W.C.

Leicester Infirmary.—House Surgeon. Salary commencing at £120, with board and apartments. Address the Secretary.

Lincoln County Hospital.—House Surgeon. Salary, £100, with board and lodging. Applications, with testimonials, to the Secretary by September 23.

St. Luke's Hospital.—Clinical Assistant. Apartments and board provided. Applications to the Secretary, St. Luke's Hospital, E.C.

APPOINTMENTS.

Battle, W. H., M.R.C.S., House Physician to St. Thomas's Hospital.

Castle, H., M.R.C.S., Assistant House Surgeon to St. Thomas's Hospital.

Crampton, J. S., L.R.C.P.Ed., L.R.C.S.Ed., Assistant Medical Officer to the Newcastle-upon-Tyne Lunatic Asylum.

Edgelow, S. H., M.R.C.S.E., Assistant House Surgeon to the Kent and Canterbury Hospital and Dispensary.

Gimlette, G. H. D., M.R.C.S., House Physician to St. Thomas's Hospital.

Goyder, C. M., Junior House Surgeon to the Newcastle-upon-Tyne Infirmary.

Groome, W. W., M.R.C.S., Assistant House Physician to St. Thomas's Hospital.

Haslam, W. F., M.R.C.S., House Surgeon to St. Thomas's Hospital.

Little, D., M.D.Ed., L.R.C.S.Ed., Ophthalmic Surgeon to the Manchester Royal Infirmary and Dispensary.

Marsh, F., M.R.C.S.E., House Surgeon and Secretary to the Staffordshire General Infirmary.

Monro, W., M.D. St. And., L.R.C.S.Ed., a Medical Officer to the Arbroath Infirmary and Dispensary.

Pughe, R. N., M.B.Lond., F.R.C.S.E., Honorary Assistant Medical Officer to the Infirmary for Children, Liverpool.

Smith, H. U., M.B.Lond., M.R.C.S., House Surgeon to St. Thomas's Hospital.

Takaki, K., L.R.C.P., M.R.C.S., Senior Assistant House Physician to St. Thomas's Hospital.

Tyrrell, W., L.R.C.P., M.R.C.S., Resident Accoucheur to St. Thomas's Hospital.

Marriages.

Collins—Brasher.—Sept. 4, at St. Paul's Church, Derby, Charles E. Collins, M.R.C.S., L.R.C.P., of East Grinstead, to Lucy Ellen, daughter of the Rev. S. B. Brasher, M.A., vicar of St. Paul's, Derby.

Skipworth—Hadley.—Sept. 3, at St. Michael's Church, Handsworth, Herbert Skipworth, M.R.C.S., of Leicester, to Florence Mary, daughter of J. J. Hadley, M.R.C.S., of Handsworth.

Deaths.

Blomfield.—On August 30, at Verulam Buildings, Gray's Inn, Andrew Muskett Blomfield, M.R.C.S.E., Surgeon-Major in the Bombay Army, aged 47.

Davies.—On August 25, at Reynoldston, Glamorganshire, Daniel Davies, Surgeon, in practice before August 1, 1815, aged 83.

Day.—On August 24, at Little Meolse, Cheshire, Henry Day, M.R.C.S., aged 53.

Jones.—On Sept. 2, at Brackley, Northamptonshire, Richard Jones, F.R.C.S.E., aged 77.

Munro.—On August 27, at Holgate Villa, near York, Dr. Alexander Munro, aged 68.

Pitman.—On August 24, at Frankfort House, Upper Holloway, Fredk. Erkel, infant son of the late Dr. Pitman, of Acacia House, Highgate Hill.

Robertson.—On August 25, at Cambray Villa, Cheltenham, Lennox Robertson, M.R.C.P.Ed., aged 41.

Wollaston.—On Sept. 1, at his residence, Lyme Regis, Dorset, from accident while driving, Richard Gulston Wollaston, M.R.C.S., L.S.A., L.R.C.P.Ed., aged 64.

IRISH POOR-LAW INTELLIGENCE.

THE ABUSES OF DISPENSARY MEDICAL RELIEF IN IRELAND.

We published a few weeks since a letter addressed by the Council of the Irish Medical Association to the Irish Local Government Board on this subject, in which the Board was requested to call the attention of guardians and committee-men to the illegality of issuing tickets by deputy. We are glad to observe that the Local Government Board has complied with this request by issuing the following letter :—

TICKETS FOR MEDICAL RELIEF.

Local Government Board, Dublin,
31st August, 1878.

Sir,—The attention of the Local Government Board for Ireland has been drawn to irregularities, which are stated to be of frequent occurrence, in the issue of tickets for medical relief under the provisions of the Irish Medical Charities Act. These irregularities are stated to be as follows :—

1. A practice on the part of persons who are legally authorised to issue tickets for medical relief of signing blank medical relief tickets *en bloc*, leaving them to be filled up and issued by other persons.

2. The issue of tickets for medical relief for persons who cannot fairly be considered to be "poor persons" within the meaning of that term, as used in the 9th section of the Medical Charities Act.

In regard to the first of these irregularities, there can be no doubt that the practice is not only contrary to the Dispensary Regulations, in regard to the issue of tickets for medical relief, but is also at variance with the provisions of the Medical Charities Act, the 9th section of which empowers certain persons, therein described, to afford medical relief by tickets addressed to the medical officer, but does not contain any provision authorising the persons empowered to issue tickets to delegate that power to other persons.

In regard to the class of persons to whom tickets for medical relief may be issued, the Medical Charities Act has, no doubt, placed the responsibility of determining whether an applicant for medical relief is or is not a "poor person" within the meaning of the Act, upon the persons who are authorised to afford such relief at their discretion ; but it is obvious that that discretion ought to be exercised so as to prevent, as far as possible, the abuse complained of, thereby charging upon the rates the cost of medical relief, which ought to be borne by the patient or his friends, and burthening the medical officer with the duty of affording gratuitous medical aid to persons for whose benefit the provisions of the Medical Charities Act were not intended by the Legislature.

The Board have thought it right to bring this subject under the consideration of the Dispensary Committee, in the hope that they will, by every means within their power, discourage the abuses referred to.

The Board desire to add in reference to this subject that they have sometimes received communications from members of Dispensary Committees and others, evincing a desire to establish a system by which tickets for medical relief might be issued subject to the payment of a regulated scale of fees for persons who, though not strictly "poor persons," could not afford to pay the usual fees charged for medical attendance. Such a system, however, would not be in accordance with the provisions of the Medical Charities Act, and could not be made compulsory upon the medical officer ; but the Board think that the existence of such a desire shows that, to some extent, the abuse complained of may be traced to the scale of fees charged to private patients, and that it might be deserving of consideration whether some arrangement might not be made by which such fees would be graduated in some way in accordance with the circumstances of the patients.

By Order of the Board,
B. Banks, Secretary.

We are pleased to note the readiness which the Local Government Board has shown to discourage the abuses of which the Irish Medical Association complained, but we take some exception to the suggestion which the last paragraph contains—that there would be less abuses if the doctors would accept reasonable fees. We can state that it is an entirely erroneous supposition that Poor-law medical officers as a rule exact a guinea visit or any fee which is unreasonable in price. We have every reason to suppose that the average of all visits paid yield a fee of considerably less than five shillings a visit. But it is also a fact that the very persons who avail themselves with most readiness of the red ticket are those who are well able to pay, not five shillings, but £1 1s., and whom it would be no charity to visit gratuitously.

GALWAY UNION.

THE ATTENDANCE OF THE MEDICAL OFFICERS ON THE SMALL-POX PATIENTS.

The following letter was read :—

"Local Government Board, Dublin,
8th August, 1878.

"Sir,—The Local Government Board for Ireland acknowledge the receipt of minutes of proceedings of the Board of Guardians of Galway Union, on the 2nd inst., and enclosing copies of the explanations given by Drs. Colahan and Clayton, medical officers, in regard to their limited attendance at the workhouse hospital, to which attention was recently drawn by the inspector, Dr. Brodie.

"Having carefully considered the explanations, the

Local Government Board must state that they regard them as by no means satisfactory.

"During the period referred to by Dr. Brodie there were a number of patients in hospital labouring under heavy diseases, ending, in a large proportion of the cases, in death.

"Each case required to be inquired into, carefully examined, prescribed for, and directions given as to diet and general treatment, and such duty could not in the opinion of the Local Government Board have been done in the short time devoted by the medical officers in their duty visit.

"The Local Government Board caution the medical officers that should their notice be again directed to similar inattention, on the part of either of them, they will take more serious steps in the matter.

"The Local Government Board most particularly refer to Dr. Colahan, who, it seems, has frequently discharged his duty by deputy; and in his explanation has expressed himself in an unbecoming and insubordinate manner in reference to the inspector, Dr. Brodie, who, in the opinion of the Local Government Board, has been influenced only by a desire to see medical aid properly administered to the sick poor, by the medical officers of the workhouse.

"B. BANKS, Secretary.

"The Clerk, Galway Union."

Mr. Stack read the time of attendance of Dr. Colahan, which showed that the majority of his visits ranged from twenty-five minutes to half an hour.

Dr. Brodie—What I stated to the board was, that I discovered on reference to the porter's book that from the 1st of June the attendance of the doctors at the small-pox hospital, averaged from ten to fifteen minutes—and I considered that too little.

Dr. Colahan—But this is exactly where the mistake lies. Figures during the month do not apply to the wards under my charge, for it was not till the 6th of July that small-pox patients were admitted to my wards, and never since then did my visits come down to ten minutes.

Dr. Brodie (referring to his notes)—I find that frequently during the month of June ten minutes represented the duration of Dr. Clayton's visits and also of Dr. Grealy, when acting deputy for Dr. Colahan.

Dr. Colahan—I cannot be responsible for the acts of my deputy when I am absent through illness—and I feel certain Dr. Grealy gave the full time required for discharging the duties.

Mr. Ferdinand proposed:—"That this Board regrets that any misunderstanding should exist between the Local Government Inspector, Dr. Brodie, and the medical officers of the workhouse hospital. And that while we recognise the zeal of Dr. Brodie, we must express our fullest satisfaction at the manner in which the medical officers, Dr. Colahan and Dr. Clayton, have discharged their duties."

Mr. Burke—I agree with that resolution, and will vote with it, if Dr. Colahan will only see fit to make some apology to Dr. Brodie for the language in which he concluded his reply.

Dr. Colahan—There is not a man in this room, who makes use of language requiring an explanation or an apology so seldom as I do, and I don't think this case is an exception. However, if there is any gentleman in the room who will show me what it is I am to apologise for, I will make a most ample one.

Mr. Ferdinand said he really did not see what Dr. Colahan had to apologise for.

Dr. Colahan—I will go further. I will leave it to Mr. Burke himself, to show me what I have to apologise for.

Mr. Burke—I can't tell you what there is in your letter to apologise for; but I say, it displays bad taste, and I think if it were only professional etiquette between one gentleman and another it would be well to apologise.

Dr. Colahan—I am sorry to say there has been very little etiquette in this matter; if an inspection of my wards were made first and the report afterwards then we could talk of etiquette.

Dr. Brodie—I had an important duty to perform, and I was bound to discharge it. Only for the porter's book I would know very little of the number of deaths from small-pox, the number of fresh cases, and everything connected with the epidemic.

Dr. Colahan—Quite right, Dr. Brodie: the porter's book gives most valuable information on those points, but nothing whatever as to the manner in which the patients are treated by the medical officers and the nurses. I must also say I have a most important duty to perform, and it is this—to defend my own reputation.

A poll was then taken when there voted:—For the resolution 11, against 2.

The Chairman declared the resolution carried, and the subject dropped.

DONAGHMORE UNION.

PAYMENT OF SUBSTITUTES.

A LONG correspondence was read with reference to the illness of Dr. White, Borris-in-Ossory, and the appointment of Dr. Smith as his substitute. The committee of the Borris-in-Ossory dispensary appointed Dr. Smith to do the temporary duty at the rate of 10s. 6d. per day. Dr. Smith certified that Dr. White was attacked with gout in his left ankle, and was incapacitated from doing any work. The minutes of the committee were duly forwarded to the Local Government Board, who said if the committee could get no other person than Dr. Smith to perform Dr. White's duty they would offer no objection, but they referred the committee at the same time to their letter wherein they state that they could not sanction such an arrangement again, the case being in every way similar to what it is now. In enclosing these documents the hon. secretary of the committee writes:—"The repeated illnesses of Dr. White, and this calling for extraneous help, requires serious consideration as to whether the time has not come for him to contribute to the payment of the medical officer nominated by him."

Mr. Owen pointed out that for some time back Dr. White's illnesses were very frequent. If he resigned, he would retire on a pension, and eventually he would have to retire if things went on this way.

The Chairman said the way to bring matters to a crisis was to let Dr. White get somebody to do his duty and pay him himself. The feeling of the dispensary committee was one of dissatisfaction at his frequent illnesses of late. Was it the opinion of the board that they write to Dr. White to say he should provide a substitute at his own expense?

Dr. Smith said when Dr. White came before them and produced a *bona-fide* certificate of ill health, as he had done, they were bound to provide a substitute. He had been forty years in the service of the board, and for thirty-five years he never asked one hour's leave. He (Dr. Smith) believed that Dr. White, and many men like him, who were unable to perform their duty from infirmity and illness and old age, would retire if they were certain of a retiring allowance; but first they would have to give up their situation, and then ask the board for a pension, and it was perfectly open to the board to say they would or would not give it.

The Chairman believed there was not a single guardian who would refuse to give Dr. White a retiring allowance. (Hear, hear.)

Dr. Smith—I do not myself think there is; but we see these things done every other day. If you would permit me to make a suggestion, I would say that you should provide a substitute for Dr. White until he is able to resume duty, and then let him decide whether he will avail of a retiring pension or not.

Ultimately an additional month was given to Dr. White.

Dr. Smith said the present state of his health made it imperative on him to ask for one month's leave of absence, and he put forward the name of Dr. Charles F. Green as his *locum tenens*. It was with the greatest reluctance he (Dr. Smith) came before them, but some of the most competent medical men in the kingdom had advised him that he required absolute rest for the benefit of his health. He never asked for a month's leave before.

Mr. Owen moved that a month's leave be granted.

Mr. Caldbeck seconded the proposition; and as regarded the question of payment, he pointed to a recent case in the Abbeyleix union, where the doctor (Dr. Palmer, of the Durrow dispensary), got a month's leave, and his substitute was paid three guineas a week. Here Dr. Smith's substitute had the workhouse to attend to in addition to his district, and it was for the board to say what additional sum they would allow for that. He suggested that the entire payment be four guineas a week.

Mr. Dunphy thought eight guineas a week too much to give to any one doctor.

Dr. Smith said it should be borne in mind that 10s. 6d. a day would be absorbed in car hire at the very lowest, so that practically the eight guineas only came to half that.

The Clerk said that the Local Government Board would probably raise an objection to one doctor doing the duties of the whole union, as pointed out in their letter of November.

Mr. Caldbeck proposed that Dr. Smith's substitute be paid four guineas a week.

This was carried, and the board then proceeded to consider the question of Dr. White's substitute.

The Chairman thought the wisest course would be to have the same gentleman do the duties of Dr. White's district also.

Clerk—And allow him travelling expenses to Borris?

Dr. Smith—And to do the duty of Borris for nothing?

The Chairman himself thought it would not be fair to ask him to do the duty for nothing, and suggested that he be allowed the same as they allowed Dr. Smith for going to Borris, namely, 10s. 6d. a day.

GALWAY GUARDIANS.

THE DOCTOR AND THE STIMULANTS.

THE Clerk read the account of stimulants used for the past week.

Mr. Davis said he did not think it much use to be advertising the stimulants used.

Mr. G. Burke said that advertising did not seem to have the slightest effect on the doctors. That board should take more decisive measures. They should come into direct contact with the Local Government Board by refusing the supplies. The board of guardians might be dismissed, and paid guardians substituted, but they could appeal to Parliament, and bring public opinion to bear on the conduct of the medical officers. It was a serious matter, and he intended to ask that board to take action on the matter.

Mr. O'Flaherty said it was monstrous. He would support Mr. Burke in every way in putting an end to such work. The ratepayers should protest against such expenditure for stimulants.

Mr. G. Burke said the ratepayers should protest at public meeting if necessary, but that board should first take action by stopping the supplies.

Dr. Brodie said that neither the board of guardians nor the Local Government Board had any control over the medical officers.

Mr. O'Flaherty—A stop should be put to them.

Mr. Ferdinand said he must protest strongly against the observations of Mr. Burke. He believed the ratepayers, if they were consulted on the matter, would not object to the poor in the hospitals being treated properly by the medical officers.

The subject dropped.

KILMACKEVOGUE DISPENSARY.

LAST week a special meeting of the members of this committee was held to consider a letter from the Local Government Board, complaining of Dr. Cane for neglecting to answer a charge, and calling on him to resign.

The charge set down by the Local Government Board is for Dr. Cane's continued neglect in answering the charges preferred against him. The charge was absenting himself from Slieverne and Glenmore on a certain occasion. The Local Government Board complained that Dr. Cane neither denied nor explained that charge. The letter from the Local Government Board asked Dr. Cane to place his resignation in the hands of the committee.

The Chairman read the correspondence which passed between Dr. Cane and the Local Government Board, amongst which was a letter from Dr. Cane, asking for an extract copy of a letter received from one Sheehan. To Dr. Cane's letter the Local Government Board replied, refusing a copy of the letter in question, and asking Dr. Cane, as he had not answered the charge in question, to place his resignation in the hands of the committee. To this Dr. Cane replied, stating that on 16th Oct., 1877, he was processed to the Piltown quarter sessions, was examined in court, and had the case against him dismissed. On the 37th Nov., 1877, he was taken suddenly ill in the morning and could not leave his bed that day. There was no time for a meeting of the committee—and no necessity, as he was able to attend to his duties the following day.

Mr. Power—I think the charge is for not answering the letter of the Local Government Board.

Major O'Gorman—How many letters did you receive from the Local Government Board that you did not answer?

Dr. Cane—I answered them all, but there was one of them I did not answer in time. They complain of delay in not answering the last letter. I was merely writing for a copy of the letter that I asked for. My time is very fully taken up with my dispensary duties, and I consider it very hard to be continually answering frivolous charges.

Major O'Gorman—I think it would be very hard to deprive this gentleman of his situation. The Local Government Board refused to give him a copy of a charge that was in their possession.

The following resolution was passed unanimously:—

"The Kilmackevogue Dispensary Committee, having assembled at Slieverne Committee Rooms, eleven members being present, and having heard the charge preferred against Dr. Cane, medical officer of the district, are of opinion that though the charge of delay in replying to the letters sent to him by the Local Goverment Board has to some extent been proved, the committee are of opinion that to deprive Dr. Cane of his situation would be too severe a measure, especially in presence of the apology that Dr. Cane has offered to the committee for his seeming neglect, and his sincere promise not to permit a recurrence of it."

Dr. Cane—In fact I'm almost tired of answering those frivolous charges.

MULLINAVAT DISPENSARY.

A SPECIAL meeting of the Mullinavat Dispensary Committee was held last week to consider charges preferred by the Local Government Board of Ireland against Dr. Cane, medical officer of that district. Amongst the members present was Major O'Gorman, M.P. It appeared

from the proceedings that the Local Government Board complained that Dr. Cane had been guilty of disrespect towards them, because he delayed in answering communications addressed to him, and they consequently called on him to resign.

Dr. Cane, at the meeting to-day, explained that he meant no disrespect towards the Local Goverment Board by the delay complained of; that his duties were of a very extended and onerous nature, and that frivolous charges were preferred against him by individuals who were neither recipients of relief nor ratepayers.

Major O'Gorman thought it a very hard thing that if charges were preferred against a dispensary medical officer because he asked the Local Government Board to supply him with an exact copy of the letter containing the complaint, that he should be called on to resign. Such a thing could not be tolerated. He held that Dr. Cane had not been guilty of any misconduct which would justify the Local Government Board in calling on him to resign.

The committee, which was a very large one, then passed three resolutions expressing the fullest confidence in Dr. Cane, and pronouncing the charges pre-ferred against him from time to time as spiteful and frivolous.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF AUGUST, 1878.

August 5th.—Haslett, John Courtenay; Merview, Duncairn Park, Belfast; M.D. Q. Univ. Irel.

5th.—Garde, Henry Croker; Kilmahon Glebe, Midleton, co. Cork; Lic. R. Coll. Surg. Edin. 1878; Lic. R. Coll. Phys. Edin. 1878, Lic. Apoth. Hall Dub. 1877.

10th.—Jacob, James Bostock; Growtown House, Taghmon, co. Wexford; M.B. Univ. Dub. 1878, Lic. R. Coll. Surg. Irel. 1878, Lic. Mid. K. Q. Coll. Phys. Irel. 1878.

13th.—Carmichael, John; 30 Royal Terrace, West Kingstown, co. Dublin; Lic. R. Coll. Surg. Irel. 1877, Lic. R. Coll. Phys. Edin. 1878, Lic. Mid. K. Q. Coll. Phys. Irel. 1878.

15th.—Martyn, Robert Joseph; Richmond Hospital, Dublin; Lic. R. Coll. Surg. Irel. 1877, Lic. 1878 and Lic. Mid. 1878 K. Q. Coll. Phys. Irel.

12th.—Barrington, Frederick Albert; Glendwid, Cabinteely, co. Dublin; Lic. 1878, and Lic. Mid. 1878 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1878.

13th.—Kevin, Charles; Royal Hospital, Belfast; M.D. 1878 and M.Ch. 1878 Q. Univ. Irel.

14th.—Hadden, Robert Evans; Skibbereen, co. Cork; M.D. 1878 and Mast. Surg. 1878 Q. Univ. Irel.

14th.—Bennet, Alfred Constantine; 66 Patrick Street, Cork; M.D. and M.Ch. Q. Univ. Irel. 1878.

14th.—Allison, Charles Warke; Magilligon, co. Derry; M.D. Q. Univ. 1878.

16th.—Fennell, James Patrick; Dudley, Worcestershire; Lic. R. Coll. Surg. Irel. 1878.

20th.—Megarry, John Wesley; Kilcorig, Lisburn, co. Antrim; M.D. Q. Univ. Irel. 1877.

16th.—Pybus, John Alfred; Roslyn Terrace, Stockton-on-Tees; Lic. Soc. Apoth. Lond. 1878.

21st.—Gabbett, Henry Singer; 8 Merrion Row, Dublin; M.B. Univ. Dub 1878, Lic. R. Coll. Surg. Irel. 1878, Lic. Mid. 1878 K. Q. Coll. Phys. Irel.

22nd.—Kehoe, Matthew Joseph; Woodfield and Roebuck, Dundrum, co. Dublin; Lic. R. Coll. Surg. Irel. 1877, Lic. 1877 and Lic. Mid. 1877 K. Q. Coll. Phys. Irel.

27th.—Walsh, John Joseph; Mountain Castle, Cappoquin, Cahir; Lic. R. Coll. Surg. Irel. 1877, Lic. K. Q. Coll. Phys. Irel. 1878.

28th.—Drury, Maurice O'Connor; 21 Harcourt Street, Dublin; Lic. R. Coll. Surg. Irel. 1878, Lic. 1877 and Lic. Mid. 1877 K. Q. Coll. Phys. Irel.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING AUG. 31, 1878.

Total registered deaths in Dublin and suburbs*			... 166
Ten years average of same week	...	...	... 143
Excess of mortality above average	...	...	... 23
10 weeks' ratio of deaths Rathmines			22·6 per 1,000
" " " Donnybrook†			17·6 "
" " " Blackrock			12·5 "
" " " Kingstown			16·3 "
" " Entire Dublin District			25·6 "
Comparative Ratios—London	...		19·9 "
" " Glasgow	...		20·9 "
" " Edinburgh	...		16·8 "

Table *showing for* Eight Large Towns, &c., *the* Area *in Statute Acres; the* Population *in* 1871; *the* Annual Rate of Mortality *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, August* 31, 1878; *the Total Number of* Births and Deaths *registered during the Week, with the Number of* Deaths *at certain Ages, and from* Several Causes, &c.

Towns, &c.	Area in Statute Acres.	Population in 1871.	Week ending Saturday, August 31, 1878.														
			Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	Number of Deaths from Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
Dublin	10,050	314,666	26	183	155	38	27	7	...	2	1	5	8	20	1	...	39
Belfast	20,687	182,082	23	124	81	16	17	...	...	5	...	1	3	10	...	1	5
Cork	13,816	91,965	19	45	33	7	11	...	...	...	...	...	1	1	1	2	10
Limerick	8,509	44,209	20	20	17	3	3	...	...	...	...	...	...	4	...	...	4
Londonderry	21,865	30,884	17	9	10	1	1	...	...	1	...	...	...	...	...	...	1
Waterford	17,209	30,626	34	17	20	8	3	...	...	...	...	...	...	...	...	...	10
Galway	21,358	19,692	50	16	19	4	5	3	...	...	...	...	1	...	...	..	8
Sligo	30,835	17,285	9	8	3	...	1	...	...	..	...	...	1	...	...	...	1

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 18, 1878.

STUDENTS' NUMBER.

PART I.—The Future of the Student in Private Practice, or the Public Services.

PART II.—The Education and Qualification of the Student in the United Kingdom.

PREFATORY.

IT is not improbable that the Number which we present this day for the guidance of Students in Medicine will be the last of its epoch, and that when next year we are called upon to instruct those who propose entering our profession, we shall have to produce for their information the records of a state of medico-educational affairs entirely new and distinct from that which we publish to-day. The varying systems of medical education which it has been our duty to print in more or less detail are on their death-bed, and the coming system will be one of uniformity and simplicity. The Medical Acts Amendment Bill, which very nearly became the law of the land last July, will, in all probability, be passed during the next session of Parliament, and will relieve us of the task of epitomising the differing arrangements of nineteen separate licensing bodies, with their different curricula, fees, and diplomas. The new condition of things will be one conjoint examination for each division of the kingdom, with a single curriculum, and—we hope—n uniform fee. When the Bill becomes law, the student will enter the profession by one of three portals, which will be more or less uniform in their standard of education, and will be obliged to satisfy as to his competency a Board of Examiners, to which all the Universities and licensing corporations will contribute members, and will have the credit of holding the qualifications for practice now issued by each of these bodies separately.

We have again to notice the development of advanced methods of professional teaching to which we referred last and the previous years. The sciences cognate to medicine are receiving a degree of attention which they have long deserved, but never previously received. Nor can we fail to notice a like improvement in the medical and surgical education of the student, or fail to mark the difference between the quaiifications with which the medical practitioner was formerly satisfied, and those which he is now anxious to take. The medical man who twenty years ago thought himself fully qualified with one diploma, now takes two, with perhaps a good degree into the bargain; and he who formerly only knew how to use the stethoscope and was satisfied with a very superficial knowledge of medicine and surgery, is now considered behind time if he is not *au fait* in the study of temperature, pulse tracings, antiseptic surgery, aspiration, germ physiology, bloodless surgery, State medicine, and many other new lights of our profession.

We have, as is our wont, given in our present issue merely the pith of the official regulations of colleges and public services, reserving our space for practical advice and information which every student needs, and leaving our readers to obtain for themselves the official regulations in a more reliable form than we can offer it. We conceive it to be our *rôle* to place in the hands of the student and his guardians the semi-confidential details, directions, and hints which college regulations are not intended to communicate, and which are only known to those conversant with the various systems of education, examination, and qualification, and with the ultimate prospects of the student.

PART I.

THE MILITARY AND NAVAL SERVICES.

ARMY.

THE unsatisfactory—we might almost say chaotic—condition of the Army Medical Department, which we were obliged to report in our last Students' Number, is in no respect mitigated since then. We then noted that the Department had been "unified," that is to say, the medical officers who have been hitherto attached to a particular regiment for perhaps their whole service life, are now connected with their own special department, and are liable to be shifted from one regiment to another as the requirements of the Service demand. They are no longer called Assistant-Surgeons, but are named Surgeons; while their superiors, sometimes Surgeons and Inspectors, are now Surgeon-Majors and Surgeon-Generals. The Service is, moreover, no longer a permanent provision, for after ten years' service a Surgeon is liable to get his *congè*, being handed £1,000 "in lieu of all pension and retirement" This bonus of £1,000 depends wholly on his completing his ten years' service. Should he fall sick before that time he will find himself very differently dealt with. It may be believed that these arrangements, so far from allaying the discontent of Army Medical Officers, have aggravated it, and all the objections previously urged against the Service apply with increased force now.

The twelve months which have elapsed since this was written have been occupied by the authorities in an effort to escape the inevitable reform which they know is necessary, but which they cannot bring themselves to grant. Discontent is all but universal within the Service, and unpopularity equally prevalent amongst the outside public. Although the demand for additional Medical Officers is most urgent the War Office has held no examination at

the usual period last August, fearing that there would be no candidates, and that the nakedness of the Service would be exposed. It is now rumoured that sooner than reform the Service and grant the concessions which are necessary to make Army Medical Officers contented, the authorities will abolish the Competitive Examination altogether, and thus throw open the Military Service to the ordinary run of general practitioners—dispensing with the higher education and military training which Medical Cadets have hitherto undergone. In this uncertain state of affairs we advise Students to abstain from the distinction of her Majesty's uniform.

CONDITIONS.

The official regulations may be obtained on application to the Director-General, Army Medical Department, 6 Whitehall Yard, London, S.W.

Examinations are held in February and August, but have ceased to be competitive owing to the dearth of candidates.

The candidate must be under thirty-two years of age, but may be married.

The candidate must make a declaration that he labours under no mental or constitutional disease, nor any imperfection or disability that can interfere with the most efficient discharge of the duties of a medical officer in any climate. His physical fitness will be determined by a board of medical officers, who are required to certify that the candidate's vision is sufficiently good to enable him to perform any surgical operation without the aid of glasses. A moderate degree of myopia would not be considered a disqualification, provided it did not necessitate the use of glasses during the performance of operations, and that no organic disease of the eyes existed.

Having received his diploma in surgery and medicine, both of which are essential to his competition, the student is obliged to apply himself vigorously to the study of certain collateral subjects, which he does usually through the medium of a "grinder." He must perfect himself in chemistry, pathology, and comparative anatomy, and if he can throw a proficiency in botany and natural history, and French and German into the scale, he will materially improve his position in the scale of merit, and establish for himself a character with the authorities for industry and scientific attainments.

The surgeon is subjected to two examinations; one on admission into the service, and a second six months later on leaving Netley.

For the first candidates will be examined in the following, and the highest marks attainable will be distributed as follows:—1. Anatomy and Physiology, 1,000 marks; 2. Surgery, 1,000; 3. Medicine, including Therapeutics, the Diseases of Women and Children, 1,000; 4. Chemistry and Pharmacy, 100. Examinations will also be held in the following voluntary subjects—French and German (150 each) 300 marks; Natural Sciences, 300. The Natural Sciences will include Comparative Anatomy, Zoology, Natural Philosophy, Physical Geography, and Botany, with special reference to Materia Medica. The number of marks gained in both the voluntary subjects will be added to the total number of marks obtained by those *who shall have been found qualified for admission*, and whose position on the list of successful competitors will thus be improved in proportion to their knowledge of modern languages and natural sciences.

For the first two days of his examination he is employed in penning answers to printed questions; for the third and fourth days he is examined *vivâ voce* on all subjects; and on the fifth and sixth days he is tested by the diagnosis of disease at the bedside in the hospital, by the application of surgical apparatus, and by operations on the dead subject. This trial finished, the successful candidates are selected.

SERVICE ON THE WEST COAST OF AFRICA.

A certain number of candidates, whose answering has been satisfactory, but not sufficiently so to entitle them to a place, were formerly offered appointments on the West Coast of Africa, but recently they have been appointed to the Naval Medical Service, as vacancies on the Coast have not existed for some time. These situations, while they are subject to strong objection on the score of the deleterious nature of the climate, possess some advantages for those whose health can resist its influence. The districts comprised under the West Coast Districts are Sierra Leone, Gambia, and Cape Coast Castle. If the candidate accepts the appointment he is sent out at once, without the period of probation to which others are subjected at Netley Hospital. He is allowed to spend a year at home on full pay, for every year spent in Africa, and the entire period at home and abroad should count as service for pension.

PROBATION AT NETLEY HOSPITAL.

The competitor who obtains a place in the ordinary Service is not allowed to join a regiment at once. He is obliged to undergo a probation of four months at Netley Hospital, near Southampton, where he is compelled to attend the following lectures: Pathology, by Dr. Aitken; Military Surgery, by Dr. Longmore; and Clinical and Military Medicine, by Dr. Maclean; Dr. de Chaumont, Anatomy Hygiene; and Dr. Macdonald, on Naval Hygiene. The lectures on Military Surgery include gun-shot and other wounds; duties of army surgeons in the field, during sieges, on transport, &c., and other special subjects. Those on Military Medicine refer to the tropical and other diseases of the British possessions and colonies, and to the losses by disease. The lectures on Hygiene relate to the examination of water, air, food, clothing, &c. of the soldier, his duties and exercise, and the circumstances affecting his health, meteorology, statistics, and prevention of disease. The lectures on Pathology have reference chiefly to the scientific examination of tropical diseases, and of the other complaints which the army surgeon is especially called on to investigate. The candidates also attend the wards of the hospital under the Professor of Medicine and Surgery, to make themselves acquainted with the system of recruiting, and the modes of keeping the Army Medical Returns. They are also called on to make *post-mortem* examinations, to operate on the dead body, and to pass through laboratory practice on the modes of recognising the qualities and adulterations of food, and on microscopic examination of morbid tissues, and adulterations of food, &c. During his preliminary training here the student is understood to be in Her Majesty's Service; he wears uniform, is under military discipline, and receives pay at the rate of five shillings per day, and two shillings per day for lodging money, if he be not provided with lodgings in the hospital. A sum of money equal to the half-yearly interest on £1,200, the surplus from the "Herbert Memorial," is at the end of each session awarded to the candidate who has the highest number of marks, the fortunate young man who wins this "Blue Ribbon of Netley" being tolerably certain to be well provided for. At the termination of the four months he is again examined in the subjects in which he has been instructed during that period, his marks are added to those obtained by him at the competitive examination, and his position on the list of merit determined by the total. Successful candidates are now eligible to be gazetted to a regiment, or employed on the staff, and enjoy all the rank and honour, pay and privileges, of surgeons, as provided by the regulations.

Thus it will be observed that the first examination simply admits the candidate to the Service, and the conjoint result of it and the Netley examination determines his order of merit.

LIFE AT NETLEY.

The medical candidates, as the surgeons are called until they have passed out of the hospital by their second examination, are congregated at Netley, in addition to the commissioned officers who may be there. During the period of his residence at the Army Medical School each candidate will receive an allowance of 5s. per diem, with quarters, or 7s. per diem without quarters, to cover all cost of maintenance; and he will be required to provide

himself with uniform (viz., the regulation undress uniform of a surgeon, but without the sword). Each candidate has to pay £5 towards the mess fund, one half on his arrival and the remainder when he has passed his second examination. He is then a member of the mess, and entitles to dine at any time during the remainder of his service. The cost of dinner is 2s. 4d. daily, not including wine, and of breakfast from 10d. upwards.

The rates of pay of the officers of the Army Medical Department are as follows :—Daily pay : Surgeon-General £2 to £2 10s., according to length of service ; Deputy Surgeon-General £1 10s. to £1 17s. ; Surgeon-Major, on appointment £1, after five years' service as such £1 5s. ; Surgeon, on appointment £250 a year, after ten years' service 17s. 6d. daily.

The pay of officers shall be issued monthly in arrear.

INDIAN MEDICAL SERVICE.

The regulations, subjects, and times for examination are the same as for the Army Medical Department Passage allowance to India on appointment will be given or a passage provided. When passages are provided on board the Indian troop ships, a charge for messing will be made at the rate laid down in the Royal Passage Warrant of 1865. Pay at 10s. a day will be allowed from date of passing final examination at Army Medical School.

Indian allowance and time of service for pension will reckon from the date of arrival in India.

Surgical instruments are provided in India by the Government for the use of medical officers.

The pay of medical officers in the Indian service is much better than at home, and, if unmarried, the cost of living not greater. Moreover, the medical officer frequently holds lucrative civil medical appointments which afford him a handsome increase of income. Without doubt, to a healthy, temperate, unmarried man the Indian Service is greatly preferable to that at home, but to a delicate person, or one burthened with a wife and children, the advantages are questionable.

For official regulations of the Indian Medical Service apply to the Indian Office, Whitehall, London.S.W.

THE NAVAL MEDICAL SERVICE.

Every candidate desirous of presenting himself for admission to the Naval Medical Service must not be under 21 or over 28 years of age. He must produce some certificate with regard to the date of his birth, and another certificate of moral character, signed by a clergyman, a magistrate or the master of the school where he was educated. He will have to declare that he labours under no metal or bodily disease or weakness, and that he is ready to engage for general service in any climate. His physical fitness will be determined by a Board of Medical Officers, by whom also his vision will be tested. He must be registered under the Medical Act to practise medicine and surgery in Great Britain and Ireland.

Candidates will be examined in the following subjects : Anatomy and Physiology, Surgery, Medicine, including Therapeutics and the Diseases of Women and Children, Chemistry and Pharmacy. The examination in medicine and surgery will be in part practical, and will include operations on the dead body, the application of surgical apparatus, and the examination of medical and surgical patients.

Candidates who desire it will be examined in comparative anatomy, zoology, natural philosophy, physical geography, and botany with special reference to materia medica, also in French and German ; and the number of marks gained in these subjects will be added to the total number of marks obtained in the obligatory part of the examination by candidates who shall have been found qualified for admission, and whose position on the list of successful competitors will thus be improved in proportion to their knowledge of these branches of science.

After passing the above examination, the candidate will be required to attend a course of practical instruction at Netley on Hygiene, Clinical Naval and Military medicine, Clinical Naval and Military Surgery, and Pathology of Diseases and Injuries incident to Naval and Military service. After he has passed an examination on these subjects satisfactorily, he will be eligible for a commission as surgeon. During his residence at Netley he will receive an allowance of 5s. per diem with quarters, or 7s. without quarters, to cover all costs of maintenance ; and he will be required to provide himself with the Regulation undress uniform of a surgeon.

Having passed his examination and served at Netley, he will, in the course of the following day, receive his appointment as acting Surgeon to one of Her Majesty's ships, either for service on board that ship, or for service on shore, at one of the naval hospitals—Haslar or Plymouth. He will at the same time be informed that he is granted two or three weeks', as he may require, leave of absence, to enable him to provide his uniform and appointments. These he can get at any of the naval clothiers.

The expense of a Surgeon's uniform is about £47 5s. The candidate must also provide himself with a set of surgical instruments, which will cost him from ten to fifteen guineas. All kinds of underclothing, towels, handkerchiefs, &c., may be purchased much more advantageously from a regular dealer in those things than from any naval outfitter.

The full and half-pay of Naval Medical Officers is in accordance with the following scale :—

Full-pay : Surgeon—Under five years' service, 11s. ; eight years', 12s. 6d. ; under eleven years' service, 14s. ; under fourteen years' service, provided he passed his examination as Staff Surgeon, 15s. 6d. ; above fourteen years', 17s. ; Staff Surgeon—On promotion, 18s. ; seventeen years', £1 ; and for each additional year of service, 1s. a day more until the maximum is reached—namely, £1 2s. Fleet Surgeon—On promotion, £1 3s., and up to £1 10s. Half-pay Surgeon—Five years', 6s. ; eight years', 8s. ; eleven years', 10s. ; above eleven years' service, provided he passed his examination for Staff Surgeon, 17s. Staff Surgeon—On promotion, 11s. ; seventeen years', 13s. ; above seventeen years', 14s. ; Fleet Surgeon—On promotion, 16s. ; twenty years' service, 16s. 6d. ; and for each additional year of service, 6d. a day more until the maximum is reached—namely, 18s. 6d.

Retirement is provided for according to age and service, under special regulations.

By warrant of February, 1875, it has been enacted—

1. Surgeons on entry have the same relative rank as Paymasters, Chief Engineers, and Naval Instructors—namely, to rank with Lieutenants under eight years' seniority.

2. Staff Surgeons to be denominated "Fleet Surgeons," and Staff Surgeons second-class simply "Staff Surgeons;" the distinction in rank between these two grades to be denoted by a small difference in the uniform.

3. Inspectors-General to be compulsorily retired at the age of sixty ; to be allowed £2 per day, provided they shall have completed the service to entitle them to the maximum half-pay of their rank.

4. Fleet Surgeons and Staff Surgeons same scale of retirement as chaplain and naval instructors, secretaries and paymasters.

5. Fleet Surgeons to have the option of retiring after twenty years' full-pay service in all ranks at 15s. per day, and after 25 years, 21s.

Medical officers share in the proceeds of all *prizes* captured from the enemy, of captures and seizures under the several Acts of Parliament passed relating to the revenues of Customs, and of trade and navigation, for the abolition of the slave trade, for the capture and destruction of pirates and piratical vessels, and of the rewards conferred for the same, as also in the awards of all salvage granted

to the crews of Her Majesty's ships and vessels of war with other officers of corresponding rank.

8. The full and half-pay of Naval Medical Officers is in accordance with the following scale :—

Full-pay : Surgeon—From 11s. (under five years' service) to 17s. a day, above fourteen years' service. Staff Surgeon—On promotion, or under fourteen years' service, 18s., up to 22s. a day. Fleet Surgeon—On promotion, or under twenty years' service, £1 3s. up to 30s. a day. Deputy Inspector-General of Hospitals and Fleets. —On promotion, or under twenty-two years' service, £1 11s. up to 38s. a day. Half-pay : Surgeon—Under five years' service, 6s., and up to 17s. a day after 11 years. Staff-Surgeon—On promotion, or under fourteen years' service, 11s. up to 15s. a day. Fleet Surgeon.— On promotion, or under twenty years' service, 16s. ; until the maximum is reached—namely, 18s. 6d.

THE CIVIL PUBLIC SERVICES.

POOR LAW MEDICAL SERVICE.

A YOUNG qualified practitioner indisposed to be an assistant, and desirous of commencing general practice without investing any money in purchasing a succession, may, perhaps, obtain a Poor-law appointment, though he should scarcely expect to obtain a livelihood from the inadequately remunerated appointment.

ENGLISH POOR-LAW MEDICAL SERVICE.

Prior to the passing of the Metropolitan Poor Act, 1867, the English Poor-law Medical Service may be said to have been in the hands of the guardians, supervised by the Poor-law Board. Each parish in England and Wales has its guardians of the poor, and these parishes are grouped together to form unions. The unions are divided into districts for medical relief. Union medical officers, therefore, have the care of a district, or sometimes the care of the workhouse of the union—sometimes of both. The officer was elected by the guardians, and the appointment confirmed by the Poor-law Board. He was required to have both a medical and surgical qualification. In some instances these were specified, but almost always the *London College of Surgeons* and Apothecaries Hall *were the most favoured* diplomas. But this is not the case now. So long as candidates possess a double qualification, such as that of the L.R.C.P. Lond., and M.R.C.S.Eng., or similar qualifications from Scotland or Ireland, they are quite eligible for these appointments, and have a good chance of obtaining them if their testimonials are good, and they have a few friends on the Board.

The salaries of Poor-law appointments are very low ; in fact, so preposterously inadequate that it would seem as if the medical man were paying the union for the monoply of doctoring its paupers. *£25 a year is a not uncommon salary* for attending and providing physic for a large district, and thus as the medical officer has to provide all the medicines, the poor have often to put up with a very scanty supply. It must, however, be admitted that lately some Boards of Guardians have done much to mitigate this evil by providing, so far as some large towns are concerned, local dispensaries from which the pauper patients are supplied with medicines. By this means not only is the work of the medical officer much lightened, but as he has not to pay for the drugs, his salary is virtually increased. Although this plan is only adopted in London and some of the larger towns, it is to be hoped that it will be extended as far as possible to all rural districts. Where dispensaries cannot be established a fixed sum might be allowed for drugs, for if the medical officer chooses to work for nothing, or next to nothing, it is a great hardship and injustice to his poor patients to make a contract that he should provide everything out of his small salary. Let all drugs be found for him ; to this it must come at last, and the sooner the better.

Usually all capital operations, reduction of dislocations, midwifery, vaccination, &c., are paid for at a separate tariff, though we regret to state that too frequently local boards do their utmost to dispute payment of these fees. But vaccination, which used to be a considerable addition to the salary of the parish doctor, is often given in urban districts to a medical man who is in no way connected with parish work.

The above system differs in many respects from that of Ireland, referred to below. In English districts, moreover, the practitioner derives much of his income from "clubs," and from attendance on small tradesmen, artisans, and tenant-farmers, who would certainly be recipients of gratuitous relief in Ireland ; and, therefore, the parish work of the English provincial doctor is proportionately much lighter than that of his Irish *confrère*. The sanitary duties of the profession in England are also remunerated at a much higher rate, though by no means more onerous than similar duties in Ireland. Parish appointments are, however, sought after by young men as a means of getting into practice, and are often held in country districts solely to prevent fresh opposition being introduced. The Metropolitan Poor-law Act, 1867, assimilates the Poor-law, so far as London is concerned, to that of Ireland, and the Poor-law Board is now merged in the new Local Government Board. It has established in London asylums and dispensaries, and distributed the cost of supporting them over the metropolis. Under the new Public Health Act many Poor-law officers have been also appointed medical officers of health.

THE IRISH POOR-LAW SERVICE.

The newly-qualified medical practitioner who may elect to try his luck in the Irish p,ovinces sets his hopes, in the great majority of instances, upon obtaining one or more Poor-law medical appointments in some district where there is hope of private practice. There 163 workhouses and about 793 dispensary medical officers, besides apothecaries. The number of vacancies that occur annually averages 100. The average salary in this service averages about £103 15s. ; and when it is taken into consideration that in the vast majority of rural districts, it is necessary to keep a horse, and in some a boat as well, the average area being from forty to sixty square mile, it is plain that there will not be a very large margin left from the public emoluments. The medical officer is also *ipso facto* the registrar of births, marriages, and deaths, and the medical officer of health for the district, under the Public Health Act passed in 1873. The former office, in country districts, selnom yields more than £10 a year, and often not half that amount, and the emoluments of the latter appointment in very few cases reach £20, averaging about £12. The medical officer is also vaccinator for the locality, and is required to vaccinate every one who wishes to come. For each patient his fee of 1s. is paid, along with his salary, by the guardians, and the sum total of these fees varies, according to the populousness of the district, from £2 to £50, an average for the provinces beiug about £5. Despite the miserable salary, and the very many discomforts of dispensary life, these appointments are generally eagerly sought for—firstly, because they afford the new comer a certain, though hardly-earned salary, to supplement his private earnings ; and, secondly, because, if not secured by the new comer, they would of necessity bring a competitor for practice into the field, and inasmuch as private income is of far greater import than public earnings, country medical practitioners are obliged to undertake the public duty in order to save themselves the monopoly of their private emoluments.

APPOINTMENT.

The qualifications required by the Poor-law Commissioners are a Licence in Surgery or a Diploma in Medicine, and a Diploma in Midwifery ; the candidate must also be 23 years of age.

The appointment lies with the Dispensary Committee, who elect by vote. As politics and religious feeliug run high in Ireland, these elements enter into the election of Poor-law medical officers. Family interest also possesses great weight.

The candidate will do well to bear these facts in mind, as his personal attendance on the day of election will be required, and whatever other qualification he may have, he will then find that his compatibility in these respects with the majority of the committee is essential; and, accordingly, he had better first make himself acquainted with the local peculiarity, whatever it may be, before he enters on his candidature, otherwise, in all probability, any expenditure that he may make in the matter will be simply thrown away. We may here observe, alao, that in very many instaaces the appointment is virtually made before the anvertisement appears for a medical officer in which case, also, candidates are put to unnecessary trouble and expense under falsc pretences.

CONTROL.

Each district is under the direct control of a committee composed of the neighbouring landholders, the appointment of medical and other officers is made by this committee, and the entire management of the district is under their control. Their acts are, however, subject to the approval of the Local Government Board, who have the power either of interposing their veto on any appointment, or even of expelling an officer by a "sealed order," without trial or accusation, or without the resource of appeal or investigation. The salary is paid by the Board of Guardians, and no increase can be made in the amount without their assent and that of the Local Government Board. Under the late Sanitary Act the committee may recompense the medical officer for specil services, such as those during an epidemic of cholera, or for sanitary reports. The number of unions in Ireland is 163, to each of which is attached a medical officer, who is appointed and controlled by the Board of Guardians in the same manner as the dispensary surgeon is by his committee. The salary is usually better than that of the dispensary doctor, and the duties of a more easy and satisfactory description, inasmuch as the duties are confined to daily attendance at the workhouse hospital, and no night visits out of doors or any long journeys across the country are involved.

DUTIES.

The duty of the dispensary doctor is twofold. He is to attend his dispensary on a given day or days in the week. Frequently there are two dispensaries in the district, separated from each other by several miles, and he will have perhaps to attend two days a week. He has also to visit at any hour of the day or night a sick person for whose relief a visiting-ticket has been issued by a member of the committee or by the relieving officer, and to continue his attendance as often as may be necessary until the termination of the case. Moreover, he has a great many registry books to keep and a multitude of returns to make, and in the majority of districts he has to make up all the medicines for the poor.

The pressure of these duties is in the greatest degree dependant on the goodwill of the members of his committee. If the medical man be a favourite with his masters, they will wive him very little trouble with "scarlet runners," as the visiting-tickets are, from the colour of the paper on which they are printed, humerously called and will be unwilling to trouble him even with cases deserving of personal attendance.

If, on the other hand, it is his misfortunc to come in contact with some of the half-bred committee-men, who know nothing of the treatment fit for an educated gentleman, or cherish a personal spite, the discharge of his duties may become simply unbearable. He may be premptorily summoned, in any weather, at any hour, and to any distance, to a case which he may probably find to be altogether trvivial, or to a person whom he may know to be perfectly well able to pay—aye, even the committee-ma'n own brother or daughter.

SUPERANNUATION.

By a rcenet Act of Parliament a Poor-law medical officer may now receive a pension not exceeding two-thirds of his salary on being incapacitated from illness or old age. This grant is strictly at the discretion of the guardians; nevertheless, it has been given in most cases in which physical incapacity has been clearly proved. It is, however, at best a miserable resource, and can by no means be calculated upon as a provision for old age. There are now 53 ex-medical officers receiving superannuation allowance, whose average term of service before pension was 20 years, and whose average allowance is £64 15s. Their average age at retirement was 63. All official information may be obtained of B. Banks, Esq. Local Government Board, Custom House, Dublin.

Complete information as to fees, emoluments, duties, and appointment of Irish Poor-law medical officers will be found in the "Irish Medical Directory" for 1878.

PART II.

THE EDUCATION AND QUALIFICATION OF THE STUDENT IN THE UNITED KINGDOM.

REGISTRATION.

To the General Medical Council is entrusted the supervision of Medical Education, and it has made a number of recommendations, the majority of which have been accepted by all the Examining Bodies, and are, consequently, found in their regulations. The student has, therefore, nothing to do with the Council, except that he must take care to be duly registered as a Student in Medicine, *at the commencement of his career*, at the offices, 315 Oxford Street, London, or at the offices of the Branch Registrar of the division of the United Kingdom in which he is residing. He must in England previously have passed a preliminary *Arts Examination*. In order to effect this, each student should apply according to a form, accompanied by a certificate, of his having passed such examination, the same to be lodged with the Registrar, who will thereupon enter the name in the Students' Register, and issue a certificate to that effect.

The intention of this registration is to ensure that the student shall occupy four years in medical study, which is, theoretically, the period which must be devoted to his education before his entry to the profession. In England this requirement is set down as essential, and no student can present himself for examination sooner than four full years from the date of registration, but the obligation to occupy this period in medical study is frequently satisfied by a nominal service for the first year under a general practioner, or in a provincial hospital or dispensary, and the actual period of medical study is often really three years. Recently, however, the several qualifying bodies are recommended by the Medical Council not to admit to the final examination for a qualification under the Medical Acts any candidate whose name has not been registered at least forty-five months previously. Besides, the standard of medical education, as well as of the examinations of various examining bodies, is so much higher than it formerly was, while our own knowledge of medicine and the collateral sciences, and the scope of our medical studies, have recently become so enlarged, that four years is by no means too long a period to be devoted to medical study. And even the diligent student will find that at the expiration of this term he will have but an imperfect acquaintance with several branches of his profession.

In Ireland and Scotland the majority of the licensing bodies do not insist on the passing of Arts Examination before registration, nor do they insist on four years' study from any fixed date—a system which is reprehensible on the part of the licensing bodies, highly objectionable in its effect upon medical education, and very injurious to the student. It offers a premium to idle or uneducated students to put off the paltry preliminary examination *de die in diem* until the eve of his medical examination, and it enables the student to receive his diploma within less than three years of study, because the date from which

his commencement is calculated is not fixed. Generally speaking, in Ireland the student's name is forwarded to the Registrar of the Branch Council by the public officer of his school, and therefore he need give himself no trouble about it.

REGISTRATION OF PRACTITIONERS.

All duly-qualified Physicians, Surgeons, Medical Graduates, and Apothecaries are required by the Medical Act 21 and 22 Vic., c. 90, to be registered before they can hold any public medical or surgical appointment, or issue valid medical certificates.

The medical registration of any practitioner may be effected on personal application or in writing (according to a form to be had in London or at either of the Branch Offices). With such application he must produce or transmit the *Diplomas* to be registered, and also pay or remit the fee, which is regulated by the Medical Council—viz., £5 for first registration, and 5s. for every qualification which may be subsequently added. Each practitioner is entitled to receive a copy of the official Medical Register containing the registration free on application.

THE CAREER OF THE ENGLISH MEDICAL STUDENT.

SEVERAL courses are open to the gentleman who has decided to enter the medical profession in England, whether he fulfil his curriculum in London or in the provinces. As the latter course is generally determined by local causes, we will first of all point out a few things that concern both London and provincial medical students.

The Society of Apothecaries, hitherto fettered by Act of Parliament, required an *apprenticeship*. The apprentice was, however, of late years allowed to fulfil part or all of his curriculum during his apprenticeship, and under the Act recently passed it is entirely dispensed with. This system, be it said, when carried out in a liberal manner, was not without its advantages. In the early part of his pupilage the apprentice not only learned practical pharmacy, and became acquainted with the more generally used articles of the materia medica, but was often assisted in preparing for the preliminary examinations. He often, indeed, gained a thorough acquaintance with, and had indelibly impressed upon his memory, the doses of the different drugs used in medicine, the composition of the more important compound preparations, those drugs which are compatible and those which are incompatible with each other, and many other facts in practical pharmacy, of which, under the present system, even otherwise good men often show a lamentable amount of ignorance. Moreover, he prepared himself to take, should he ever wish to do so, the post of assistant to a general practitioner, as the experience he had thus acquired would procure him a situation in preference to prizes, gold medals, and even university distinctions. Again, this experience was of the very highest value on settling in general practice, especially in country practice, where he would, in all probability, be bound to dispense his own medicines.

In place, however, of the old plan of apprenticeship a young man can become the *pupil* of some one in practice. This is frequently done by those who aim at the higher branches of practice. An experienced practitioner, whether a physician or a surgeon, who will superintend or direct a pupil's studies, offers great advantages, and we think that those who can afford a pupilship will not regret the expense of providing themselves with such a guide.

We would remind the student that some *preliminary examination in arts*, which is recognised by the General Medical Council *must* be passed by him *before* entering a hospital. The subjects must include Latin and mathematics. There are numerous preliminary examinations of which a list may be obtained. For the English Medical Student we should say that, *cæteris paribus*, the Matriculation Examination of the London University is the best. We do not deny that it is more severe than most of the other preliminary examinations, but, nevertheless, we would recommend those who have sufficient ability and the time to prepare for it to matriculate, as they will thereby be enabled hereafter, if they should desire so to do, to present themselves for examination for the degrees in Medicine or Surgery conferred by this University. It is also accepted by the College of Surgeons in lieu of the Arts Examination otherwise imposed on candidates for its Fellowship.

Should circumstances deter the student from offering himself for matriculation, he will find an easier standard in one or other of the preliminary examinations for the Fellowship or Membership of the Royal College of Surgeons of England, or the Licence of the Society of Apothecaries. Full information with regard to the dates and subjects of examination, or the list of examinations recognised by these bodies, may be obtained from the Secretary to the College of Surgeons, Lincoln's Inn Fields, or from the Beadle at Apothecaries' Hall, Bridge Street, Blackfriars.

It is to be hoped, however, that the student has not gained a knowledge of classics merely with the view of passing the preliminary examination, or that these studies will not be entirely thrown aside and forgotten directly he has passed this examination. Independently of the mental discipline involved in the pursuit of these studies, the nomenclature adopted in the study of his professional subjects and the etymology of scientific terms, are so generally of Greek or Latin origin, that were it for this reason only, it would be quite worth while for the student to keep up, as far as possible, a knowledge of these languages. At the same time the modern languages must not be forgotten, as a good knowledge of either French or German, especially the latter, will be found of great service to those who wish to enter the higher ranks of the profession, more particularly with respect to any future contributions they may make to medical literature.

A pupil may enter at any of the London hospitals without having passed through either a pupilship or an apprenticeship. Provided he has passed a preliminary examination, he has only to pay his fees and hear the Introductory Lecture on the 1st of October, when he is admitted at once to all the privileges of a medical student. He should decide on the diplomas he requires, and guide his studies accordingly. Most schools have now a composition fee, entitling to all lectures and practice required for the ordinary qualifications in medicine and surgery. They also mostly have another sum, very little higher, entitling the student to *perpetual* attendance on all lectures and hospital practice. It is best to take the perpetual ticket, as all contingencies are thereby provided for. The fees are generally payable in instalments, at the commencement of each winter session. The Dean of any school will always forward details, as well as any special information which a student may need.

The student who comes to London to fulfil his curriculum at a metropolitan school generally requires *lodgings*, unless he can live with relatives or friends, which is of course better. Comfortable furnished apartments are to be had in respectable streets near all the hospitals. Two brothers or two friends can, of course, do this a little less expensively than one. The price varies with the season and the quality of the rooms. It should be mentioned that one or two of the Medical Schools (St. Bartholomew's, University College, King's College), have collegiate institutions in connection with them, where rooms may be had, instead of taking lodgings. At many schools, also, some of the lecturers receive pupils. Special information on this subject may be had on application to the Dean or any of the lecturers.

As to contending for *prizes* there are differences of opinion. Diligent attendance on the classes and in the wards will enable the student to store his mind with knowledge fitting him for his profession, and this should

be his first aim. Gold and silver medals are honourable distinctions, but only secondary ones. Still, we would not discourage those intending to compete. It should be remembered by all students that the true end and aim of their studies should be to make them good physicians or surgeons. They should study diligently to make themselves such, and there can be no reasonable objection to their striving for, in addition, an extra good standard in any subject or subjects in which they feel they are qualified to obtain it. In so far as prizes and scholarships encourage the study of particular branches, there can be no objection to them. Nearly every student excels in some subjects more than others, and a prize is an additional incentive to arduous, but otherwise unrequited, studies. The only danger is that they should become too special, and encourage one branch of study at the expense of the others. Students have often failed at examinations where the number of subjects was numerous through giving undue attention to some favourite branch of study.

Competition for appointments to dresserships and other offices, where much practice is seen, stands on a different footing. No prizes can equal such posts, and the possibility of getting them should influence largely the choice of a school. In some schools they must be paid for. In others the diligent gain them without extra expense. The student having selected his hospital and school, has chosen his teachers. We have only to remind him that, however able they may be, the result depends chiefly on his own application.

CURRICULA AND QUALIFICATIONS.

As to these, the information most valuable to students may be divided into two parts :—

I. The regulations with which they must comply before they can present themselves for examination to any of the licensing bodies.

II. The means that exist to enable them to do so. In the first division are to be placed the regulations of the corporations ; in the second, some account of the many schools of medicine and hospitals where professional education can be pursued. A natural supplement to this information is a brief sketch of the career open to young men after they have obtained their diplomas, especially in the public services.

In accordance with this plan, we proceed to consider—first, the Regulations of the Qualifying Bodies. These may also be divided into two classes—I. The Universities ; II. The Corporations.

THE UNIVERSITIES.

Oxford and Cambridge.

As there are generally few candidates for the degrees of these Universities, we shall make our remarks as brief as possible.

Every student in medicine must pass all the examinations for the degree of B.A., and date the commencement of his medical studies from the final examination for arts. Candidates for the degree of B.M. are required to pass two examinations, embracing the usual subjects. At the second examination he is examined in two of the ancient authors—Hippocrates, Aretæus, Galen, and Celsus—and in some modern authors, as Morgagni, Sydenham, or Boerhaave. He must spend two years in study prior to the first or scientific examination, and two years more after passing the first, prior to the final examination for the same degree. A dissertation has to be publicly read three years after obtaining the M.B., before being eligible for the M.D.

At the University of Cambridge, five years of medical study are required, unless the student has graduated with honours as B.A. For the M.B., he must have resided nine terms in the university, and have graduated in arts. There are three examinations for this degree. The first is in chemistry, physics, and botany ; the second, in anatomy (human and comparative), physiology, and pharmacy ; and the third, in the usual practical subjects. After the third examination an Act has to be kept, which consists in reading an original thesis, followed by an oral examination on the subject of the thesis. The M.D. degree may be taken three years after the M.B. An Act has to be kept, with oral examinations, and an essay has to be written *extempore*. There is also a degree of Master in Surgery, for which the candidate has to attend extra courses of lectures on anatomy and surgery. An examination in so much of State Medicine as is required by medical officers of health, will be held in October, 1878. With respect to Cambridge (and almost the same remarks apply to Oxford), a residence during nine terms—*i.e.*, the greater part of each of three years—is by statute requisite to obtain any degree in arts, medicine, or any other subject. The actual cost of this to a student who keeps his terms by residence in a college is from £150 to £200 a year. This, however, would include all payments to the university and the college—all fees, as well as clothes, pocket money, travelling expenses, &c. But the non-collegiate students have only to pay the university fees, which are very small. They lodge and board as they like, and their expenses, therefore, are entirely in their own hands.

London University.

For those who would not like or cannot afford to enter a college, it is, perhaps, preferable to graduate at the University of London. The medical degrees of this university have now obtained a reputation second to none. No student can therefore propose to himself a higher qualification. The training is rather longer than is required for the diplomas of most corporations. The examinations are very stringent, but in after years the student will feel the gratification of having obtained such a degree. Every student is required to go through the full course of hospital duties *after* he has passed the matriculation examination. It is, therefore, very important that he should matriculate before entering a medical school, otherwise he will be compelled to stay more than four years at an hospital, as the university regulations require four years of hospital study and attendance on lectures *after matriculation*.

The next matriculation exam. will take place on Jan. 13, 1879, and the subjects, on each of which the candidate must show a competent knowledge, are :—Latin, any two of the following languages—Greek, French, German, and either Sanskrit or Arabic ; the English language, English history, modern geography, mathematics, natural philosophy, and chemistry. The Latin subjects for January, 1879 are :—Cæsar, De Bello Gallico, Books iii and iv. For June, 1879—Cicero, De Senectate, and the First Speech against Catiline. The Greek subjects are—Homer, Odyssey, Book xiv. and Xenophon, Anabasis, Book iii, for January and June, 1879, respectively. The candidates who pass this examination are arranged in three divisions, viz., Honours Division, in the order of proficiency—First and Second Divisions, in alphabetical order. The first candidate in the honours division receives an Exhibition of £30 per annum for the next two years ; the second and third candidates, Exhibitions of £20 and £15 respectively ; and the fourth, a Prize to the value of £10, in books, money, &c.

We should also strongly recommend those students who intend to graduate at the London University to so arrange their studies as to pass the preliminary scientific examination *before commencing their regular medical studies*, taking a preliminary year for the purpose of preparation. In this way much knowledge will be gained which will go to clear the way for his first year's studies, which would otherwise be much encumbered.

With regard to the Preliminary Scientific Examination, some fresh regulations came into force during the current year, of which the following are the most important. The Examination commences on the third Monday in July, and no candidate is admitted to it unless he has completed his seventeenth year, and has passed the matriculation examination. The subjects on which he will be exa-

mined, are—Inorganic chemistry, experimental physics, botany, vegetable physiology, and zoology. Candidates who shall pass in all these subjects, and shall also pass at *the same time* in the Pure Mathematics of the First B.Sc Examination, or shall have previously passed the First B.A. Examination, shall be considered as having passed the First B.Sc. Examination. There are in this, as in every other stage of the graduate's career, examinations for honours, which afford the student the opportunity of gaining highly-prized distinctions in various branches, such as valuable scholarships, exhibitions, and prizes. The medical and scientific degrees of the University are—Bachelor and Doctor of Medicine, Bachelor and Master in Surgery, and Bachelor and Doctor of Science

For the regulations respecting these examinations the student should apply to the Registrar of the University. We may, however, remark that certain changes have recently been made in the regulations for the University of London's degrees of Bachelor and Doctor in Science. It has come to be generally felt that scientific knowledge, to be real, must be practical as well as theoretical, and that a thorough knowledge limited to a comparatively small range is preferable to a slighter acquaintance spread over a more extended area. In the first examination for Bachelor of Science, which every candidate will be required to pass, the programmes in mathematics, experimental physics, and inorganic chemistry, have been carefully revised. In place of the superficial acquaintance with both zoology and botany formerly required at this examination, there is a single examination (written and practical) in general biology, in which a more thorough knowledge is required of the simplest forms and elementary phenomena of animal and vegetable life. The regulations for the second B.Sc. examination, on the other hand, are framed with the view of allowing the candidate to bring up any three of the following nine subjects :—(1) Pure mathematics, (2) mixed mathematics, (3) experimental physics, (4) chemistry, (5) botany, including vegetable physiology, (6) zoology, (7) animal physiology, (8) physical geography and geology, (9) logic and psychology. Moreover, in the matricular examination, which forms the basis of the science curriculum, German may now be taken in substitution for Greek. In regard to the Doctor's Degree, a change has been made in favour of candidates who prolong the interval between their first and second examinations for the degrees of Bachelor from one year to two or more, as such will be allowed to come up for the degree of Doctor of Science within a year of their attaining the degree of Bachelor.

A special examination is held once in every year in subjects relating to Public Health, to which those candidates only are admitted who have passed the Second M.B. Examination at least one year previously. Candidates will be examined in chemistry and microscopy, as regards the examination of air, water, and food ; meteorology, geology, physics and sanitary apparatus, vital statistics, hygiene, and sanitary laws, full particulars of which may be obtained from the Registrar.

A new supplemental charter having been granted to the University a few months since, on the joint application of the Senate and of Convocation, empowering the Senate to admit women to graduate in its several faculties (arts, science, law, medicine, and music) on such conditions as the Senate, with the concurrence of the Home Secretary, should deem expedient, the Senate lost no time in passing a resolution which made all the existing regulations, relating, not only to graduation, but also to the various honours and rewards granted at tthe several examinations open to female as well as to male candidates. This resolution having been now approved by the Home Secretary, female candidates will be admitted forthwith to the matriculation examination ; and all such as have already passed the general examination for women will be considered as having matriculated, and will be admissible (after the required interval) to the First Degree Examination in either of the Faculties. Further, with a view to the special encouragement of female candidates desiring to go through a regular academical course, the trustees of the Gilchrist Educational Trust have instituted two Exhibitions, one of £30, the other of £20 per annum, tenable for two years, to the female candidates who pass highest in the Honours Division at the matriculation examination ; and two Exhibitions, one of £40, the other of £30 per annum, tenable for two years, to the female candidates who pass highest at the First B.A. Examination (provided that they obtain in the first case two-thirds, and in the second three-fifths, of the total number of marks), to assist them in pursuing their studies at some collegiate institution approved by the trustees ; with a further reward of a gold medal of the value of £20 (or a book-prize of the same value) to the female candidate who passes highest at the Second B.A. Examination, if she obtains not less than two-thirds of the total number of marks. These rewards are quite independent of those granted by the University, and may be held in conjunction with them. Further particulars may be obtained by application to the Registrar of the University, London, W.

University of Durham.

Two licences and three medical degrees are conferred by this university—viz., Licence in Medicine, Master in Surgery, and Doctor of Medicine engaged in his professional studies four years after registration, and one of those four years must be spent at the University of Durham. The regulations for the licence in Surgery are similar to those for the licence in Medicine.

With regard to the degree of Bachelor of Medicine, no one will be admitted to that degree unless he has kept one year's residence in Arts at the Durham University College of Medicine, and has passed both the final examination for the degree of Bachelor of Arts, or an equivalent to it, and also the examination for the degree of Bachelor of Medicine.

No grace for the degree of Doctor of Medicine will be granted unless the petitioner is a Bachelor of Medicine of the standing of twenty-one terms (seven years) at least from his registration or matriculation, and of three terms at least from his admission to the degree of Bachelor of Medicine, nor unless he has written an essay based on original research or observation on some medical subject selected by himself, and approved of by the Profeseor of Medicine.

There is also an examination and a certificate of Proficiency in Sanitary Science. Hospital practice can be attended at the Newcastle Infirmary, which contains 230 beds. There are four scholarships of £25 a-year, tenable each for four years. Dickinson Memorial Scholarship, £15, tenable for one year, for general proficiency. Tulloch Scholarship, £20, tenable for one year, for Anatomy, Physiology, and Chemistry. Charlton Memorial Scholarship, £35, tenable for one year, for Medicine. Gibb Scholarship in Pathology, £20, tenable for one year. Four Resident Dressers, who also act as Physicians' Clinical Clerks, are chosen every six months from the senior students. Fee for six months' board and residence, £10 10s. Two assistants in the Pathological Department are chosen every six months. At the end of each Session a Silver Medal and Certificate of Honour will be awarded in each of the required classes.

With regard to fees, a composition fee for all the Lectures, payable on entering to the first Winter Session, £52 10s. Separate Courses of Lectures, each £4 4s. Twelve months' hospital practice, £7 7s. ; Six months, £5 5s. ; Three months, £4 4s. ; Perpetual fee, £17 7s. ; or, if paid by instalments, first year, £7 7s. ; second year, £6 6s. ; third year, £5 5s. These fees also are payable in advance.

The Royal College of Physicians of London.

The high position which this venerable College holds among the corporations is too generally acknowledged to require any particular attention being drawn to it. It is gratifying to know that this College has lost none of its prestige by sympathising and becoming more associated

with the general body of practitioners. Its license is an honourable one, and we are surprised that students are not more ambitious than they are to enter the profession through its portals.

The Fellowship.—The Fellowship of the College is attainable only by election, and no one can be proposed who is not a member of at least four years' standing.

The Membership.—A person may become a member of this College without holding a degree in medicine, or, indeed, any diploma. But every candidate who shall have commenced his professional studies after September, 1861, shall satisfy the Censors' Board that previously to the commencement of his professional studies he has obtained a degree in Arts from some university of the United Kingdom, or of the Colonies, or from some other university specially recognised by the Medical Council, or that he has passed examinations equivalent to those required for a degree in Arts. The curriculum extends over five years.

The following additional regulations for the membership came into force on Jan. 30th, 1878:—1. Any candidate who shall produce satisfactory evidence of having passed an examination on Chemistry and Materia Medica, required for a degree in medicine at a university in the United Kingdom, in India, or in a British colony, will be exempted from re-examination on those subjects. 2. Any candidate who has already obtained the degree of Doctor or Bachelor of Medicine at a university in the United Kingdom, in India, or in a British colony, or who shall have obtained a qualification entitling him to practise Medicine or Surgery in the country where such qualification has been conferred, wherein the courses of study and the examinations to be undergone previously to graduation shall have been adjudged by the Censors' Board to be satisfactory, shall be exempt (if the censors shall think fit) from all or any parts of the examinations hereinbefore described, except such as relate to the Third or Pass Examination.

Graduates in Medicine of any British university are admitted to an examination for the Membership. Such graduates are exempt from some parts of the examination —*e.g.*, anatomy and physiology. Even graduates of accredited foreign universities have no difficulty in being admitted to examination. All persons who have been admitted before February 16, 1859, licentiates of the College, and also all extra-licentiates who are not engaged in the practice of pharmacy, may be proposed to be admitted a Member of the College. Every candidate for the membership is expected to pass an examination, but there are certain cases, referred to under sections 15, 16, and 17 of the bye-laws of the College, in which the candidate is exempted from some portion of the examination.

The Licence.—The Licence of this College is a qualification to practise medicine, surgery, and midwifery, and is recognised by the Poor-law Board as a qualification in surgery as well as in medicine, but unless a graduate of some university, he is forbidden to use the title of doctor, but we regret to say many do so. It was regarded at first as a diploma for the general practitioner, intended to supersede that of the Apothecaries' Company. The examination is conducted by specially-appointed examiners, and is complete in the several departments. There are two examinations for the Licence, the *first* of which may be passed after the termination of the second winter session, while the *second* examination cannot be passed until after four years of professional study. The fee for the College licence is fifteen guineas, of which five are to be paid on admission to the first examination.

Every candidate for the College Licence will be required to produce satisfactory evidence of having completed the course of study in accordance with the by-laws and regulations of the College, which may be obtained of the Registrar, and to pass the professional examinations conducted by the Examining Board.

Any candidate who shall produce satisfactory evidence of having passed an examination on Chemistry and Materia Medica, required for a degree in Medicine at a university in the United Kingdom, in India, or in a British colony, will be exempted from re-examination on those subjects. Any candidate who shall have obtained a qualification which entitles him to practise Medicine or Surgery in the country where such qualification has been conferred, after a course of study and an examination equivalent to those required by the regulations of the College, shall, on production of satisfactory evidence as to age, moral character, and proficiency in vaccination, be admissible to the Pass Examination, and shall be exempt from re-examination on such subjects as shall in each case be considered by the Censors' Board as unnecessary.

Royal College of Surgeons of England.

No College has exercised more influence over the profession than this. Without the M.R.C.S. it is not easy to obtain any English surgical appointment. Its membership, although no longer essential, yet carries great weight in a parish appointment. For this reason most English students take this diploma, which, together with a medical qualification, suffices for every purpose of the general practitioner. The College gives four diplomas—the Membership, Fellowship, a diploma in Dental Surgery, and one in Midwifery, which last is, however, mostly confined to those who are already members.

THE MEMBERSHIP.—This diploma gives no vote in the affairs of the college. It is only a licence to practise, and corresponds with the licentiateship of the Edinburgh and Dublin Colleges.

In future, candidates for the diploma will be examined in the Practice of *Medicine*, although there are certain conditions on which he can claim exemption. He must also have passed the preliminary examination of the College, or one that is recognised by the College. There are now two professional examinations for the Membership, the Primary and the Pass.

THE FELLOWSHIP.—Members of long standing are often admitted to the Fellowship by election. As, however, this grade is obtainable by examination, is of greater value, and needs no personal influence, men who have sufficient time and ability prefer the F.R.C.S. after exam.

For the Fellowship he must be a Member of the College of eight years' standing, and is admitted to examination on producing a certificate signed by three Fellows to the effect that he has been engaged in the Practice of Surgery for eight years, and is a fit and proper person to be admitted as a Fellow.

Few consulting surgeons in England are without the Fellowship, and in most of the London hospitals appointments are unattainable without it.

Apothecaries' Society of London.

The Licence of the Society of Apothecaries is perhaps the most useful medical diploma for the general practitioner in England. The monopoly enjoyed by this body for many years, in this respect, is not easily to be disturbed. The laws of many institutions require their medical officers to hold this diploma, and these laws are not readily altered. Though other medical qualifications are recognised by the Poor-law Board, there is no doubt that the guardians throughout the country—and they elect the medical officers—are familiar with the diploma of the Apothecaries' Society, and it is to them more of a guarantee than other qualifications of which they are ignorant. Everyone, therefore, intending to settle in *England* as a general practitioner—even if he take other diplomas—would probably consult his own interest by taking up the L.S.A.; and as the fee is only six guineas, a very large number of young men will, no doubt, secure this avenue to appointments.

THE LONDON HOSPITALS AND MEDICAL SCHOOLS.

Of all the hospitals in London, that of St. Bartholomew's is the largest and most ancient. It was founded in the year 1123 by Rayhere, minstrel of Henry I., in connection with his foundation of the Church and Priory of St. Bartholomew, and it was designed for the reception of sick paupers, for lying-in women, and for the children of the latter, up to seven years of age. In 1724 a building was provided for a Museum of Anatomical and Chirurgical preparations; and in 1734 leave was granted for any of the surgeons "to read lectures in Anatomy in the dissecting room of the hospital." From that period up to the present time new wards have been opened, the old theatres and museums enlarged, or new ones erected, libraries and laboratories founded, dissecting rooms rebuilt, until it now forms one of the largest hospitals and best schools in the metropolis. Attached to this hospital are a college for resident pupils, a Convalescent Home at Highgate, and an Institution for the training of Nurses.

The Clinical Practice of the Hospital now comprises a service of 710 beds: of these 227 are alloted to the medical cases, 322 to the surgical cases, 26 to diseases of the eye, 20 to the diseases of women, and 81 to the syphilitic; while 34 are at the Convalescent Hospital at Highgate. Children are admitted into both the medical and surgical wards, those under five years of age being received into the female wards.

From St. Bartholomew's we pass on to Guy's Hospital, which was the first of the London Hospitals designed and built for the special purposes it fulfils. It was founded in 1724 by Thomas Guy, a wealthy bookseller and stationer, who had previously built and furnished three wards in St. Thomas's Hospital for the reception of 24 patients. Since then the original building has been gradually enlarged, until it now contains 695 beds, and includes wards for obstetric, ophthalmic, and other special departments. It has also a fine museum of anatomy, pathology, and comparative anatomy, which contains 1,100 specimens, 4,500 drawings, an unique collection of anatomical models, and a series of 600 models of skin diseases. As the hospital is situated close to the London Bridge Railways, there are great facilities for getting to any part of London or the country, so that the student can reside a little distance out of town, and thus enjoy the benefit of country air.

The magnificent building, or rather series of buildings, now known as St. Thomas's Hospital, is situated at the foot of Westminster Bridge, on the south bank of the Thames, facing the Houses of Parliament. From its proximity to some of the largest factories in London, it affords scope for surgical practice from accidents second to none, whilst amongst the members of its staff are names of European reputation in medicine and science. The original hospital, or old St. Thomas's, was situated near London Bridge, in close proximity to that of Guy's, and was founded as far back as 1215, by Peter de la Roche, Bishop of Winchester, who denominated his foundation, "The Spitil of St. Thomas, the martyr of Canterbury," in honour of Thomas à Becket. In 1862, however, the property on which the old hospital stood was sold for the extension of the railway accommodation, and the establishment temporarily removed until the present buildings were completed in 1871. The original hospital contained 500 beds, while the present one contains in all 572 beds. It consists of six blocks appropriated to the reception of patients, with one for the administrative and other offices, and one for the medical school.

Another of our largest hospitals is the London Hospital, the establishment of which dates from the year 1740, when a few benevolent persons opened a small infirmary in Featherstone Street. The Medical College of the London Hospital has been greatly enlarged of late, and with its splendid hospital presents as fine a field for practical study, especially for surgery, as any in the metropolis. The government of this college has been re-constituted, every department supervised, and a secretary appointed to ensure proper discipline, and promote the general improvement. There are now a large number of scholarships and prizes of considerable value, but more important still to studious men, all the numerous appointments in the wards are open to pupils without extra payment, and the value of the dresserships, clerkships, house-surgeoncies, house-physiciances, and other residential positions in a hospital of the first magnitude, are always considerably enhanced where the staff take such interest in the development of its educational resources as at the London. The hospital contains 800 beds.

To pass from the large to the smaller hospitals, Westminster Hospital first opened its doors in 1715 at a small house in Birdcage Walk, under the name of the "Publick Infirmary for the Sick and Needy." The celebrated Mead was one of its first physicians, and Cheselden, the teacher of John Hunter, was also one of its surgeons. The school attached to this Hospital is small, but its situation is very convenient, near the Abbey and the Houses of Parliament. Lodgings are also very reasonable in the neighbourhood, and the school is one of the most moderate in respect to fees. The hospital contains 191 beds.

With regard to the other hospitals, our remarks may, in an historical point of view, be more brief, as some of them are of comparatively recent origin. Few colleges in London have of late years been so successful as the North London or University College and Hospital, both in its annually increasing number of students and in the number of those who subsequently pass their several colleges on first presentation. The College, which is situated in Gower Street, about 100 yards from the hospital, gives instruction in every department of science, and specially prepares students for degrees in all the faculties at the University of London.

Among the hospitals which afford great advantages from their situation, is that of Charing Cross. It is in the very centre of London, where there is constant communication with every part. During the past year some very extensive alterations have been undertaken, which have rendered this hospital and its medical school worthy its splendid position, and given it a claim to be reckoned amongst the most important of the metropolis. Since the opening of the new wards nearly 200 beds are placed at the disposal of the staff for clinical teaching. In connection with it the practice of the Royal Westminster Ophthalmic Hospital, close by, containing 50 beds, is open to matriculated students, and affords an excellent opportunity for the study of that branch of the profession.

If Charing Cross Hospital is remarkable for its good central position, St. George's Hospital has a position which is unrivalled, as respects its salubrity and the architectural attractions of the surrounding neighbourhood. The hospital contains 353 beds, of which 205 are devoted to the reception of surgical, and 148 to medical, cases.

Among the hospitals and schools more recently established, St. Mary's Hospital and Medical School occupies a prominent position. It is located, together with the medical school, at Paddington, in close proximity to the Great Western Railway Terminus. Many of the pupils take advantage of the railway, and reside some few miles in the country, coming to town daily to attend the hospital practice and lectures. Students with slender purses will find the neighbourhood of the hospital a moderate one as regards lodgings, and easy of access by omnibus and the Underground Railway from all parts of London. Lastly, and by no means least in reputation, there are the Middlesex and King's College Hospitals. The former is very conveniently situated in the West-end of London, and can accommodate 300 patients. There is a special department for cancer cases, affording accommodation for 33 in-patients, whose period of residence in the hospital is unlimited. Wards are also appropriated for the reception of cases of uterine disease and of syphilis, and beds are set apart for patients suffering from diseases of the eye. King's College is close to Somerset House, in the Strand, having a frontage

on the new Thames Embankment, within a few minutes' walk of several railway stations. Its Hospital, which is situated within two or three minutes' walk, contains 205 beds. Here for many years Dr. Todd, among its physicians, and Sir William Fergusson among its surgeons, gave it a reputation which, judging from its present staff of medical officers, it will not easily lose.

APPOINTMENTS, PRIZES, NEW SCALE OF FEES, &c.

ST. BARTHOLOMEW'S HOSPITAL.—*Appointments:* Four House-Physicians and four House-Surgeons are appointed annually without fee; each is provided with rooms, and receives a salary of £25. A Resident Midwifery Assistant and an Ophthalmic House-Surgeon are appointed every six months; they are provided with rooms, and receive a salary of £25 per year; the Assistant-Chloroformist, salary £25 and rooms; In-patient Clinical Clerks; Clerks and Dressers to the Assistant-Physicians, and Assistant-Surgeons.

Scholarships, &c.—There are two open Scholarships in Science, value £100, tenable for one year; Jeaffreson Exhibition, value £20, tenable for two years; Preliminary Scientific Exhibition, value £50, tenable for one year; three Junior Scholarships, of £50, £30, and £20 respectively; Treasurer's Prize for Practical Anatomy; Foster Prize for Practical Anatomy; Senior Scholarship, value £50, for Anatomy, Physiology, and Chemistry; Wix Prize; Hichens Prize; Lawrence Scholarship and Gold Medal, value 40 guineas, for Medicine, Surgery, and Midwifery; two Brackenbury Scholarships in Medicine and Surgery; Bentley Prize, for reports of Surgical cases; the Kirkes Gold Medal for Clinical Medicine.

Scale of Fees.—Fee for perpetual attendance on lectures and hospital practice, 132 guineas, payable in the following instalments:—First winter, 40 guineas; first summer, 46 guineas; second winter, 46 guineas; or a single payment of 125 guineas. Fee for general subjects for Students of Dental Surgery:—First winter, 31½ guineas; first summer, 31½ guineas; or a single payment of 63 guineas.

GUY'S HOSPITAL.—*Appointments:* The House-Surgeons and House-Physicians, the Obstetric Residents, Clinical Assistants and Dressers, are selected from the Students, according to merit, and without payment. There are also a large number of Junior Appointments, every part of the Hospital Practice being systematically employed for instruction.

Scholarships, &c.—Open Scholarship, of One Hundred and Twenty-five Guineas, in Classics, Mathematics, and Modern Languages. Open Scholarship, of One Hundred and Twenty-five Guineas, in Chemistry, Physics, Botany, and Zoology. Six Scholarships, varying in value from £10 to £50 each, for general proficiency in medical study. The Joseph Hoare Prizes; the Treasurer's Gold Medal in Medicine; the Treasurer's Gold Medal in Surgery; the Gurney Hoare Prize of £25, for Clinical Study; the Sands Cox Scholarship of £15 per annum for three years, for Physiology and Physics; the Michael Harris Prize of £10, for Anatomy.

Scale of Fees.—For the entire course of Lectures and Hospital Practice, 125 guineas if paid in one sum on entrance, or by two equal instalments of £66, payable at the commencement of the first winter, and of the following summer session; or payment may be made by instalments of £50, £50, and £37 10s., payable at the beginning of the first, second, and third years respectively. Fee for the Dental Course, 63 guineas, or in two annual instalments of 40 guineas and 23 guineas.

ST. THOMAS'S HOSPITAL.—*Appointments:* Two House-Physicians, two House-Surgeons, a Resident Accoucheur, two Assistant House-Physicians, and two Assistant House-Surgeons, holding office for three or six months. The Assistants are non-resident, but the other officers are provided with rooms and commons in the Hospital free of expense. An Ophthalmic Clinical Assistant, with salary of £50; Surgical Ward Clerks, Clinical Clerks and Dressers to In-patients and Patients, Obstetric Clerks, two Hospital Registrars, each with a salary of £100; Assistants in the Dissecting Room, Prosectors, Pathological Assistants, and Assistants in the Physiological Laboratory.

Scholarships, &c.—Two Entrance Scholarships in Natural Science of £60 and £40 respectively; for first year's students, the William Tite Scholarship of £30, and five College Prizes ranging in value from £5 to £20; for second year's students, the Musgrove Scholarship of £42, and five College Prizes ranging in value from £5 to £20; for third year's students, three College Prizes of £20, £15, and £10 respectively. In addition there are awarded the Cheselden Medal for surgery, the Mead Medal for medicine, the Solly Medal for reports of surgical cases, the Grainger Testimonial Prize of £20 for a physiological essay, and the Treasurer's Gold Medal for general proficiency.

Scale of Fees.—For the entire course of Hospital Practice and Lectures, £125, paid on entrance; or £130 in two payments, £70 on entrance, and £60 at the beginning of the next year; or by three instalments, of £60, £50, and £30, at the beginning of the first, second, and third years respectively. The fee for the attendance on the *general* subjects required of students in Dental Surgery is for the two years £55, or by instalments: £50 for the first year, and £10 for the second year.

LONDON HOSPITAL.—*Appointments:* The resident and other Hospital Appointments are free to full Students. The Resident Appointments consist of five House-Physiciancies, four House-Surgeoncies, and one Accoucheurship; also two Dresserships and two Maternity Assistantships.

Scholarships, &c.—Two Entrance Science Scholarships, value £60 and £40, and two Buxton Scholarships, value £30 and £20, will be offered for competition at the end of September to new Students. Entries on or before September 20th. A Scholarship, value £20, in Human Anatomy, to first years' Students; a Scholarship, value £25, in Anatomy, Physiology, and Chemistry, to second year's Students; a Scholarship, value £20, in Clinical Medicine; a Scholarship, value £20, in Clinical Surgery; a Scholarship, value £20, in Clinical Obstetrics; the Duckworth Nelson Prize, value £10 (biennial), in Clinical Medicine and Surgery. Prizes, value £60, to Dressers of out-patients, in Minor Surgery.

Scale of Fees.—Perpetual Fee for Lectures and Hospital Practice, and two years' Practical Anatomy, payable in three instalments of 40, 35, and 25 guineas, at the commencement of the 1st, 2nd, and 3rd years respectively, 100 or if in one payment 90 guineas. Composition fee for Students entering at or before the beginning of their second Winter Session, their first year having been spent elsewhere, payable in two instalments of 40 and 35 guineas, 75 guineas; or if in one payment, 70 guineas. Perpetual fee for lectures alone, 50 guineas; perpetual fee for Hospital Practice alone, 50 guineas; Dental Students (General Hospital Practice and Lectures), 40 guineas; perpetual fee for Dental Practice, 10 guineas.

ST. GEORGE'S HOSPITAL.—*Appointments:* House-Physicians and House-Surgeons are elected half-yearly from among the perpetual pupils. They are entitled to hold their appointments for twelve months and to board and reside in the Hospital, free of all expense; Assistant House-Physician; Assistant House-Surgeon; Obstetric Assistant, with a yearly salary of £100, and board and residence in the Hospital; Pathological Curator, with a salary of £50; Microscopical Pathologist, with a salary of £25; Medical and Surgical Registrars, each with a salary of £50 per annum; Assistant Medical Registrars; Assistant Surgical Registrars; Ophthalmic Registrar; Ophthalmic Assistant; Demonstrator of Anatomy, with a salary of £50; Senior Assistant-Demonstrator, with a salary of £20.

Exhibitions, &c.—The William Brown Exhibitions: one of £100 per annum, tenable for two years, and open to perpetual pupils possessing a registrable diploma; and one of £40 per annum, tenable for three years, and open to students in their third year. The Brackenbury Prizes: one each in Medicine and Surgery. The Clarke Good Conduct Prize, the Thompson Medal, the Brodie Clinical Prize in Surgery, the Acland Clinical Prize in Medicine, the Johnson Memorial Prize in Anatomy, the Treasurer's Prize, and three General Proficiency Prizes of ten guineas each.

Scale of Fees.—Composition fee for perpetual pupils, £125, or in the following instalments: first year £45, second year £45, third year £40. For attendance on the hospital practice and lectures required by the examining Corporations, £45 for the first year, £45 for the second year, and £20 for each succeeding year. The latter scale of payment does not entitle the pupil to become house-physician or house-surgeon, or to compete for the William Brown Exhibitions. The fee for general subjects in Dental Surgery is £55, payable in two instalments, first year £30, second year £25.

UNIVERSITY COLLEGE HOSPITAL.—*Appointments:* Six Physicians' Assistants, Six House-Surgeons, and Four Ob-

stetric Assistants, are selected annually by examination from among the senior Students without additional Fee. They reside in the Hospital, paying only for their board, and have charge of the resident patients in the absence of the Physicians and Surgeons. The offices of Physicians' Clerks, Surgeons' Dressers, Surgical Ward Clerks, and Ophthalmic Surgeons' Assistants are selected from among the Pupils who are also Students of the College, without additional Fee.

Scholarships, Etc.—Three Entrance Exhibitions of £30, £20, and £10 respectively, tenable for two years; Atkinson-Morley Surgical Scholarship of £45 a year, tenable for three years; Atchison Scholarship, value about £55, tenable for two years; Sharpey Physiological Scholarship, value about £70 a-year, tenable for three years; Filliter Exhibition for proficiency in Pathological Anatomy, value £30; Dr. Fellowes' Clinical Medals; the Liston Gold Medal; Alexander Bruce Gold Medal; Cluff Memorial Prize; Class Medals, &c.; Gold and Silver Medals, or other Prizes, as well as Certificates of Honour, are awarded, after competitive examinations in particular branches of study. Prizes to the value of £10 will be given in the Class of Hygiene.

Scale of Fees.—125 guineas, if paid in one sum at the commencement of the Course, or 130 guineas if paid by instalments, as follows: first year 60 guineas, second year 50 guineas, third year 20 guineas. Hospital Practice and Clinical Instruction, perpetual, £36 15s.; one year £15 15s.; six months, £10 10s. Practical Pharmacy, three months, £5 5s.

KING'S COLLEGE HOSPITAL.—*Appointments:* One Physician's Assistant, two House-Surgeons, and one Physician-Accoucheur's Assistant, appointed every six months. They are supplied with board and residence in the Hospital on payment of £30 each. Assistant House-Physician, Assistant House-Surgeon, and Assistant Resident Accoucheur, appointed every six months; In-patient Clinical Clerks and Dressers; Out-patient Clerks and Dressers; Obstetric Clerks, Ophthalmic, Dental, and Aural Assistants; Post-mortem Clerks; Assistant Demonstrators and Prosectors of Anatomy.

Scholarships, &c.—Three Warneford Scholarships, each of the value of £25 per annum, two tenable for three years, and one tenable for two years; one Warneford Scholarship of £25 per annum, tenable for two years, open to resident students; three Junior Scholarships of £20 each, tenable for one year, and open to students of the first year; one Second Year Scholarship of £30 tenable for one year, and open to students of the second and third years; the Senior Scholarship of £40, tenable for two years, and open to students of the third and fourth years; Daniell Scholarship of £20 per annum, tenable for two years, for work in the Chemical Laboratory; two Sambrooke Registrarships, each of £50 per annum; one Science Exhibition of £100; two Warneford Prizes of £25 and £15 respectively; Leathes Prize; Todd Medical Clinical Prize: Jelf Medal; Tanner Prize of £10 for Obstetrics. Class Prizes, each of the value of £3, are awarded annually in particular subjects.

Scale of Fees.—Payment for the entire course of Hospital Practice and College Lectures may be made in one sum, viz., £125 on entrance, or by the following instalments:—£60 on entrance, £50 at the beginning of the second winter session, and £25 at the beginning of the third winter session. Fees for the Dental Course, £95 1s. 6d.

ST. MARY'S HOSPITAL.—*Appointments:* There are four Resident Medical Officers, three of whom are appointed for twelve months, and one, the Obstetric Officer, for six months; all of them live, free of every expense, in the Hospital. Two Prosectors, appointed annually; a Demonstrator of Anatomy, a Medical Tutor, and a Resident Registrar, each with a salary of £100 a-year, appointed annually, and eligible for re-election. Clinical Clerks and Dressers.

Scholarships, &c.—Two Scholarships in Natural Science, tenable for three years; an Exhibition in Natural Science of £20, tenable for one year; a Scholarship in Anatomy of £20, tenable for one year; a Scholarship in Pathological Anatomy of £40, tenable for one year. At the end of each session prizes ranging in value from £2 2s. to £4 4s. are given for proficiency in particular subjects.

Scale of Fees.—For unlimited attendance on Lectures and Hospital Practice, 125 guineas if paid by instalments, or 119 guineas if paid in one sum. Fee for Hospital Practice and Lectures required by the Examining Bodies, 107 guineas in instalments, or 101 guineas in one sum. Fee for Dental Students, 62½ guineas.

WESTMINSTER HOSPITAL.—*Appointments*: There are nume- Dresserships and Clerkships; the posts of Medical and Surgical Registrar, each with £40 a year, and of House-Physician, House-Surgeon, Resident Obstetric Assistant, Assistant House-Surgeon, Physician's Assistant, Surgeon's Assistant, Ophthalmic Assistant, and Assistant in the Skin Department.

Scholarships, &c.—Entrance Scholarships next October.—The Fence, £50 a year for two years, and two others value £50 and £20. Subjects—Latin, Mathematics, French or German, and Chemistry and Natural Philosophy. The Latin books the same as the June Examination of the University of London Matriculation—Ovid: Epistola ex Ponto. Book II. There are also—an Exhibition, value £10 10s., for first year's men; a Scholarship in Anatomy and Physiology, value £21, for second year's men; Prizes for Clinical Medicine and Surgery of £5 each; the Frederic Bird Medal and Prize, value £15; the Chadwick Prize for General Proficiency, value £21.

Scale of Fees.—In one payment, £92 10s.; in two payments of £49 each, payable on entrance and at commencement of second year respectively; by payments distributed over five sessions, amounting to £107 2s. There are no extras, except parts for dissection. Fees for shorter periods or for single courses may be learned on application to the Dean. Fees for Dental Students, payable in one sum on entrance, £45.

CHARING CROSS HOSPITAL.—*Appointments:* Medical and Surgical Registrars, each with a salary of £40 a year; Resident Medical Officer, Assistant Medical Officer, Resident Surgical Officer, Assistant Surgical Officer, Resident Obstetrical Officer, Assistant Demonstrator, Pathological Assistant, Clinical Clerks, and Dressers. The Resident Officers are provided with rooms and commons, and the Assistant Officers with commons, in the Hospital.

Scholarships, &c.—Two Entrance Scholarships of £30 and £20 respectively, tenable for one year; the Llewellyn Scholarship of £25, open to all matriculated students who have completed their second year; the Golding Scholarship of £15, open to matriculated students who have completed their first year; the Pereira Prize of £5; the Governor's Clinical Gold Medal. Silver and Bronze Medals and Certificates of Honour are awarded to the most deserving candidates in the various classes.

Scale of Fees.—Composition fee for matriculated students, £81 7s., payable in five instalments, or first year's fees, £38 17s.; second year's fees, £36 15s.; third year's fees, £10 10s. Composition fee for the course of Dental Surgery, £42 2s.

MIDDLESEX HOSPITAL.—*Appointments:* Two House Surgeons, three Resident Physician's Assistants, Resident Obstetric Physician's Assistant. The above officers have residence and board in the Hospital free of expense, but they pay on appointment fees varying according to circumstances from 10 to 30 guineas.

Scholarships, &c.—Two Broderip Scholarships of £30 and £20 per annum respectively, tenable for two years, for Medicine and Surgery; two Entrance Scholarships of £25 and £20 per annum respectively, tenable for two years; John Murray Medal and Scholarship, awarded every third year; the Governor's Prize of £21; Clinical Prize of £10 10s.; Class Prizes in particular subjects.

Scale of Fees.—General fee for the entire course of Hospital Practice and Lectures, £90, if paid in one sum on entrance, or by instalments of £35, £35, and £20, payable at the commencement of the first, second, and third years respectively, and £10 for every additional year's attendance. Course of Dental Surgery, £42, payable in two instalments of £26 5s. and £15 15s.

SPECIAL SCHOOLS.

LONDON SCHOOL OF MEDICINE FOR WOMEN.

This school was opened three years ago at Henrietta Street, Brunswick Square, for the purpose of giving to women the advantages of a complete course of medical education. The institution has met with unexpected success, and it is supported by a large and influential section of the community. The winter session of 1878-79 will commence on October 1, and will comprise classes in Anatomy, Physiology, Practice of Medicine, and Practice of Surgery, and Practical Anatomy with Demonstrations. Clinical instruction will be given at the Royal Free Hospital, and will include lectures on Clinical Medicine, Clinical Surgery, and Hospital Attendance.

Dressers, Clinical Clerks, and a Pathological Registrar will

be selected from among the senior students. Fees for ordinary curriculum of non-clinical lectures, £80, or £40 the first year, £30 the second year, and £15 the third. Fees for clinical instruction and lectures for four years, £45, or £20 the first year, £15 the second, and £15 the third, the fourth being free. Apply for information to the Dean, or to the Hon. Sec., Mrs. Thorne, at the School, 30 Henrietta Street, Brunswick Square, W. C.

LONDON SCHOOL OF DENTAL SURGERY.

This institution is situated in Leicester Square. The meetings of the Odontological Society are also held here. In winter, lectures are delivered on Mechanical Dentistry by Mr. J. S. Turner, on Wednesdays, at 7 p.m.; on Metallurgy in Dentistry, by Mr. G. H. Makins, on Tuesdays and Fridays, at 6.30 p.m. In summer Mr. S. H. Cartwright lectures on Dental Surgery and Pathology, and Mr. C. S. Tomes on Dental Anatomy and Physiology. General fee for special lectures required for the curriculum, £15 15s. The Saunders Scholarship of £20 per annum, and prizes, are open for competition. In connection with the above is the

DENTAL HOSPITAL OF LONDON.—Surgeons: Messrs. Fox, Medwin, Gregson, Coleman, Harding, and Hill. Assistant-Surgeons: Messrs. Moon, Hepburn, Gibbings, Woodhouse, and Hutchinson. Dental House Surgeon; Mr. M. L. Read. Assistant-Dental House-Surgeon: Mr. Fothergill. Fee for two years' hospital practice, £15 15s.

NATIONAL DENTAL COLLEGE.

This is quite a modern institution, having been open less than eighteen months. In connection with it is the National Dental Hospital, situate in Great Portland Street, which was established in 1861. The teaching at this school is recognised by the Royal College of Surgeons for the dental diploma, and lectures and demonstrations are given similar to those at the London School of Dental Surgery in Leicester Square. The following are the lecturers with their subjects:—Dental Anatomy and Physiology: Mr. Thomas Gaddes. Dental Surgery and Pathology: Mr. Oakley Coles. Dental Mechanics: Mr. G. Williams. Dental Metallurgy: Mr. Alfred Tribe. Supplemental Lectures.—Dental Materia Medica: Mr. James Stocken. Elements of Histology: Mr. Thomas Gaddes. Demonstrations on Dental Mechanics: Mr. Harry Rose. Deformities of the Mouth: Mr. Oakley Coles. The Session commences on October 1st.

SCHOOL OF PHARMACY OF THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.

Lectures are delivered on Monday, Tuesday, and Wednesday mornings at 9 o'clock. The course consists of sixty lectures. Two courses are given annually, the first commencing on October 7th, and the second course on March 3rd, 1879. The subjects of these lectures are—(1) Physics in relation to Chemistry and Pharmacy. (2) Inorganic Chemistry. (3) Organic Chemistry, Botany, and Materia Medica. These lectures are delivered on Thursday, Friday, and Saturday mornings at nine o'clock. The first course commences on October 4th; the second course on March 6th, 1879. The laboratories are open from ten o'clock in the morning until five in the afternoon daily, except on Saturdays, when they are closed at two o'clock. Fees for ten months, according to hours of attendance, twelve to twenty-five guineas; for shorter terms in proportion. Each student is expected to attend every lecture of the course for which he has entered, or to state the cause of absence to the professor or to an assistant.

SOUTH LONDON SCHOOL OF PHARMACY.

This school, which has accommodation for 120 students, is situated at Kennington Cross, and is decidedly the most popular institution for the study of Practical Pharmacy and Chemistry in London. Instruction is also given in Analytical Chemistry for the purpose of qualifying gentlemen in search of appointments under the Public Health and Adulteration of Food Acts, by the Principal, Dr. Muter. Lectures are delivered daily in the laboratory, and each student is required to practically illustrate that he grasps the subject taught as the lecturer proceeds. The winter session commences a fortnight earlier than the medical schools.

SCHOOL OF HOMŒOPATHY.

Homœopathy has now a recognised teaching school for students, which is situate in Great Ormond Street, where lectures and instructions according to homœopathic principles are given by duly qualified members of the medical profession, and where students who believe in the *similia similibus curantur* theory can be taught according to their bent. The winter session at this school opens on October 2nd.

SCHOOL OF MEDICINE.

which is situate at 104 Stamford Street, Blackfriars. This school was opened some few years since for private tuition, and instruction in Medicine, Surgery, and Science, to supplement that provided at the hospitals. The course of study embraces all the subjects of the Medical Curriculum, from the Preliminary Examinations to the final ordeal for a diploma. It also includes preparation for Matriculation, and for the various examinations in science at the universities. A class for bandaging and use of surgical appliances is also held, at which practical demonstrations are given.

SCHOOL OF ANATOMY AND PHYSIOLOGY.

This, like the School of Medicine in Stamford Street, is also established for private tuition, and is situate close to University College, at 16 Woburn Place, its principal being Mr. Thomas Cook, Senior Assistant-Surgeon to the Westminster Hospital, assisted by Demonstrators. The whole of the anatomy (on the dissected body), of physiology (with microscopical preparations and such experiments as the law permits), and operative surgery (on the dead body), are gone through carefully every three months. Fees: Three Months, 3 guineas; Six Months, 4 guineas; for the Higher Examinations, with *special* supplementary class, 5 guineas.

NOTE.—*Where fuller information is required by the reader than that contained in the foregoing notes, it will generally be found on reference to our advertising columns, where also will be found the names of the staffs, lecturers, etc.*

HOURS OF THE INTRODUCTORY LECTURES

To be delivered on Tuesday, Oct. 1, at the different Metropolitan Schools.

St. Bartholomew's Hospital—None.
Charing-Cross Hospital—Dr. J. P. Irvine—4 p.m.
St. George's Hospital—Dr. Whipham—4 p.m.
Guy's Hospital—Conversazione—8½ p.m.
King's College Hospital—Prof. Garrod—4 p.m.
London Hospital—Conversazione—8 p.m.
St. Mary's Hospital—Dr. Farquharson—3 p.m.
Middlesex Hospital—Dr. A. W. Edis—3 p.m.
St. Thomas's Hospital—Mr. Nettleship—4 p.m.
University College—Prof. Lankester—8 p.m.
Westminster Hospital—Mr. Macnamara.—3 p.m.

THE PRINCIPAL METROPOLITAN HOSPITALS TO WHICH NO MEDICAL SCHOOL IS ATTACHED.

Open to Students from the Larger Hospitals.

BETHLEM HOSPITAL.—This Hospital is open for the admission of two resident medical students, who have recently obtained their diplomas to practice Medicine and Surgery, for the acquisition of knowledge regarding the Insane. The next election takes place on the 14th of October, at Bridewell Hospital, and the elected candidates will be expected to commence residence on the 1st of November.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park.—This is a large and important hospital at the East End, containing 164 beds. Consulting Physicians: Drs T. B. Peacock, J. Risdon Bennett, E. Lloyd Birkett. Consulting Surgeon: Mr John Hilton, F.R.S. Physicians: Drs S. H. Ward, J. Andrew, J. C. Thorowgood, Shepherd. Assistant Physicians: Drs Eustace Smith, J. B. Berkart, S. West, and Fothergill.

EAST LONDON HOSPITAL FOR CHILDREN.—Physicians: Drs Eustace Smith, and Horatio B. Donkin. Assistant Physicians: Drs Warner and Crocker. Surgeons: Messrs A. Cæsar, H. A. Reeves. Assistant Surgeon: Mr R. W. Parker. House Surgeons: Messrs Spooner and J. Cæsar. Secretary: Mr Ashton Warner.

GREAT NORTHERN HOSPITAL, Caledonian Road.—Physicians: Drs Leared, Cholmeley, Crucknell, Cooke, Bridges. Obstetric Physician: Dr Gustavus C. P. Murray. Consulting Surgeon: Mr F. Le Gros Clark, F.R.S. Surgeons, Messrs. Gay, W. Adams, T. Carr Jackson, W. Spencer Watson, W. H. Cripps, and J. Macready. Ophthalmic Surgeon: Mr J. Tweedy. Aural Surgeon: Mr A. E. Cumberbatch. Dental Surgeon: Mr C. J. Fox. Chloroformist: Mr Eastes. House Surgeon: Mr T. H. Gillam.

Hospital for Consumption and Diseases of the Chest, Brompton.—This is the largest institution for the treatment of affections of the chest in the United Kingdom, and contains 257 beds. Consulting Physicians: Drs C. J. B. Williams, W. H. Walshe, and R. Quain. Consulting Surgeons: Prof. John Marshall, F.R.S. Physicians: Drs J. E. Pollock, E. S. Thompson, C. T. Williams, R. D. Powell, and J. Tatham. Assistant Physicians: Drs R. Thompson, Burney Yeo, F. Roberts, T. H. Green, and J. M. Bruce. Dental Surgeon: Mr W. P. Bartlett. Resident Medical Officer: Dr W. T. Law. Secretary: Mr H. Dobbin. Three clinical assistants reside in the hospital for a period of six months. Pupils are admitted to the practice of the hospital. Terms, £3 3s. for three months; perpetual £5 5s.

British Lying-in Hospital, Endell Street, St. Giles's, W.C.—Consulting Physician: Dr Priestley. Consulting Surgeon: T. Spencer Wells, F.R.C.S. Physicians: Drs Heywood Smith, Arthur Edis, and S. Fancourt Barnes. This institution receives women only, as midwifery pupils. The fee for the course of three months is £10 10s. Pupils who prove themselves competent receives a certificate signed by the physicians, enabling them to practise midwifery.

West London Hospital.—A well appointed hospital at the western extremity of the metropolis in the Hammersmith Road containing 60 beds. Consulting Physician: Dr Maudsley Consulting Physician-Accoucheur: Dr W. O. Priestley. Consulting Surgeons: Messrs. S. A. Lane and William Bird. ns: Drs Goddard Rogers and Thorowgood. Physician for Diseases of Women: Dr Wiltshire. Surgeons: Messrs W. F. Teevan and Alfred Cooper. Ophthalmic Surgeon: Mr B. J. Vernon. Junior Physicians: Drs Fish, Fothergill, Dr. Vincent Harris. Junior Surgeons: Messrs H. T. Butlin and Keetley. Surgeon-Dentist: Vacant. Resident Medical Officers: Two House-Surgeons and an Apothecary. Gentlemen desirous of acting as clinical clerks or dressers can obtain all information by application to Mr. T. Alexander, at the hospital. The practice of this hospital is open to all students and practitioners.

Hospital for Diseases of the Throat and Chest, Golden Square, W.; contains 21 beds, outposts, Newington-butts, Walworth, and St. John's Gardens, Notting Hill.—Physician: Drs Morell Mackenzie, Robert H. Semple, Prosser James, W. MacNeill Whistler, Felix Semon. Surgeons: Messrs E. Woakes, W. R. H. Stewart. The practice of the hospital is open to students on payment; fee for three months' course, three guineas; for six months, five guineas; perpetual course, ten guineas. Laryngoscopic demonstrations are given daily at half-past two.

Hospital for Sick Children, Great Ormond Street, Queen's Square, W.C., and Cromwell House, Highgate.—Physicians: Drs Dickenson Gee, and W. B. Cheadle. Assistant-Physicians: Drs R. J. Lee, O. Sturges, Thomas Barlow, and Robert Bridges. Surgeons: Mr T. Smith, Mr F. Howard March, Mr Edward Owen, and Mr J. H. Morgan. Surgeon-Dentist: Mr A. Cartwright. Fee for three months' attendance, £3 3s.; perpetual, £5 5s. Secretary: S. Whitford. There are now 104 beds in the hospital, Great Ormond Street, and 52 beds at the country branch; total, 156. The practice at the hospital has recently been thrown open gratuitously to the pupils of the different hospitals and medical schools of London on conditions which may be ascertained of the Secretary.

Central London Throat Hospital, Gray's Inn Road.—The new building, in its incomplete state, contains but 10 beds, but provision is made for 40. The staff consists of Mr Carr Jackson, Consulting Surgeon, and Messrs Lennox Browne and Llewelyn Thomas, Surgeons. Six clinical assistants, being either qualified practitioners or students of three years' standing, are elected to assist the surgeons. There are no fees.

Royal London Ophthalmic Hospital, Bloomfield Street, Moorfields, is the largest of its class in the metropolis, and contains 70 beds. Consulting Physician: Dr F. J. Farre. Consulting Surgeons: Messrs J. Dixon, G. Critchett, and W. Bandman, F.R.S. Surgeons: Messrs Wordsworth, Streatfield, Hulke, Lawson, Hutchinson, Cooper, and J. Soelberg Wells. Assistant Surgeons: W. Tay, J. E. Adams, J. Tweedy. House Surgeons: Messrs Gunn and Burnham. Number of patients annually, about 20,000.

Royal Free Hospital, Gray's Inn Road.—This hospital contains 102 beds. Of the smaller metropolitan hospitals few offer a more extensive field for students in medicine and surgery. An arrangement has been made by which medical students from the School of Medicine for Women are enabled to attend their hospital courses at this institution. Physicians: Drs O'Connell and Cockle. Surgeons: Messrs F. Gant and Rose. Secretary: Mr. J. S. Blyth, from whom full particulars of the dresserships and clerkships may be obtained.

The Temperance Hospital.—The character of this institution is fully described by its title, and the non-alcoholic treatment is carried out in its entirety by an efficient staff. It is situated close to University College in Gower Street.

Royal Orthopædic Hospital, 315 Oxford Street.—Surgeons: Mr B. E. Brodhurst, Mr H. A. Reeves, Mr Chas. Read, Mr Wm. E. Balkwill. House Surgeon: Mr H. F. Baker. Operations on Mondays at 2 p.m. Pupils are admitted to witness the practice of the hospital on payment of certain fees.

Royal Westminster Ophthalmic Hospital, King William Street, Charing Cross.—The hospital contains 50 beds. The practice of the hospital is open to students. Fees for six months, £3 3s.; perpetual, £5 5s. Students of the hospital are eligible for the post of house-surgeon.

Seamen's Hospital (late *Dreadnought*), Greenwich.—For the reception of Seamen of all nations who are received at all hours. Apartments are provided in the house of the surgeon for students and others who may be desirous of studying diseases incidental to tropical climates before entering the services or going abroad. Honorary Consulting Physicians: Drs George Budd and Stephen H. Ward. Visiting Physicians: Dr Charles Henry Ralfe and Mr Harry Leach. Honorary Consulting Surgeon: Mr Geo. Busk. Visiting Surgeon: Mr. N. Davies-Colley. Surgeon: Mr W. Johnson Smith. House-Physician: Dr de Fonmartin. House-Surgeon: Mr P. Dunn. Secretary: Mr Henry C. Burdett.

London Fever Hospital, Islington.—260 beds. Consulting Surgeon: Mr W. S. Savory. Consulting Physicians: Drs Tweedie and Murchison. Physicians: Drs Broadbent and Cayley. Resident Medical Officer: Mr S. F. Murphy.

Royal Hospital for Diseases of the Chest, City Road, E.C.—This hospital treats nearly 6,000 out-patients annually, and makes up 26 beds. A new wing, of which the foundation stone was laid by Princess Louise, will raise the number of beds to over 60. Consulting Physicians: Drs Herbert Davies and Horace Dobell. Physicians: Drs G. Goddard Rogers, P. J. Hensley, Gilbert Smith, and D. W. Finlay. Assistant-Physicians: Drs R. Wharry and W. Murrell. Consulting Surgeon: Mr. G. W. Callender. Surgeon: Mr W. J. Walsham. House-Physician: Dr. Bland. This hospital has just been enlarged by the addition of a very complete new out-patients' department, and wards for 14 additional in-patients.

The Samaritan Free Hospital for Women and Children, Lower Seymour Street.—Physicians—C. H. F. Routh, W. R. Rogers, W. H. Day, Wynn Williams, P. Boulton, and F. H. Champneys. Surgeons: G. C. Bantock, J. K. Thornton, A. H. G. Doran, and W. A. Meredith.

St. Peter's Hospital for Stone and Urinary Diseases, 54 Berners Street, Oxford Street.—Surgeons: Walter J. Coulson, W. F. Teevan. Assistant-Surgeon: F. R. Heycock. Medical men and students are admitted to the practice of the hospital gratis. It contains 16 beds, and 138 in-patients were treated during the past year. The number of out-patients was 13,058, of whom 1,696 were new cases.

The Hospital for Women, Soho Square, W.—Physicians: Protheroe Smith, Heywood Smith, C. H. Carter. Surgeon: H. A. Reeves. Assistant-Physicians: Æ. Munro, R. T. Smith, E. Holland. The hospital contains 61 beds. Clinical instruction is regularly given in the wards, and in the out-patient room daily at 10.30. Clinical clerks and assistants are appointed from time to time, application to be made to the physicians. Students received after the third year.

ENGLISH PROVINCIAL MEDICAL SCHOOLS.

Birmingham: Queen's College.—Students are admitted—(1) as matriculated students who enter for their entire medical education; (2) as occasional students for one or more courses of lectures; (3) as junior students, to prepare for the preliminary examinations of the licensing boards.

Scholarships, Prizes, &c.—The Sands Cox Prize, value £20. Open to students who have completed their curriculum. Subjects: Medicine, Surgery, and Midwifery. Next

examination in the third week of March, 1879. The Warden's Prize, value £5 5s., for first year's students, for general proficiency. The Percy Prize, value £5 5s., for German. Two Ingleby Scholarships, awarded annually for Obstetrical Medicine and Surgery.

Fees.—College fees for all lectures amount to 60 guineas, payable by two equal instalments.

Hospital practice is obtained at the General and Queen's Hospitals, which have been amalgamated for the purpose of clinical instruction under the direction of the Birmingham Clinical Board, by whose order all schedules are signed and all examinations conducted. The hospitals have a total of upwards of 400 beds, and the staff attached is of a very high order.

All students will be required to attend six months alternately at each hospitul, as directed by the Clinical Board, excepting students who enter the hospital for six months only.

Clinical Prizes.—The following prizes are given annually :—Senior Medical Prize for third and fourth year's students, First Prize, £5 5s. ; Second Prize, £3 3s. ; Senior Surgical Prize, for third and fourth year's students, First Prize, £5 5s. ; Second Prize, £3 3s. ; Junior Medical Prize, for second year's students, First Prize, £3 3s. ; Second Prize, £2 2s. ; Junior Surgical Prize, for second year's students, First Prize, £3 3s. ; Second Prize, £2 2s. ; Midwifery Prize, £4 4s. The examinations for all the appointments and prizes are conducted by the Clinical Board, and are open for competition to all students registered by the Clinical Board.

Fees for attendance for four years on the medical and surgical practice, and on the clinical lectures at both hospitals, £42.

Bristol School of Medicine (University College).—Attached to this school, where there is ample provision for education and practice, are two well-appointed hospitals, the Royal Infirmary, containing 242 beds, and the General Hospital, with 154 beds. Competitive examinations are held amongst students of the first, second, and third years respectively, and prizes of money, instruments, and books are awarded annually. The certificates of this school are accepted by all the examining boards. The general perpetual fee is 63 guineas. Medical and surgical hospital practice and clinical lectures are attended at the Royal Infirmary or at the General Hospital, at which institutions additional prizes and scholarships are annually offered for competition amongst the students. Arrangements are in progress for the establishment in Bristol of a College of Science and Literature, of which the existing medical school will form a department.

Leeds School of Medicine.—Clinical lectures are given by the physicians and surgeons attached to the General Infirmary. Ophthalmoscopic demonstrations and demonstrations of skin diseases are given in the Infirmary by the Surgeons in each department, where also are obtainable six clinical clerkships and eight dresserships. Besides the Infirmary, there is a large Dispensary and a Fever hospital, both of which are open to students of the School. Students at this School have excellent opportunities of acquiring a thorough insight of psychological medicine, as the renowned West Riding Lunatic Asylum is in connection, and Dr. Major lectures on Mental Diseases. The systematic lectures are given at the School, and the clinical lectures at the Asylum, which now accommodates 1,500 patients.

There is the Hardwicke Scholarship in Clinical Medicine, value £10, the Thorp Scholarship in Forensic Medicine, value £10 ; three Surgeons' Clinical Prizes, of £8, £5, and £3 respectively. Silver and Bronze Medals, Books, and Certificates of Honour are awarded for proficiency in particular subjects.

The composition fee, for attendance upon all the required courses of School Lectures is £50 8s., to be paid on entrance ; or £26 5s. on entrance, and a second sum of £26 5s. twelve months afterwards.

At the Leeds General Infirmary the perpetual fee for Medical Practice and Clinical Lectures is £26 5s. The same amount is charged for the perpetual attendance on the Surgical Practice and Clinical Lectures. These fees are not included in the composition fee for lectures, and are payable separately.

Liverpool Royal Infirmary School of Medicine.—The Royal Infirmary attached to this School, which contains 300 beds with 40 special wards, for the treatment of diseases of women, is perhaps second to none in England in its general appointments and the facilities it offers to students for gaining practical knowledge.

A payment of 50 guineas on entrance, or in two equal instalments (one-half on entrance, and the remainder within twelve months), entitles the student to attendance on all the necessary Lectures and Demonstrations. The Royal Infirmary contains nearly 300 beds. There are special wards for the treatment of uterine and other diseases of women. During the year 1877, 2,397 patients were admitted into the Infirmary, the daily average number in the house being 247. There were 257 deaths, giving a mortality of 10·7. The number of out-patients was 5,216. The Lock Hospital adjoining the Infirmary contains 60 beds ; during the past year 326 males and 141 females were admitted as in-patients, the daily average number in the house being 37.

Two House-Physicianships and three House-Surgeonships, tenable for six months, and open to pupils of the school who have obtained a legal qualification ; Clinical Clerks and Dressers ; Post-mortem Clerks.

Two Roger Lyon Jones Scholarships, each of £21, for two years, one awarded as an Entrance Scholarship, and the other being open to students who have completed their second year ; the Torr Gold Medal for Anatomy and Physiology ; the Bligh Gold Medal for Anatomy and Physiology. School Medals and Certificates of Honour are awarded for proficiency in certain groups of subjects.

The fee for a perpetual ticket for Hospital Practice is £33 12s., and may be paid in two equal instalments (one-half on entrance, and the remainder within twelve months.)

Manchester : Owens College School of Medicine.—This school, as most of our readers are aware, has resulted from the amalgamation of the Manchester Royal Infirmary School of Medicine with the Owens College, and occupies in the provinces a somewhat similar position to that of University College and Hospital in London. It has a Faculty of Science as well as of Medicine, with departments of Laws and Arts. Since the amalgamation a new Medical School has been built, on the most approved principles, at the western extremity of the College estate. On the ground floor are two large lecture theatres, a library, and a museum. Over the lecture theatres is a dissecting-room, and over the library a physiological laboratory. The course of instruction afforded to students is thoroughly complete. Three of the most important chairs, those of anatomy, physiology, and chemistry, are held by professors who entirely devote their time to the work of instruction. Students wishing to engage in physiological or pathological researches will find opportunities for study in the complete and well-furnished physiological laboratory. Two valuable physiological scholarships are placed for competition in this branch as an incentive to original research.

The Scholarships, Etc., are :—Turner Scholarships of £20, for third year students, and of £15 and £10 for second and first year students respectively ; two Platt Physiological Scholarships of £50 a-year, for two years, for the best original investigation in Physiology ; Platt Exhibitions (two) of the value of £20 each, for first and second year students in Physiology ; Dunville Surgical Prize of £20, for proficiency in Clinical Surgery ; three Gilchrist Scholarships of £50 each, tenable for three years.

Composition fee for the four years' course of lectures, £63, if paid in one sum, or two instalments of £31 10s. each, payable at the commencement of the first and second winter sessions, respectively.

Newcastle-on-Tyne College of Medicine.—This School is a department of the University of Durham, and contains ample provision for acquiring a sound education and practical experience at the bedside. It is smaller than some of the provincial schools, but with some parents and students this would be considered an advantage.

Hospital practice is obtained at the Newcastle Infirmary, which has 230 beds, and in which the required clinical lectures are delivered.

Scholarships and Medals.—Four Scholarships of £25 a year, tenable each for four years. Dickenson Memorial Scholarship, £15, tenable for one year, for general proficiency. Tulloch Scholarship, £20, tenable for one year, for Anatomy, Physiology, and Chemistry. Charlton Memorial Scholarship, £35, tenable for one year, for Medicine. Gibb Scholarship in Pathological Anatomy, interest of £500, tenable for one year. Four resident dressers, who also act as physicians' clinical clerks, are chosen every six months

from the senior students. Two assistants in the Pathological Department are chosen every six months.

Fee for hospital practice and clinical lectures, twelve months, £7 7s.; six months, £5 5s. Composition fee, £17 17s., or if paid by instalments, first year, £7 7s.; second year, £6 6s.; third year, £5 5s. Composition fee to all the lectures, 50 guineas.

Sheffield School of Medicine.—Students at this College obtain excellent instruction in medical and surgical practice at the General Infirmary, which contains 200 beds, and is provided with a museum and pathological and post-mortem theatres. The fees for perpetual attendance are £15 15s. for medical and £21 for surgical practice; for twelve months' medical and surgical practice. each £10 10s.; and for six months £6 6s. each. There is also the Sheffield Hospital and Dispensary, containing 104 beds, and is recognised by the College of Surgeons and the Hospital for Diseases of Women, to which students are admitted. The perpetual fee for attendance on all the lectures required by the Royal College of Surgeons and the Apothecaries' Hall, £42. Prizes to the value of £30 and certificates of honour are given annually. Some of the lecturers, and other local members of the profession, receive house pupils, which will be found far preferable to life in ordinary lodgings.

Liverpool Royal Southern Hospital.—This Institution is one of the largest in the English provinces, and contains 200 beds. It has no school proper, although it contains accommodation for resident pupils, and clinical lectures are delivered daily by members of the staff. These, together with the practice obtained here, which is of a very varied and valuable character, is recognised by all the Examining Boards. Inclusive fees—perpetual, 25 guineas; one year, 10 guineas; six months, 7 guineas; three months, 4 guineas. Students can enter to the medical or surgical practice separately on payment of half the above fees.

Note.—*Our advertising columns, of which an index will be found at the end of the editorial matter, will supply further information, with the names of staff, etc., attached to the foregoing schools.*

HOURS OF THE INTRODUCTORY LECTURES

To be delivered at the different Provincial Schools.

University of Durham—Oct. 1st, 2 p.m.—Mr. McBean.
Birmingham, Queen's College—Oct. 1st, 3.30 p.m.—Prof. Wm. Thomas.
Bristol, University College—None—Session commences Oct. 1st.
Leeds School of Medicine—Oct. 2nd—Dr. Eddison, President.
Liverpool Royal Infirmary School—None—Session commences Oct. 1st.
Sheffield School of Medicine—Oct. 1st, 4 p.m.—Dr. W. Dyson.

MEDICAL EDUCATION IN IRELAND.

THE CAREER OF THE IRISH STUDENT.

The practice of the profession in Ireland, though not nearly as remunerative as in England, still affords a certain prospect to any medical man who is content with modest independence. Irish medical men pride themselves on holding a higher social position than the English general medical practitioner. They are entitled to meet the gentlemen of their locality on terms of equality, and it is not necessary or usual for them to endanger their prestige by the adoption of the trading or Christmas-bill system which obtains elsewhere. In fact, what they lose in income they gain in rank.

In order to put the career of the Irish student as plainly as possible, we narrate his progress from the day on which he takes his first step towards medicine to the hour of his issue from the cocoon of his studentship a fully-developed surgeon.

His parents and guardians have, after much discussion, decided that he shall be a doctor. He has had a moderate amount of schooling, at least the very moderate amount which is essential for the medical preliminary examination, and his father is ready to expend about £130 on his medical education, that sum being divided over four years, or paid down in order to secure the advantage of a considerable saving.

THE CHOICE OF UNIVERSITIES AND COLLEGES

Will depend on various circumstances, and on the aspirations of the student. If he is intended to make a fortune and enlighten his generation as a metropolitan practitioner, and if money and education are plenty, he will probably take Dublin University degrees in arts and in his profession. If the attainment of good professional rank on moderate terms be desired, the Licenses of the Colleges of Surgeons and of Physicians will serve every purpose. For any University degrees which are of any value, it is to be remembered the student must undertake the prolonged study of classics and science in addition to his medical, surgical, and anatomical studies; and he will have to pay a considerable sum for this course of teaching. But if he is content to face the expense and labour, he will enter the profession with all the prestige of an educated gentleman. In fact, the question whether he will or will not lay out for himself a University graduation in arts and medicine, depends principally on whether he has money and time to give to it, and whether or not he means to practise in the metropolis. The Queen's University places at the disposal of the student a cheap University degree, and thereby attracts many applicants, who are at liberty to write M.D. after their names, and are only called upon for a low curriculum, and a nominal residence in the Queen's Colleges. This degree serves as a legal qualification to practise, and passes for an academic Doctorate in Medicine amongst the uninitiated; but it does not confer the prestige attached to the degrees of Oxford, Cambridge, or Dublin, and will not suffice, in this sense, for metropolitan consultation practice.

The Colleges of Surgeons and Physicians in Ireland confer qualifications which may stand well beside any in the United Kingdom, and as they make no pretence of academic training, and do not require either residence or anything more than a single arts examination, they continue to be licensing bodies for the rank and file of the profession in Ireland. If a student contemplates provincial practice—the army or navy—or a dispensary, he will most probably take the usual licences from the two Colleges. If he contemplates the lowly function of a country apothecary, he may take the licence of the Dublin Apothecaries' Hall, which is *in law* equivalent to a medical degree; or the licence of the Irish Pharmaceutical Society, which is now *the* qualification for pharmacy in Ireland, but does not confer the right to practice medicine. If he hopes, while practising as an Apothecary, to achieve a considerable private practice, he will find it necessary to obtain other collegiate medical and surgical degrees.

THE CHOICE OF SCHOOLS.

It must not be supposed that a student who intends taking a degree or diploma in any college need take his lectures in the school attached to that college, if there be one. On the contrary, with few exceptions, all certificates of attendance on lectures are interchangeable, and a student, no matter what medical school he may have studied in, will be admitted to any university or college. To this rule there is an exception. The Queen's University insists on certain courses being attended in one of the Queen's Colleges, by which means it enforces a brief residence in the Colleges.

The choice of a school, hospital, or college having been made, the tyro is perhaps sent to these to pass his

PRELIMINARY EXAMINATION

in general education, but if he is either lazy or ignorant, he may adjourn that unpleasant process, *de die in diem*, until the eve of his final qualification as a surgeon, when, if he does so, he will find himself in possession of a mental muddle of Latin and physic. The preliminary examination is, however, not to be feared.

We strenuously advise the parents of the student to insist on his passing his preliminary education before he enters a medical school or hospital, and thus the student will relieve his mind of the apprehension of a future examination, which he will assuredly put off to the last moment if he can. In England the four years of medical study required to pass do not commence to count until the preliminary is passed. It should be so in Ireland, but is not.

The preliminary examination (of the subject of which details will be found in the official regulations of each college) having been passed or postponed, he comes to town to do work.

COST OF EDUCATION.

Should the student proceed on his account, the lectures necessary for the L.R.C.S.I. will amount to £65; hospital attendance, according to the new scale of fees, £36; lying-in-hospital from £4 4s. to £7 7s. These, with the diploma

fee of £26 5s., represent the essentials. The sum of £50, paid down at the commencement is taken by the College of Surgeons as payment in full for all lectures requisite. The system of perpetual pupilage and discount of fees at hospitals has been abolished within the past month. Thus the absolute payment will amount to somewhere about £93, taking the minimum mode of payment. In addition to this sum are to be considered the payments for "grinding" or "coaching." as the Londoners call it, a process almost universal, but by no means necessary to any industriously inclined student. The fixed sum is at present for private teaching, £15 15s. for the surgical and medical qualifications, and £5 5s. for pharmacy, &c. Should the candidate "grind" for the army and navy examinations, a fee varying from £10 10s. to £21 is, we believe, usual. Should the candidate perform operations on the subject as a practice, they will cost something extra. So that, assuming the extras or voluntary costs are incurred, the total will vary, say from £120 to £140 on a moderate scale; it is, of course, to be expected that pupil holders should have some extra payment; we therefore might name for them 160 guineas.

PAYMENT OF FEES.

If the student becomes an apprentice, he need not trouble himself about his payments. If he is his own manager, he must enter his name with the secretaries of the school and hospital, and pay for the lectures and hospital he intends to take out. If he is wise he will not adjourn the majority of his lectures, as he may, to the next year, but will take in his first year a full third of his curriculum. He is *supposed* to pay the professor's fee or hospital fee in full on entering his name, but few students do so; and many, we are sorry to say, are in the habit of entering for the minimum allowable number of lectures, and paying the minimum allowable proportion of the fee, putting off the attendance perhaps for ever, certainly until the last moment, and adjourning the payment until it becomes necessary to take up the certificates.

By a most objectionable laxity of system a student may get credit for one of his four years of attendance by paying a couple of guineas for dissections, and he may think himself safe in doing so if money be scarce; but if he does not pay his full third or fourth of the fees each year it often happens that he has to put off his examination from year to year—perhaps for ever—for want of the money to pay the accumulated fees of previous years.

The entry of names and commencement of study is supposed to date from the 1st of October in each year, but really does date from the 1st of November, and may be delayed by the dilatory until the 25th of the same month.

The student then begins work, attending hospital each morning at nine o'clock, and occupying his day from half-past eleven to five between lectures and dissections. His holidays—if the term be not ignoble—are a fortnight at Christmas, and a week at Easter, and he finally returns home at the end of July.

ATTENDANCE ON LECTURES.

The average Dublin student is supposed to attend of necessity, and irrespective of voluntary courses, twelve courses of lectures, six of them extending over six months, and six over three months, making a total of 52 months lecturing. In addition to this he is presumed to dissect and hear demonstrations, say an hour-and-a-half daily, for eighteen months, to attend hospital, for at least a couple of hours daily for twenty-seven months. To serve in the chemical laboratory for three months, and in the majority of cases to attend the "grind" for at least eighteen months for two more daily hours. He cannot, if moderately industrious, get on with less than two hours reading per day, and he may have during the same period to work up his business for the "Preliminary," or his Arts Course in the University. This curriculum—taking the lectures on an average of four days weekly—represents nearly five thousand hours close work to be got through in three working years of about seven months (allowance being made for Christmas and Easter and summer holidays),

Thus it will appear that the student, to fulfil the nominal requirements of his education in Dublin, must work very nearly nine hours daily—*i.e.*, from after breakfast to about seven p.m. It is hardly necessary for us to say that even the most avaricious medical bookworm does not attempt such a task. Necessarily the attendance on many of the courses of lectures is nominal in amount. The University of Dublin insists on an attendance of three-fourths of the number of the required lectures, but other Licensing bodies accept as "diligent" attendance the presence of the student at all—a few—or none of the lectures which the student pays for. It would be manifestly ridiculous for them to demand *bonâ fide* compliance with the regulations, and thus it happens that the student being hopeless of attending at—often attends—scarcely any of the lectures which are supposed to form the chief part of his education. The average student thinks himself exemplary if he works his hospital, dissections, demonstrations, physiology, lectures, and grind, and drops in occasionally to the other courses.

The progress of each year is the same, except that he usually devotes more attention to "grinding," dissection, and hospital dresserships, and less to lectures in his later years of study. At the end of his second year he will take his "first half" examination, and by so doing relieve himself, in a great measure, of the study of anatomy, and be in the position of devoting his third year to surgery and medicine. After the expiration of his third session, his student life, whether it begin in laziness and end in hurry and incompetency, or whether it commence in diligence and end in the confidence of proficiency, ends with the last examination, and he goes forth into the world either an ignoramus or a reliable surgeon, whichever his choice may have been.

REGULATIONS AND BYE-LAWS OF LICENSING BODIES IN IRELAND.

UNIVERSITY OF DUBLIN.

(*For Names of Professors and Examiners see Advertisement.*)

THE Board of Trinity College, acting under the advice of their distinguished Medical Registrar, Prof. Haughton, has steadily pursued a course which has raised the medical degrees of the University of Dublin to the highest rank—we might almost say—amongst the licensing authorities of the three kingdoms, and which merits the warm acknowledgments of all friends of priority of medical education.

REGULATIONS OF THE SCHOOL OF PHYSIC.

Matriculation.

Every student must be matriculated by the senior lecturer, for which a fee of five shillings is payable; but he need not attend any of the Arts Courses unless he desire to obtain a Licence or Degree in Medicine or Surgery. No student can be admitted for the Winter Courses after the 25th November.

QUALIFICATIONS FOR DEGREES AND LICENSES.

Bachelor of Medicine.

Candidates must be graduates in Arts, and may obtain the degrees at the same commencement as the B.A., or at any subsequent one. The Medical Education of a Bachelor in Medicine is of four years' duration, and comprises the following lectures.

Winter Courses.—Anatomy and Physiology; Practical Anatomy; Surgery; Chemistry; Practice of Medicine; Midwifery; Practical Histology.

Summer Courses.—Botany; Materia Medica and Pharmacy; Institutes of Medicine; Medical Jurisprudence and Comparative Anatomy; Heat; Electricity and Magnetism.

Hospital attendance on a Medico-Chirurgical Hospitall during three courses of nine months each, with clinical lectures, including actual attendance on fever; six months Practical Midwifery. Six months' Dissections and three months' Laboratory Instruction in Chemistry are required.

The Courses may be attended at any recognised Medical School.

The fee for the *Liceat ad Examinandum* is £5.

The fee for the degree of M.B. is £11.

Doctor in Medicine.

A Doctor in Medicine must be M.B., or qualified to take that degree, for three years. He must also read a Thesis before the Regius Professor of Physic.

Total fee for this degree, £13.

Bachelor in Surgery

Must be a B.A., and have spent four years in the study of Surgery and Anatomy. (*a*)

The curriculum comprises the following, in addition to the Course for the M.B.:—

Theoretical and Operative Surgery ... One Course.
Dissection ... ... Two Courses.
Ophthalmic Surgery ... ... One Course.

Candidates are required to perform operations on the dead subject.

Candidates for the B.Ch. who have already passed the M.B. will be examined in Anatomy and Surgery only.

Fee for the *Liceat ad Examinandum*, £5.

Fee for the degree of Bachelor in Surgery, £1.

Master in Surgery

Must be a B.Ch. for three years' standing, and must read a Thesis.

Fee for the degree of Master in Surgery, £11.

Master in Obstetric Science

(a Degree lately founded by order of the Board of T.C.D.).

A Master in Obstetric Science must have passed the M.B. and B.Ch. Examinations, and produce Certificates of having completed the following Curriculum :—

1. One Winter Course in Midwifery.
2. Six months' practice in a recognised Lying-in Hospital or Maternity.
3. A Summer Course in Obstetric Medicine and Surgery.
4. Two months' practice in the Cow-pock Institution.

Graduates in Medicine of M.D. standing may present themselves for examination without complying with Regulations 3 and 4.

Fee for the degree of M.A.O., £5.

UNIVERSITY LICENCES.

Candidates for the Licences in Medicine or Surgery must be matriculated in Medicine, and must have completed *two years in Arts.*

Licentiate in Medicine.

The Course and Examination are the same as for the M.B.

An L.M., on proceeding to the degree of B.A., may become a B.M. on paying the fees without further examination.

Fee for the *Liceat ad Examinandum*, £5.

Fee for the Licence in Medicine, £5.

Licentiate in Surgery.

The Course and Examination necessary for the Licence in Surgery is the same as for the degree of Bachelor in Surgery.

Fee for the *Liceat ad Examinandum*, £5.

Fee for the Licence in Surgery, £5.

MEDICAL SCHOLARSHIPS.

Two Medical Scholarships are given annually, value £20 per annum each, tenable for two years, the examinations for which are held each year in June, in the following subjects :—Anatomy and Physiology, Chemistry, Materia Medica, Botany, Experimental Physics, and Comparative Anatomy.

Medical School Exhibitions.

The Professors of the University School give three Exhibitions annually, two senior, value £15 and £10, open to all students who have been three years attending the school, the subjects being—Practice of Medicine, Surgery, Pathology, and Forensic Medicine ; one junior, value £15, the time and subjects of examination being the same as those for the Medical Scholarship.

The Board of Trinity College have recently passed orders—1. That three-fourths of the lectures must be attended. 2. That a daily roll be called by each Professor.

Students entering for Demonstrations and Dissections are required to pay £8 8s. before November 25 ; Dissections only £5 5s. ; Demonstrations only £3 3s. ; fourth year's Dissection £2 2s.

THE QUEEN'S UNIVERSITY IN IRELAND.
FACULTY OF MEDICINE.

DEGREE OF M.D. AND M.CH.

EACH candidate for the degree is required—

1. To have passed in one of the Queen's Colleges the examination for Matriculation in Arts. 2. To have attended in one of the Queen's Colleges lectures on one Continental language for six months, and on Natural Philosophy for six months ; also two Medical Courses. For the remainder of the medical courses, certificates will be received from any recognised lecturer. 3. To pass three University Examinations.

The Medical Curriculum is divided into two periods of two years each.

The first period comprises attendance on Chemistry, Natural History, Anatomy and Physiology, Practical Anatomy and Materia Medica, Practical Chemistry in a recognised laboratory, and six months of a medico-chirurgical hospital.

The second period comprises Anatomy and Physiology, Practical Anatomy, Surgery, Midwifery, and Diseases of Women and Children, Medicine, Medical Jurisprudence, Practical Midwifery, and eighteen months' Hospital Practice.

At least two of the above courses of lectures must be attended in some one of the Queen's Colleges.

The University Examinations are held twice in each year, in June and September.

Each candidate for examination must forward to the Secretary, before the 20th of May and 20th of August respectively, notice of his intention to offer himself, along with his certificates.

THE FIRST UNIVERSITY EXAMINATION IN MEDICINE

comprises a modern language, Experimental Physics, Zoology, and Botany.

Students may present themselves at any time after the close of the first winter session. Before being admitted to examination each candidate must produce evidence of having completed the prescribed course.

THE SECOND UNIVERSITY EXAMINATION IN MEDICINE

comprises the following subjects :—Anatomy, Physiology, Materia Medica, and Chemistry, to which will be added Zoology and Botany in the examination of candidates who have not previously passed the first examination. Such candidates may either undergo their examination in Modern Languages and Experimental Physics as a part of the second examination, or at any time between the second and the degree examination.

Students may present themselves for the second examination at the termination of the first period of the curriculum, or at any subsequent period, but no student can postpone his second examination until he presents himself for his degree examination.

DEGREE EXAMINATIONS IN MEDICINE AND SURGERY AND EXAMINATION FOR THE DIPLOMA IN MIDWIFERY.

The Examination for the M.D. comprises the subjects recommended for study during the second period.

The Examination for the M.Ch. comprises Surgery, including Operative and Clinical Surgery.

The Examination for the Diploma in Midwifery comprises the Theory and Practice of Midwifery, and the use of obstetrical instruments and appliances.

(*See Advertisements of Queen's Colleges, Belfast, Galway, and Cork.*)

Official regulations may be obtained from G. J. Stoney, Esq., Queen's University, Castle Street, Dublin.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

LETTERS TESTIMONIAL, OR THE L.R.C.S.I.

The examination is divided into two parts, known as the first and second halves.

The junior class must produce certificates of—

a, Preliminary examination, including Greek; *b*, three courses of lectures on anatomy and physiology; *c*, three on practical anatomy, with dissections; *d*, two on chemistry; *e*, one on materia medica; *f*, one on botany; and *g*, one on forensic medicine. This class is examined in anatomy, histology, physiology, materia medica, and chemistry.

The senior class must produce certificates of—

a, Three courses on surgery; *b*, one on practice of medicine; and *c*, one on midwifery; also attendance on a recognised hospital for three winter and three summer sessions. This class is examined in surgery, operative surgery and appliances, practice of medicine, medical jurisprudence, and prescriptions.

The fees are: £5 5s. as registered pupil of the College; £5 5s. for the Junior Class Examination, which is not returned in case of rejection, but is allowed in the fee for his second examination; £15 15s. for the Senior Class Examination—total £26 15s.

Pupils *who neglect registering themselves previous to going in for the preliminary examination*, must pay 10s. for that examination, to which, however, registered pupils, in addition to their other privileges, are free.

Every candidate rejected at the quarterly examination is required to pay to the College the sum of £2 2s. on applying for re-examination.

Method of Examination.—Candidates must lodge their fees and certificates one week before the day.

Junior Class.—The candidates are examined in alphabetical order, and the examination occupies three days: 1st day, dissections; 2nd day, written examination on anatomy, physiology, histology, materia medica, and chemistry; 3rd day, *viva voce* examination on the same subjects. No candidate can proceed to the second day who has not passed the first; or to the third, who has not passed the second.

Senior Class.—The examination occupies four days; 1st day, written examination on surgery, practice of medicine, medical jurisprudence, and prescriptions; 2nd day, *viva voce* examination on surgery and practice of medicine; 3rd day, clinical examination; 4th day, operative surgery.

No candidate can present himself for examination after the first day who has not satisfied his examiners upon the previous day; but all candidates who have passed any day's examination get credit for same. When presenting themselves upon a subsequent occasion, a former candidate is only required to present himself upon that portion of the examination in which he had failed.

Midwifery.—After passing the L.R.C.S., the student is admitted to examination for the diploma in Midwifery upon producing a certificate of one course on Midwifery and Diseases of Women and Children; a certificate that he has attended a lying-in-hospital for six months; and a certificate that he has conducted thirty labour cases at least.

Candidates are examined on the Organisation of the Female, the Growth and Peculiarities of the Fœtus, the Practice of Midwifery, and the Diseases of Women and Children.

The candidate pays £1 6s. for the Midwifery diploma, provided he takes it out within one month from the date of his Letters Testimonial; after that date, £2 2s.

Official information may be had on application to Mr. J. Brennen, Royal College of Surgeons, Dublin.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

REGULATIONS RESPECTING LICENSES IN MEDICINE AND MIDWIFERY.

I.—Examinations for the licences of the college in medicine and midwifery are held in the week following the first Friday in each month, except August and September.

II.—Every candidate for either license must return his name to the registrar, and lodge his certificates, bank receipt of fees, and his schedule, (*a*) at least *four* days before the first Friday in each month.

THE LICENSE IN MEDICINE.

Every candidate is required to produce satisfactory evidence:—

1. Of character, from a Fellow of the College, or from two registered practitioners.

2. Of having passed an examination in general education, held by some of the recognised examining bodies.

3. Of having been engaged four years in the study of medicine.

4. Of having attended lectures on the following subjects, at recognised schools.

Practical Anatomy, two courses. Physiology or Institutes of Medicine, one course. Chemistry, one course. Practical Chemistry, one course. Materia Medica, one course. Medical Jurisprudence, one course. Practice of Medicine and Pathology, one course. Surgery, one course. Midwifery, one course.

5. Of twenty-seven months, at a Medico-Chirurgical Hospital, in which clinical lectures and clinical instruction in medicine are given; and of nine months of a clinical hospital which contains wards for the treatment of the infectious fevers (*b*)—said nine months being included in the total period of twenty-seven months.

6. Of having attended practical midwifery and diseases of women for six months at a recognised Lying-in Hospital, or Maternity; or, where such hospital attendance cannot have been obtained during any period of the student's course of study, of having been engaged in practical midwifery under the supervision of a registered practitioner holding public appointments; not less than twenty labour cases to be actually attended.

III.—The professional examination is divided into two parts:—

First Part.—Anatomy, Physiology, Chemistry, and Materia Medica.

Second Part.—Practice of Medicine, Clinical Medicine, Pathology, Medical Jurisprudence, Midwifery, Hygiene, and Therapeutics.

Candidates may be examined in the subjects of the first part at the termination of the second year of study, on producing the certificates in these subjects prescribed by Rule III.; or in all the subjects of their education, on the completion of their medical studies. No candidate can be examined in all the subjects of the first and second parts in the same month.

Graduates and diplomates of recognised Universities and Colleges are required to undergo the *second part only* of the professional examination. Also candidates who, having completed the curriculum laid down in Rule III., shall have passed the previous professional examination, or examinations, of any of the licensing medical authorities.

IV.—Any registered practitioner of *five* years' standing shall be admitted to examination for the license of the College, on producing his certificate of registration, with satisfactory reference, and shall have the privilege of being exempted from the examination by printed questions.

Each candidate shall be examined separately, and shall be required to recognise pathological specimens, and undergo such other practical tests as the examiners shall select.

THE LICENSE IN MIDWIFERY.

Candidates for the license in midwifery, who

(*a*) Blank schedules are to be obtained on application at the College, or by letter addressed to the Registrar, College Hall, Kildare Street, Dublin. It is particularly requested that candidates applying by letter will state *whether they already possess any qualification*, as the form of schedule for those who have differs from that required to be filled up by those who have not, obtained any diploma.

(*b*) This rule to be enforced in the case of all candidates who commenced their studies since September, 1876.

are not licentiates in medicine, may be admitted to examination on the following qualifications:—

(1) The degree or license from any University or College in the United Kingdom; (2) testimonials as to character; (2) certificates of having attended (*a*) a course of lectures on midwifery in a school, recognised by the College (see Rule III). (*b*) Practical midwifery and diseases of women, for six months, at a Lying-in Hospital, or Maternity recognised by the College; or where such hospital attendance cannot have been obtained during any period of the candidate's course of study, of having been engaged in practical midwifery under the supervision of a registered practitioner, holding a public medical appointment,—the certificate, in either case, to state that not less than twenty labour cases have been actually attended.

Candidates who are already licentiates in medicine of the College, or who have passed the examination for such license, may be admitted to examination for the license in midwifery on lodging their fees, and signifying their wish to the registrar a week, at least, before such examination.

X.—Any registered practitioner of *five* years' standing shall be admitted to examination for the license in midwifery, on producing his certificate of registration, with satisfactory reference; and he shall have the privilege of being exempted from the examination by printed questions.

FEES FOR LICENCE AND EXAMINATIONS.

XI.—Licence in medicine, fifteen guineas, which may be divided as follows, viz.:—

For examination at the termination of the first period of study, five guineas.

For final examination for the license, ten guineas.

XII.—License in midwifery, three guineas.

XIII.—Fee for examination for the licenses in medicine and midwifery, if obtained within the interval of a month, sixteen guineas—to be lodged in one sum. (*a*)

XIV.—Fee for special examination for the license in medicine, twenty guineas.

XV.—Fee for special examination for the license in midwifery, five guineas.

XIV.—Fee for examination for the license to practise as a midwife and nurse-tender, one guinea.

THE APOTHECARIES' HALL, IRELAND.

THE ARTS EXAMINATIONS

Will be held at the Hall four times in the year, viz., the third Thursday in the months of January, April, July, and October, at the hour of twelve o'clock, noon.

The Examination for *the Licence* is divided into two parts:—

The First Part comprehends Chemistry, Botany, Anatomy, Physiology, Materia Medica, and Pharmacy.

The Second—Medicine, Surgery, Pathology, Therapeutics, Midwifery, Forensic Medicine, and Hygiene.

THE PROFESSIONAL EXAMINATIONS

Will be held *quarterly*, on the first and second Mondays in January, April, July, and October.

The First Part, on the first Monday, at twelve o'clock noon, and on the Tuesday and Wednesday succeeding at the same hour.

Subjects.—Chemistry and Botany, Monday; Anatomy and Physiology, Tuesday; Materia Medica and Pharmacy, Wednesday.

The Second Part, or Pass Examination, on the second Monday, at twelve o'clock noon, and on the Tuesday and Wednesday succeeding at the same hour.

Subjects.—Medicine and Surgery, Monday; Midwifery and Diseases of Women and Children, Tuesday; Forensic Medicine and Hygiene, Wednesday; Clinical Examination, Thursday.

The first two hours of each day will be devoted to writing answers, and after that, two hours to an oral and practical examination.

Candidates at the examination on Anatomy are liable to be called on to perform *dissections;* and at the examination on Surgery to perform one or more *operations* on the dead subject.

Doctors of Medicine and Licentiates of a College of Physicians or Surgeons who have also spent twelve months at *Practical* Pharmacy, may obtain the Licence by undergoing an examination—the former in Pharmacy and the latter in Medicine and Pharmacy. Licentiates of the London Society of Apothecaries are admitted *ad eundem.*

(*a*) Any candidate who has been rejected at the examination for the license in medicine loses this privilege, and shall be required to pay the full fee of £3 3s. for the license in midwifery.

PHARMACEUTICAL SOCIETY OF IRELAND.

THIS Corporation was created by Act of Parliament in 1875, and has just completed its third year of existence, its function being to license pharmaceutists and chemists in Ireland, hitherto solely qualified by the Apothecaries' Company. The regulations for the coming year will be as follows:—

PHARMACEUTICAL EXAMINATION.

Candidates must be twenty-one years of age, and have passed the preliminary at least one year previously, and must also have been practically engaged in compounding and dispensing for at least two years under the instruction of a pharmaceutical chemist or apothecary. Examinations on first Wednesday of January, April, July, and October. Examination for the Preliminary on the first Monday in those months.

Botany.—To recognise the principal indigenous plants used in medicine, to refer them to their natural orders, and to give the definitions and the distinctive characters of their several parts.

Materia Medica.—Recognise specimens of the drugs of the Pharmacopœia, describe their characters and active principles, name sources from which obtained, and the officinal preparations into which they enter, and to detect adulterations.

General and Pharmaceutical Chemistry.—The elementary laws of chemistry and physics, including chemical equations. To recognise the chemical substances of the Pharmacopœia, to describe processes by which obtained; qualitative analysis, including the tests of the Pharmacopœia and volumetric analysis, and to submit to a practical examination in these subjects.

Practical Pharmacy.—To translate Latin prescriptions, to detect dangerous doses, to compound and dispense correctly. Explain the processes of making the non-chemical preparations of the Pharmacopœia, and to recognise them. Fee, Preliminary, £2 2s.; License, £5 5s. In case of rejection, the sum of £2 2s. will be retained, and a candidate may not present himself for six months.

MEDICAL SCHOOLS AND HOSPITALS IN DUBLIN.

SINCE our last issue an important change has been made in hospital arrangements. The system of perpetual pupils, under which a student, binding himself to one hospital, received a discount off his fees, has been abolished, and he is free to go elsewhere as he pleases. Uniformity of fees has also been established, and the fee for all hospitals is now £8 8s. for winter (six months), £5 5s. for summer (three months), or £12 12s. for nine months. This arrangement, although involving an increase of fees, is very much to be approved of.

The Clinical Hospitals of Dublin are ten in number, exclusive of the Cork Street Fever Hospital, St. Mark's Ophthalmic Hospital, the Children's Hospital in Pitt Street, and other special institutions. To some of the Clinical Hos-

pitals Medical Schools are attached; others, though they have no actual or official connection with any school, are in close affinity with certain teaching bodies, while others again are without any special connection with any school. While, however, such affiliation of a school and hospital may exist, it should be remembered that the Dublin schools and hospitals are open to all comers, and the student is competent to attend any hospital and any school he wishes.

The Names of the Professors, Lecturers, and Hospital Staff of the following Hospitals and Schools are not included in this column, being found in the advertisement of each institution.

School of Physic and Sir Patrick Dun's Hospital.—The Medical School of Trinity College is one of the largest and most important. It is especially frequented by those students who intend to take the Arts Curriculum of the University, but is freely open to, and largely availed of by other students. It is under the immediate supervision of the Rev. Professor Haughton, the Medical Registrar of the University, and the names of its Professors will be found appended to the advertisement in our journal. Two Medical Scholars are elected annually by the Board of Trinity College, at an examination held at the end of June. Each scholarship is worth £20 per annum, and is tenable for two years. The Professors of the School of Physic give three exhibitions annually, amounting altogether in value to £40, subject to conditions prescribed by the Professors themselves.

Sir Patrick Dun's is the hospital attached by Act of Parliament to the School of Physic, and officered by the Professors of that school. It was for many years a purely medical hospital, but is now a large medico-chirurgical hospital, with a Midwifery Maternity attached.

The Royal College of Surgeons School is situated within the walls of the College, and is under the superintendence of the Council, who appoint the Professors. The Professor of Physiology commences his course with a series of twelve lectures on Comparative Anatomy—free to the public. The dissecting-rooms have recently been much enlarged. Prizes in Anatomy and Physiology, and Surgery will be awarded at the end of the Winter Session. Junior Exhibition of £15, a Senior Exhibition of £25, and Honorary Certificates will be awarded at the end of the Winter Session.

The City of Dublin Hospital has been hitherto more closely connected with the College School than any other hospital. It is situated in Upper Baggot Street, about ten minutes' walk from the Royal College of Surgeons. The hospital contains 130 beds, and accommodates about 1,300 intern patients annually. There are special wards for ophthalmic and aural diseases (on which subjects a special course of lectures is delivered), and for diseases of children. A new wing has been lately opened for the reception of fever and other infectious diseases. The "Purser" Studentship of £30 per annum (with apartments) is obtainable by competitive examination by all students; numerous prizes and medals are given, and special certificates are granted.

The Catholic University School is situated in Cecilia Street, about ten minutes' walk from the University itself in St. Stephen's Green. Most of its Professors are physicians and surgeons of the Mater Misericordiæ, St. Vincent's, or Jervis Street Hospitals, and its courses of study qualify for admission to all the licensing bodies. The University itself does not grant degrees in medicine or surgery, being as yet unchartered, but the School is instrumental in the education of a large proportion of the Catholic students of Ireland. The University grants an Exhibition of £20, a gold medal, value £7, and class prizes. There is no residence for students.

The hospitals most closely connected with this School are St. Vincent's, in St. Stephen's Green; the Mater Misericordiæ Hospital, in Eccles Street; Jervis Street Hospital; and House of Industry Hospital.

St. Vincent's Hospital was established in 1834 by the Sisters of Charity, some of whom had studied the system of the Parisian Hospitals, after which it was modelled. The ward for "*Enfans Malades*" is an interesting feature. The hospital has over 100 beds constantly full, and each sister has charge of about twelve patients. In connection with it is the Convalescent Home at Lindon Grove, Blackrock. The clinical instruction in medicine and surgery is given by Dr. Quinlan, Dr. Mapother, Dr. O'Leary, and Dr. Cryan.

A Special Ward for the treatment of the Diseases of Women has been opened under the care of Dr. J. A. Byrne, Gynæcologist to the Hospital.

The Mater Misericordiæ Hospital is the largest of the Dublin Hospitals, and is intended to be much extended. It is situated at the northern side of the town. The new wing is specially reserved for the admission of cases of fever and other contagious diseases. A special course on these subjects is given.

There are four resident pupils appointed every six months. Good lodgings can be had very cheap close to the hospital. Prizes to the value of £30 are awarded at the end of the winter session for the best reports on the cases under treatment in the hospital.

Jervis Street Hospital is one of the oldest established charitable institutions in Dublin, having been founded in 1721. It is situated in a part of the city not otherwise provided with hospital relief, and which, from its commercial character, supplies the hospital with an abundance of surgical cases. Like St. Vincent's Hospital, its nursing arrangements are under the charge of a community of Sisters of Charity. The hospital, being found inadequate to the demands upon it, is in process of being rebuilt.

The Ledwich School was founded in 1810 by the well-known Dr. Kirby, and since then has fully sustained its prestige under the management of the Messrs. Ledwich and Mason. Its name was bestowed upon the school as a tribute of respect to the late T. H. Ledwich, who sacrificed a life in an increasing effort to promote its welfare. It is situated in Peter Street, not five minutes' walk from the College of Surgeons, the Meath, Vincent's, and Mercer's Hospitals, and in the same street with the Adelaide Hospital and the Coombe Lying-in Hospital, and ten minutes' from the Catholic University School, the School of Physic, and the City of Dublin Hospital. No Introductory Lecture will be given at this school.

Mercer's Hospital, founded A.D. 1750, William Street.—This hospital is situated in the centre of the metropolis, in the midst of a densely-crowded population, and its doors are open at all hours for the reception of accidents and of acute cases. Dispensaries are held daily, and are largely attended. Special instruction is given in cutaneous and infantile diseases. From the large number of accidents which from its position come to the hospital, students are afforded ample opportunities of rendering themselves familiar with the nature and treatment of disease in its various forms, and of acquiring dexterity in the dressing and manual operations of minor Surgery.

Richmond, Whitworth, and Hardwicke Hospitals.—Accommodation: Hardwicke Hospital, 120 beds; Whitworth Hospital, 82 beds; Richmond Hospital, 110 beds; total, 312 beds.

The hospitals are visited each morning at nine o'clock by the physicians and surgeons, and, in addition to the usual bedside instruction, Clinical Lectures are delivered on the most important cases. Special instruction is also given on various branches of Medicine and Surgery.

The Truss Establishment, for the distribution of trusses to the ruptured poor of Ireland, is connected with these hospitals. There is a very large ophthalmic, aural, and dental dispensary, and the respective surgeons give instruction in these important subjects.

Eight resident Clinical Clerks and the dressers are appointed each half-year, and provided with furnished apartments, fuel, &c., &c. These appointments are open not only to advanced students as formerly, but also to those who are qualified in medicine or surgery. A House Surgeon for the Richmond Hospital is elected biennially, and receives a salary.

The Richmond Lunatic Asylum, containing 1,000 beds, adjoins these hospitals.

The Carmichael School, as we announced some weeks ago, is about to be transferred from its present site in North Brunswick Street to premises situated at the corner of Aungier Street and York Row. The staff has been considerably increased. Mr. Loftie Stoney the well-known demonstrator at the College of Surgeon's School, has become joint lecturer on Anatomy. Mr. Barton, formerly Lecturer on Surgery at the Ledwich School, joint lecturer with Mr. Corley on

Surgery, and Dr. Macan, joint with Dr. Jennings on Midwifery. Mr. Lambert Ormsby and Mr. Antony Roche, are also important additions to the staff as demonstrators. The school in its new premises, which promise, when complete, to be very commodious and eminently suited to the requirements of modern practical teaching, will be in immediate proximity to the Meath, Adelaide, and Mercer's Hospitals, and it will be connected by its teachers, not only with these hospitals, but also with the House of Industry, the Mater Misericordiæ, and the City of Dublin. Two Scholarships, the "Mayne" and the "Carmichael," each value £15, and prizes to the value of over £60 on the foundation of the late Mr. Carmichael, are offered annually. The Carmichael Scholarship is for students commencing their third year, and will be examined for in the last week in October. The examination for the "Mayne," and for the other Prizes, will not be held until the close of the Session.

DR. STEEVEN'S HOSPITAL AND SCHOOL are situated close to the Kingsbridge Terminus of the Great Southern and Western Railway, and therefore occupy a position of their own, far removed from the other medical institutions.

Immediately adjoining is St. Patrick's (Swift's) Asylum for the Insane.

There is accommodation for residence of seven surgical and four medical residents; besides whom the resident-surgeon receives house pupils. The fees payable for the privilege of residence are twenty-one guineas, winter; fifteen guineas summer six months. Students have apartments, coal, gas, and furniture.

Accommodation outside the hospital, in the neighbourhood, is arranged by the hospital authorities.

The examination for two Midwifery Assistants is held on the last Saturday in November. Salary £30.

Candidates must be in at least their second year, have attended Practical Midwifery in the Maternity Department, and be entered on the books of the school.

Gold medals will be awarded in each year's class.

As we have said, certain hospitals have no special affinity with any college or school. Of these are the Meath and Adelaide Hospitals.

The MEATH HOSPITAL, which is also the public infirmary of the county of Dublin, containing 120 beds, and now in the 125th year of its existence, ranks among the oldest of the charitable institutions of this city. It is situated on the southern side of the city, upon about three acres of ground, formerly called "The Dean's Vineyard." The original Meath Hospital, situated on the Coombe, was opened in 1753. The foundation-stone of a new Meath Hospital, on the Coombe (now the Coombe Lying-in Hospital), was laid out by Lord Brabazon, 10th October, 1770; this hospital was, in 1774, constituted the County Dublin Infirmary by Act of Parliament. The present building, in Heytesbury Street, was opened in 1822, since which time the building has undergone considerable enlargements and improvements. In 1830 the theatre for operations and lectures was erected. In 1852-3 the Collis Wards were added as a memorial to Maurice Collis, twenty-five years surgeon to the hospital. In 1865 the "Smyly Ward," built for the special accommodation of children, was opened by the Lord-Lieutenant, Lord Wodehouse.

The ADELAIDE HOSPITALS, recently much enlarged, are in Peter Street, next door to the Ledwich School, and within a few minutes' walk of the College of Surgeons and the Universities. From the 1st of October the physicians and surgeons will visit the wards, and give instruction at the bedside, at the advertised hours.

There is a large detached fever hospital and also wards for infants and children. Special hours are devoted to clinical instruction in the Diseases Peculiar to Women, and students are individually instructed in the use of the Stethoscope, Ophthalmoscope, Laryngoscope, and Microscope. Two resident pupils are selected half-yearly. Prize examinations are held at the termination of the Session. The large dispensaries afford facilities for the study of eye, ear, throat, and cutaneous diseases, as well as minor Surgery.

SPECIAL HOSPITALS.

The Special Hospitals of Dublin are the Rotunda and Coombe Lying-in Hospitals, the Westmoreland Lock Hospital, Cork Street Fever Hospital, Pitt Street Children's Infirmary, St. Mark's Ophthalmic Hospital, two Orthopædic Hospitals, and the National Eye and Ear Infirmary.

COOMBE HOSPITAL.—This hospital has been rebuilt and refurnished, and has sixty-five beds, was founded in 1826, and was incorporated by Royal Charter in 1867, thus enabling its medical officers to issue diplomas qualifying the holders to practise midwifery. This hospital is situated in the centre of a district densely populated by the lower orders, and thus affords the amplest opportunities for practice. It receives about 700 labour cases within its walls, while those attended as extern amount to nearly double that number. Moreover, the chronic ward for the reception of cases of the diseases of females give admission to about 80 patients annually. The fee for attendance is £8 8s. for six months as extern, and £18 18s. as intern pupil. During that period the student attends on given nights in each week, or oftener, if circumstances permit, and takes charge in his turn of any case that may be admitted to the labour wards, or may call for his assistance outside. An annual examination is held in May and November, at which prizes of considerable amount are awarded, and certificates of good answering granted. Two paid resident pupil midwifery assistantships, and a paid clinical clerksip, are obtainable annually, by competitive examination, for which all pupils who have obtained their midwifery diplomas are eligible.

The PITT STREET CHILDREN'S INFIRMARY, established 1821, is situated close to Mercer's Hospital and the College of Surgeons. It was founded to provide treatment specially for children, and to teach that special branch of Disease. Dr. Moore and Dr. Churchill are the medical officers.

ST. MARK'S OPHTHALMIC HOSPITAL AND DISPENSARY FOR DISEASES OF THE EYE AND EAR.—This is the oldest and largest special ophthalmic hospital in Dublin, and was founded by Sir William Wilde. Instruction is given on the mornings of Mondays, Tuesdays, Thursdays, and Fridays, from 11 to 1 o'clock, and operations are performed on Wednesdays and Saturdays from 11 to 1 o'clock. A surgeon resides in the institution, and receives a salary of £80, besides rooms, gas, coal, &c.

THE ROTUNDA HOSPITAL.—This well-known and time-honoured institution possesses a character as a School of Midwifery which needs no comment. It is not, however, as generally recognised as it deserves to be, as also a great school of gynæcology. The institution consists, in fact, of two distinct hospitals—viz., the lying-in hospital, into which some 1,200 cases of labour are admitted annually, and the Hospital for the Treatment of Diseases peculiar to Women, in which some 500 patients are now annually admitted during the course of the year. The present master, Dr. Lombe Atthill, as is well known, devotes special attention to this department of the charity. There is every facility for the study of the special departments of medicine to which the hospital is devoted, and both students and midwives are granted a diploma on passing an examination.

The Clinical Clerkship, value £30 a-year, tenable for six months, is adjudged, after open competitive examination, to any pupil who has attended the full course of instruction in the hospital, but who has not obtained a registerable qualification.

CORK STREET HOSPITAL is the only special fever hospital in Dublin, contains 120 beds, and is mainly supported by Government. One or more medical pupils are elected by the Governors for a six months' residence, for which a special certificate is given. Extern Students are also admitted for the same term. Fee, three guineas. Further particulars of Dr. Atkins, Registrar.

NATIONAL ORTHOPÆDIC HOSPITAL OF IRELAND for the treatment of Club-foot, Contractions and Distortions of the Limbs, Spinal and all other Bodily Deformities, 7 Upper Kevin Street, Dublin.—Mr. Ormsby attends daily from 11 to 12 o'clock, and gives Clinical instruction on the intern cases.

The hospital is capable of containing 25 beds, for the reception of severe cases of deformity. There is a large dispensary for extern patients held on Tuesday, Friday, and Saturday, 11 to 12. Operations performed on Fridays. Students and practitioners are allowed to attend the Clinical instruction.

Dublin Orthopædic Hospital, 11 Usher's Island, contains 20 beds for the treatment of deformities, and an Infirmary for Contagious Disease should such occur. It is under the surgical management of Mr. Swan, of Steeven's Hospital. Six beds are free.

The Dental Hospital of Dublin.—This is the only hospital in Dublin solely devoted to the treatment of Diseases of the Teeth and Deformities of the Mouth, which will afford gratuitous relief to the suffering poor. It is open daily from 9 to 10 a.m.

Cork Ophthalmic and Aural Hospital has a special throat department, it is the only special institution of the sort in the south of Ireland, and is under the care of Dr. H. Macnaughton Jones. It contains twenty-six beds, and has an average extern attendance of 1,700 patients. A Resident Pupil is chosen every three months, and Clinical Assistants are appointed by the Surgeon.

INTRODUCTORY LECTURES IN THE DUBLIN SCHOOLS AND HOSPITALS.

School of Physic—None.
Royal College of Surgeons—Dr Stoker, Oct. 23th, 1 p.m.
Catholic University—Mr. P. J. Hayes.
Dr. Steevens' Hospital and School—None.
Meath Hospital—Dr. Foot, Nov. 5th, 10 a.m.
City of Dublin Hospital—None.
Sir Patrick Dun's Hospital—None.
Mercer's Hospital—None.
Richmond Hospital—Mr. A. H. Corley, Oct. 31, 10 30 a.m.
Mater Misericordiæ Hospital—Dr. Gunn, Oct. 31, 11 a.m.
Rotunda Hospital—None.
Carmichael School—None.
Ledwich School—None.
St. Vincent's Hospital—Dr. O'Leary, M.P., Oct. 31, 11 a.m.

THE QUEEN'S COLLEGES.

These three important institutions are the special schools of the Queen's University, and are situated in Belfast, Galway, and Cork. They receive a large subvention from the public funds, and are provided with every facility for the education of their students. It is essential that every candidate for the medical or surgical degrees of the Queen's University shall have attended courses of lectures in Modern Languages, Natural Philosophy, and at least two medical subjects, in one of the provincial colleges, so that attendance at a Queen's College during one of the years of medical study is compulsory upon all candidates for the licences of this University.

A detail of the prizes and exhibitions in arts and medicine, the names of the professors, and other information, *will be found in the Advertisements* of this issue, and full details may be had on application to—

Belfast.—John Curran, M.A., Registrar.
Cork.—Alexander Jack, M.A.
Galway.—Arthur Hill Curtis, M.A., LL.D.

MEDICAL EDUCATION IN SCOTLAND.

THE UNIVERSITIES.

The fees for the degrees in all four of the Scotch Universities are the same—viz., M.B., £15 15s. (£5 5s. being payable at each of the three examinations); C.M., £5 5s. (in addition to the fees of M.B.); M.D., £5 5s. (in addition to the fees for M.B.); and £10 for Government stamp.

UNIVERSITY OF EDINBURGH.

This is a qualifying and teaching body, and has complete Faculties also of Theology and Law equally with Medicine. Prior to commencing medical studies the student must pass a preliminary examination in English, Latin, and Arithmetic, the elements of mathematics, and the elements of mechanics. An examination in at least two of the following subjects is demanded before being admitted to a professional examination, in addition to the foregoing subjects—viz., Greek, French, German, Higher Mathematics, Natural Philosophy, Logic, Moral Philosophy. The University confers three degrees—medical and surgical qualifications being granted—M.D., M.B., and C.M. The C.M. is not conferred unless the M.B. be taken at the same time. For the degrees of M.B. and C.M. four years of professional study must be completed after passing a preliminary education recognised by the Medical Council. A degree in Arts of any British University is held to supersede the preliminary examination. Of the four years of professional study, one must be passed in the University of Edinburgh, and another of such four years must be in some other University entitled to grant the degree of M.D. The M.D. degree is conferred on Bachelors of Medicine who have attained the age of twenty-four years, and who present a thesis to be approved by the Medical Faculty. The lectures of several extramural lecturers in Edinburgh, as well as those at the London medical schools, and such teachers in the provincial schools approved by the University Court, are recognised, subject to certain conditions.

Every candidate for the degrees of M.B. and C.M. must give sufficient evidence by certificates—1. That he has studied each of the following departments of medical science—namely, Anatomy, Chemistry, Materia Medica, Institutes of Medicine or Physiology, Practice of Medicine, Surgery, Midwifery and the Diseases peculiar to Women and Children, and General Pathology, each during courses including not less than one hundred lectures; Practical Anatomy, a course of the same duration as those of not less than one hundred lectures; Practical Chemistry, three months, Practical Midwifery, three months at a midwifery hospital, or a certificate of attendance on six cases from a registered medical practitioner; Clinical Medicine, Clinical Surgery, courses of the same duration as those of not less than one hundred lectures, or two courses of three months' lectures being given at least twice a week; Medical Jurisprudence, Botany, Natural History (including Zoology), during courses including not less than fifty lectures. 2. That he has attended, for at least two years, the medical and surgical practice of a general hospital which accommodates not fewer than eighty patients, and possesses a distinct staff of physicians and surgeons. 3. That he has been engaged, for at least three months, by apprenticeship or otherwise, in compounding and dispensing drugs at the laboratory of a hospital, dispensary, member of a surgical college or faculty, licentiate of the London or Dublin Society of Apothecaries, or a member of the Pharmaceutical Society of Great Britain. 4. That he has attended, for at least six months, by apprenticeship or otherwise, the out-practice of a hospital, or the practice of a dispensary, physician, surgeon, or member of the London or Dublin Society of Apothecaries.

UNIVERSITY OF ST. ANDREW'S.

This University confers the degree of M.D. (certain exemptions being made to ten practitioners yearly), M.B., and C.M. Two years of study of each candidate must be in one or more of the following Universities—viz., the University of St. Andrew's, Glasgow, Aberdeen, Edinburgh, Oxford, and Cambridge; Trinity College, Dublin; Queen's College, Belfast; Queen's College, Cork; and Queen's College, Galway.

The degree of M.D. is conferred on any registered practitioner above the age of forty whose professional position is such as to entitle him to that degree, and who shall, on examination, satisfy the examiners of the sufficiency of his professional knowledge; provided always that degrees will not be conferred, under this section, to a grater number than ten in any one year. The examinations are held yearly, towards the end of April. Candidates must lodge with the Dean of the Medical Faculty the following certificates, along with application for admission to examination:—1. A certificate of age, being a

baptismal certificate or an affidavit of age. 2. Holograph certificates from at least three medical men of acknowledged reputation in the medical profession or in the medical schools, recommending the candidate to the Senatus for the degree, and testifying to his professional skill and position. As only ten can graduate early, candidates will be selected whose service and certificates seem to the Medical Faculty to present the highest professional claims, and where these seem equal preference will be given to age and priority of application. 3. Candidates, when notified for examination, shall remit a portion of the graduation fee (viz., £15 15s.) This sum shall be forfeited should the candidate fail to appear, or to graduate, at the time appointed. 4. A satisfactory examination, written and *vivâ voce*, must be passed in the following departments—viz., Materia Medica and General Therapeutics, Medical Jurisprudence, Practice of Medicine and Pathology, Surgery, Midwifery and Diseases of Women and Children.

UNIVERSITY OF GLASGOW.

This is both a teaching and examining body. It confers three degrees, viz.: Bachelor of Medicine, Master of Surgery, and Doctor of Medicine. Before graduating the student must have been engaged in medical study for four years, one of which must have been spent at the University of Glasgow, and the others at some university or school recognised by the Glasgow University. A *medicus annus* is constituted by two courses of 100 lectures each, or by one course of 100 lectures, and two of 50 each. Two preliminary examinations must be passed, one before commencing study and the other before appearing at the first professional examination. A degree in Arts (not honorary) exempts the student from these examinations. The hospital practice is attended chiefly at the Western Infirmary, to which several of the professors are physicians and surgeons. Numerous other medical institutions exist in the city; and the fact that hospital appointments in this city are virtually life-ones, causes a reasonable and justifiable increase in their number from time to time. The University recognises several extramural lecturers.

Bursaries tenable by Medical Students.—The Brisbane Bursary, of £50 yearly, held for four years by a student of medicine who is a Master of Arts. The Walton Bursary, of £36 yearly, held by a medical student (a native of England being preferred) for four years. The Logan Bursary, of £16 yearly, tenable by a medical student for four years. Two Rainy Bursaries, value £20 per annum each, open to medical students who have just completed the second year of professional study, and tenable for two years. The Armagh Bursaries, three in number, amounting each to £25 yearly, for three years, open to Students of Divinity, Law, and Medicine, who have taken the degree of M.A. The Macfarlane Bursary, value £40 per annum, and tenable for three years, open to students who have attended the first session of their professional study in the University of Glasgow, and who have passed in all the seven subjects of the Preliminary Examination for M.B. The Marshall Bursary, value £17 per annum, and tenable for four years, open to students entering the Medical Faculty, and awarded by competition on the subjects of the Preliminary Examination. The Lorimer Bursary, value £50 per annum, tenable by a medical student for three years.

UNIVERSITY OF ABERDEEN.

This University is entitled to confer degrees in all the Faculties, and is a teaching body as well. The curriculum of study is nearly the same as in the University of Edinburgh. One year must be passed at Aberdeen. Another of such four years must be either in this University or in some other university entitled to give the degree of M.D. With regard to fees, each candidate for the degree of M.B. must pay a fee of £5 5s. in respect of each of the professional examinations. If he desires to be admitted to the degree of M.B. only he will not be required to pay any further fee, in addition to the £15 15s.; but on admission to the degree of C.M. he must pay a further fee of £5 5s. The fee for the M.D. degree is £5 5s., in addition to the fees for the M.B. degree. Besides the Royal Infirmary, students have the opportunity of attending several other local institutions.

THE COLLEGES.

Royal College of Physicians of Edinburgh.—This, like the Sister College of London, is exclusively a qualifying body. In conjunction with the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Edinburgh, this College grants a double qualification, and registerable as such. Each applicant for professional examination must previously have passed the preliminary examination prescribed by the General Medical Council. Exemption is made in the case of Masters or Bachelors of Arts of any British University and certain recognised foreign Universities. Candidates who may have already passed the first professional examination of any body approved of by the College will be at once admitted to the second part of the examination.

The Fellowship is conferred only by election, and the candidate must at least have been a member of the College for one year previously, and have attained the age of twenty-five years.

The Membership is conferred on Licentiates of the College, or Graduates of a British or Irish University, with whose knowledge the College may be satisfied, and who has attained the age of twenty-four years.

The Licence.—The regulations are nearly the same as those for the joint examination for the Scotch double qualification.

The Professional Examination will be divided into two parts, according to the following arrangement of subjects: 1. Anatomy, Physiology, Chemistry. 2. Materia Medica and Pharmacy, Pathology and Pathological Anatomy, Practice of Medicine, Surgery, Midwifery, Medical Jurisprudence, Clinical Medicine. No candidate will be admitted to the first examination until the end of his second winter session, or to the second until he has completed four years of professional study. The examinations will be partly oral, partly in writing.

Qualification in Public Health.—The College now confers a certificate of competency in Public Health. The examinations are held in April and October. Fee, £10 10s.

Fees.—The fee payable by a Licentiate is £10 10s. In the case of unsuccessful candidates the fee is returned, minus £4 2s., retained to defray the expenses of examination. The fee to be paid by a member is £31 10s. When a licentiate is raised to the rank of a member, he pays £21. When a member is raised to the rank of a fellow, the fee is £31 10s., exclusive of stamp duty, which amounts to £25. All candidates for fellowship or membership must lodge their fees, and the amount of stamp duty payable at the time to Government, with the treasurer, previously to presenting their petitions.

Royal College of Surgeons, Edinburgh.—Candidates for the diploma of this College must have followed a course of study in some University, or in an established school of medicine, or in a recognised provincial school. Candidates already qualified are admitted on certain exceptional conditions.

Preliminary Examination.—All candidates for the diploma of the College must have passed the complete examination prescribed by the General Medical Council, and have their names inscribed on the register of medical students at the commencement of their medical studies. The preliminary examination of certain recognised bodies is accepted by the College.

Professional Education.—Candidates commencing professional study after September 16, 1866, must have been engaged, during four years after the preliminary general education, in professional study, which shall include not less than four winter sessions, or three winter and two

summer sessions' attendance at a recognised medical school.

Professional Examination.—The professional examination is divided into two, the one oral, the other written. The first examination embraces Anatomy, Physiology, and Chemistry. The second examination embraces Surgery and Surgical Anatomy; also Medicine, Midwifery, Materia Medica, and Medical Jurisprudence; and does not take place prior to the termination of the winter session of the last year of study.

The Fellowship is conferred only on candidates who have obtained a diploma from this College or from either of the Colleges of Surgeons of England or Ireland, or the Faculty of Physicians or Surgeons of Glasgow, and who are twenty-five years of age. The election is by ballot, and three-fourths of the votes are required to be in the candidate's favour, and he has to subscribe certain bye-laws of the College. Fellows are forbidden to keep open shops, to be connected with secret remedies, or indelicate advertisements or publications.

The License.—The regulations are almost the same as those for the joint examinations conducted by the Colleges Physicians and Surgeons.

of In order to test more effectually the practical knowledge of candidates, recent dissections, anatomical specimens, and articles of the materia medica will be employed during the examinations; and all candidates will be required to write out formulæ of prescriptions. They will also be subjected to a practical clinical examination in the surgical hospital, including the application of surgical apparatus, bandages, &c.

No candidate will be admissible to examination who has been rejected by any other licensing board within the three months preceding his application to be examined.

Those candidates who have passed the First Professional Examination before the 31st December, 1878, will be required to pay, as under the old regulation, a fee of £6 for the second examination, provided they appear for that examination prior to 1st January, 1881; and in the event of being unsuccessful £2 will be retained.

THE SCOTCH DOUBLE QUALIFICATION.

The Royal College of Physicians of Edinburgh, by a certain arrangement, grants conjointly with the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons, after one series of examinations, a double qualification, two diplomas being given and registerable under the Medical Act as medical and surgical qualifications, thus: Lic. Roy. Coll. of Phys. Edin. and Lic. R.C.S. Edin., or Lic. Roy. Coll. of Phys. Edin. and Lic. Fac. Phys. and Surg. Glas., according as the case may be.

By the understanding subsisting between these bodies, the College of Physicians take exclusive charge of the examination in medicine; and the College of Surgeons or the Glasgow Faculty, of that in surgery; while departments common to both medicine and surgery are examined by a board in which each body is represented. Such arrangements as these were contemplated by the Medical Act, and authorised by Section XIX., and those under consideration were sanctioned by the Medical Council, 7th August, 1859.

Candidates having fulfilled the full curriculum are subjected to two professional examinations. Hereafter the preliminary examination must be passed before commencing professional study, and must be otherwise conformable to the regulations of the Medical Council.

School of Medicine, Edinburgh.—The lectures of this School qualify for the University of Edinburgh and the other Universities, and the Royal Colleges of Physicians and Surgeons, Edinburgh, London, and Dublin, and the other medical and surgical boards.

In accordance with the statutes of the University of Edinburgh, any four of the medical classes required for graduation, or two complete *anni medici*, may be studied at this school, each of which may be constituted by attendance on two of the six-months' courses, or on one of these, and two three-months' courses. It is always provided, however, that the fee for any class taken for graduation in the University of Edinburgh shall be the same as that charged by the University for the corresponding class.

The whole of the education required for graduation at the University of London may be taken at this school. The minimum cost of the education of this School of Medicine for the double qualification of Physician and Surgeon from the Royal Colleges of Physicians and Surgeons, including the fees for the joint examination, is £85, which is payable by yearly instalments during the period of study; and the minimum cost for the single qualification of either Physician or Surgeon, including fees for examination, is £85.

Royal Infirmary, Edinburgh.—Clinical instruction is afforded at this institution under the supervision of Professors of the University and ordinary physicians and surgeons to the Infirmary. Special instruction is given on diseases of women, physical diagnosis, and diseases of the eye. Separate wards are devoted to fever, venereal diseases, diseases of women, diseases of the eye, &c. The perpetual fee, in one payment, is £10; the annual fee, £5 5s.; half-yearly, £3 3s.; quarterly, £1 11s. 6d. Separate payments for two years entitle the student to a perpetual ticket. No fees are payable for any surgical or medical appointment.

Glasgow Royal Infirmary School of Medicine.—The Winter Session will commence on October 29th. Courses of lectures are given on all the subjects required by the licensing bodies for qualification, and lectures are also given on Practical Physiology, Operative Surgery, Aural Surgery, Dental Surgery, and Diseases of the Eye. During the summer lectures on Insanity are given by Dr. A. Robertson, and the City Parochial Asylum under his charge is free to students of this school. Students have unusual facilities for the study of anatomy, the supply of subjects being practically unlimited.

Class Fees.—For each course, first session, £2 2s.; second session and perpetual, £1 1s. Students who have attended a first course elsewhere can enter on the second course on payment of £1 1s. Anatomy, first winter session, £4 4s.; summer session, £1 1s.; second winter session, £4 4s.; afterwards the fee for lectures and Practical Anatomy is £1 1s. per session. Lectures on Diseases of the Ear, £1 1s.; with clinique to those who are not students of the hospital, £2 2s. Clinique on Dental Surgery free to students of the hospital, to others £1 1s. Lectures on Diseases of the Eye, £1 1s.

Glasgow Royal Infirmary.—Number of beds, 570. In addition to the ordinary medical and surgical wards, there are separate wards for the treatment of venereal diseases and the diseases of women, whilst diseases of the eye, ear, throat, and teeth are especially treated at the dispensary. Courses of Clinical Medicine and Surgery are given by the physicians and surgeons, and *post-mortem* examinations are conducted in the pathological theatre by the pathologist, who also gives practical instruction in pathological anatomy and histology.

Appointments.—There are five physicians' and five surgeons' assistants. The appointments can be held for six or twelve months, and are open to students who have passed all their examinations except the last, or to gentlemen who have a qualification in medicine or surgery. Clinical assistants, dressers, dispensary clerks, and pathological assistants are selected from the students without additional fees.

Fees for hospital practice and clinical lectures, first year, £10 10s.; second year, £10 10s., afterwards free. For six months, £6 6s.; three months, £4 4s. Students who have paid 20 guineas at another hospital for its perpetual ticket are admitted six months for £2 2s., or one year for £3 3s. Vaccination certificate, recognised by Privy Council, £1 1s.

Anderson's University, Glasgow.—This is exclusively a teaching body. In addition to its offering excellent opportunities for acquiring a good medical education

nstruction is given in the other branches of a liberal education, advantage of which might profitably be taken by medical students generally. The expenses of this institution, as already mentioned, are exceedingly moderate. Extensive opportunities for dissection are offered, under the guidance of the very talented lecturer on anatomy.

Students are admitted to the practice of the Western Infirmary, close to the University, which has about 200 beds, and an excellent staff. Clinical lectures are delivered by the professors at this institution, and at the Royal Infirmary, students having the option of choosing any two whose lectures he will attend.

In connection with this College, there are five hospitals and dispensaries for special diseases, to all of which students are admitted.

The following Scholarships will be competed for at the commencement of Winter Session 1878-79 :—

(1.) A Scholarship, value £20, for students of the College entering upon their *third* winter of medical study.

(2). A Scholarship, value £10, for students of the College entering upon their *second* winter of medical study.

The subjects of examination for the £20 Scholarship will be Anatomy, Physiology, and Surgery. In Anatomy the examination will be limited to the following subjects, viz.:—The Joints, the Minute Anatomy of the Thoracic and Abdominal Viscera, Practical Examination on Recent Dissections. In Physiology the examination will be limited to the Cerebro-Spinal Nervous System. And in Surgery the examination will be limited to Hernia, Dislocations, Fractures, Diseases of the Bones, Aneurism, and Diseases of the Genito-Urinary Organs. The examination will be partly *viva voce* and partly written.

The subjects of examination for the £10 Scholarship will be Anatomy and Chemistry. In Anatomy the examination will be limited to the Bones, Joints, and Muscles. In Chemistry the written examination will be on some subject taken from the Chemistry of the Sugars and Alcohols (Text-book, Armstrong's "Organic Chemistry.") The *viva voce* examination will embrace the Chemistry of the Non-Metallic Elements (Text-book, Wilson's or Williamson's "Chemistry.") There will also be a practical examination, embracing the analysis of a simple salt.

The examinations for the Scholarships will take place in the last week of November, 1878.

In addition to these Scholarships, a prize of £5 will be awarded in the Junior Anatomy Class at the close of the Winter Session, and one of similar value in the Chemistry Class for Students of the First Year.

Further particulars may be obtained on applying to Dr. A. M. Buchanan, Dean of the Medical Faculty.

A Dispensary is now connected with Anderson's College, the leading feature of which is that Students have the privilege of visiting and treating patients at their own homes. In addition, advice is given daily at the Dispensary on all Medical and Surgical diseases, and, once a week, special advice and clinical instruction are given in diseases of women and children. The Students, in visiting cases at their own homes, are assisted (when necessary) by the Dispensary Staff, which consists of twelve Physicians and Surgeons.

HOURS OF THE INTRODUCTORY LECTURES

To be delivered at the Scotch Medical Schools.

University of Edinburgh—Oct. 29th. 2 p.m.—The Principal.
University of Glasgow—Oct. 29th Professor McKendrick, M D.
University of Aberdeen—None. Session commences Oct. 30th.
School of Medicine, Edinburgh—Oct. 29th, 11 a.m.—Dr. Claude Muirhead.
Anderson's University (Glasgow)—Oct 29th, 11 a.m.—Dr. McVail.
Glasgow Royal Infirmary School of Medicine—Oct. 29th—Dr. Wm. Macewen.

NOTICE.

The Editor desires to thank the Deans of the various Medical Schools for supplying him with the information respecting the institutions with which they are connected. [As this number is devoted exclusively to information necessary for students intending to join one or other of the various medical schools; and for those who, having passed their curriculum, are about to enter the ranks of the profession, the ordinary matter which fills our columns is necessarily deferred to next week. Should any of our readers desire to present this number to a patient or friend who contemplates sending his son to a medical college, our Publisher will be happy to supply him with a duplicate free of cost.]

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 25, 1878.

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LECTURES ON LOCALISATION IN CEREBRAL DISEASE.

By Prof. CHARCOT, M.D.,

Physician to the Salpetrière Hospital, Member of the Academie de Medicine, Paris; Fellow of the Clinical Society of London, &c., &c.

(*Continued from page* 119.)

IV.—For the anatomy of fasciculated scleroses I refer to a detailed memoir published by Bouchard, but shall only give here certain facts rendered interesting by our studies.

1. I will first remind you that scleroses consequent upon a circumscribed lesion of a cerebral hemisphere affect half of the system of lateral fasciculi. They are more or less well marked, and extensive according to the size of the nervous band, but they always affect its whole length as far as the lower end of the lumbar bulb; they never cease in the course of the band; they are always *descending* in the sense that, originating at the level of the injury, they progress in a direction inferior to this point, and cannot be traced upwards in the direction of the grey cortex. We must not regard as a consecutive sclerosis those atrophies of one or more convolutions, or the whole hemisphere, which are seen when a central lesion occurs in a very young subject. We have then an arrest of development comparable to the atrophy occurring in the limits of the affected side in hemiplegia (spasmodic infantile hemiplegia).

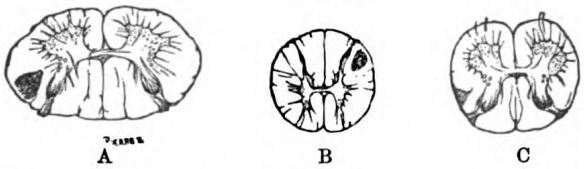
2. Microscopic examination alone, in rather old and well-marked cases, enables us to recognise some of the most striking characteristics of the change. Suppose that there is an ochre-like hæmorrhogic spot in the left hemisphere which cuts off the course of the fibres of the internal capsule in their middle third. In such a case the foot of the crus cerebri of the left side will appear thinner and flatter than that of the right. Moreover, we shall find a greyish band in the central part of the peduncle (crus), which in an antero-posterior section will not be found to extend beyond the grey layer of Sœmering. The grey tint disappears at the edge of the pons, and is again found below it in the medulla, where it occupies the anterior pyramid in its whole length on the same side as the central lesion; the affected pyramid is also narrow and flattened; below, the indentations of the bulbar decussation are more clearly seen than in the normal state, because of the contrast between the sound and affected sides. Below the decussation, in the half of the cord opposite the central lesion, the sclerosis will be found in the lateral column; the morbid part will be found in the form of a triangular space of grey colour, situated directly exterior to and before the posterior cornu, its extent being gradually less, as the sections of the cord are made lower down.

3. Microscopic examination of their sections suitably hardened adds materially to these results. In the first place, it furnishes the means of fixing more exactly the site of the lesion, and of showing that the part of the cord (for example) affected is the lateral column. The other white fasciculi and the grey cornua remain perfectly intact. We are at the same time able to see that the nerve-roots, anterior and posterior, and meninges, show no trace of alteration. Further, minute examination enables us to discover the nature of the morbid process, and indicates grey induration and sclerosis, which does not differ essentially from that seen in primary fasciculated sclerosis.

4. And here let me notice the pathological analogies which exist between the consecutive scleroses of a cerebral origin and the primary fasciculated scleroses, symmetrical also, affecting the lateral columns, which I described last year as spinal amyotrophies. These analogies are considerable, since the same change — grey induration — appears in the same situation in both cases. But there

are differences also to be noticed; for instance, in the primary sclerosis the fascicular lesion is necessarily double, that is to say, it occupies the lateral columns of both sides at once, and not of one side only, as is always the case in consecutive sclerosis, since the centre of diseased action is unilateral. It is always much more extensive transversely, and there is reason to believe that beside the cerebro-spinal or pyramidal nerves affected in consecutive sclerosis, the proper spinal fibres of the lateral column are also involved (figs. 34-39).

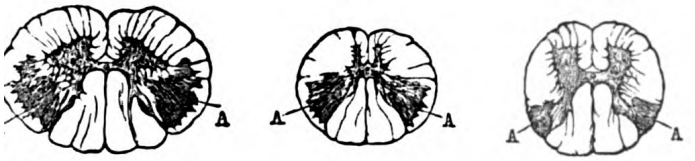
Fig. 34. Fig. 35. Fig. 36.



A B C

Transverse sections of the spinal cord in a case of secondary degeneration (lateral fasciculated sclerosis, consecutive upon cerebral cause) following a cerebral softening, which affected the opto-striate and the internal capsule of the right hemisphere. A, cervical region. B, dorsal region. C, lumbar region. The sclerosis is seen to become superficial as it descends into the lumbar region.

Fig. 37. Fig. 38. Fig. 39.



ansverse section of the spinal cord through the middle of the cervical enlargement.

Transverse section through the middle of the dorsal region.

Transverse section through the middle of the lumbar enlargement.

We find also that primitive sclerosis has a great tendency to invade the neighbouring regions of the cord, both the white fasciculi and the anterior cornua of the grey substance, which is not usually the case with consecutive sclerosis; yet there are, as we shall see, some very interesting exceptions.

V.—We have just been observing that from an anatomical point of view there is considerable analogy between the primary and consecutive forms of lateral sclerosis. The resemblance may also be studied clinically. We know that motor paralysis—contraction of the limbs—at first transitory, then permanent, with spontaneous or provoked trembling, &c., form the group of symptoms which during life reveal the presence of primary spinal sclerosis, that is to say, those which are independent of any central lesion. All these symptoms appear in their essential characters in cases of sclerosis consecutive to brain disease, and constitute, in a word, common permanent hemiplegia. We safely say, then, that between the lesion "lateral sclerosis" and the phenomenon "permanent rigidity," there exists a relation which we cannot account for philosophically at present, although it is clearly proved by a great number of observations. In my opinion, neither retraction of the cerebral cicatrix, as Dr. Todd has said, nor encephalitis arising in the neighbourhood of the clot, as many others maintain, will account for the occurrence of late rigidity in hemiplegic patients; but it is due to the existence of chronic myelitis, arising in the lateral column from the brain lesion. I shall not here regularly discuss this question, but refer you to M. Bouchard's work, in which you will find a collection of documentary evidence in favour of the view which I support.

Arising from a circumscribed cerebral lesion, consecutive sclerosis acquires, as you see, at a certain point, an independent autonomous existence, and is revealed by special symptoms. It may happen that by reason of that autonomy the lesion spreads beyond the limits usually assigned to it in the lateral columns, and invades the neighbouring parts of the cord, the cornua of the grey matter for example. In such cases, of course, the symptoms will manifest considerable modifications; it is in this way that the muscles of the paralysed limbs, which usually in permanent hemiplegia preserve their normal texture for a long time, and do not emaciate, in certain cases undergo a more or less rapid degenerative atrophy, while the rigidity gives place to flaccidity. In many examples of this kind, we have found, M. Pienet and I, beside the classic lateral sclerosis, a lesion of the grey anterior cornu of the same side, having induced destruction of the large nerve-cells of the part. The invasion of the grey posterior cornua may explain in the same way the appearance of certain partial anæsthesiæ, in common hemiplegia. And the extension of the irritative process, whether through the whole length of the lateral column of that side or of the lateral column of the other side, will doubtless account for the fact that contrary to common observation, contraction sometimes prevails in the leg, and sometimes in the leg of the other side.

VI.—I have been occupied hitherto in showing that fascicular sclerosis of cerebral origin depends on lesion of the central masses; I wish now to linger for a moment on the results of a cortical lesion. Lateral sclerosis arising from spinal lesions does not materially differ from that which arises in the medulla oblongata. The conditions of development are the only difference, and these demand some fresh details.

You remember that we have been led, by a very probable hypothesis, to believe in the existence of *direct peduncular fibres*, which, after issuing from the foot of the crus, traverse the internal capsule without entering the grey nuclei of the central masses, and consequently stop only in the grey cortical matter; besides the arguments already adduced, some experimental facts may also be appealed to in favour of the existence of such fibres, even in animals placed low in the scale, the rabbit for example. Thus in M. Gudden's experiments, carried on, as we know, in very young animals, it has been found eight months after the removal of the anterior parts of the hemisphere (the corpus striatum, thalamus, and central masses being left intact) that the internal capsule of that side is remarkably atrophied. It is clear that that atrophy would not have taken place if the internal capsule, as some anatomists say, were made up exclusively of *indirect peduncular fibres*, that is to say, fibres which terminate in the grey cortical nuclei. In the dog, Carville and Duret have chanced to discover a lesion which had destroyed the white substance of the frontal part of a lobe, without affecting directly either the central nuclei or the internal capsule. In this case there was well marked atrophy of the foot of the crus, of the pons, and of the pyramid on the side of the medulla corresponding to the cerebral lesion.

The actual existence of the direct peduncular fibres in man seems to be proved by the production of these secondary degenerations, which, as we have said, arise in consequence of deep and extensive lesions of the grey cortical matter.

These direct peduncular fibres, after spreading out in the cornu radiata, spread also indefinitely in all parts of the hemisphere. Are they directed to special parts of the grey cortical matter? The facts which I have gathered for the purpose of studying this question are in favour of the second hypothesis. My observations, made in my clinique at the Salpétrière in the course of the last fifteen years, relate to cases of old ischæmic softening. The lesion in these cases appeared in the form of the yellow patches, more or less extensive, and affecting the subjacent white matter to a variable depth, and occupying different regions of the surface of the hemispheres. In all these observations it is clearly stated that the softening had not affected the central masses,

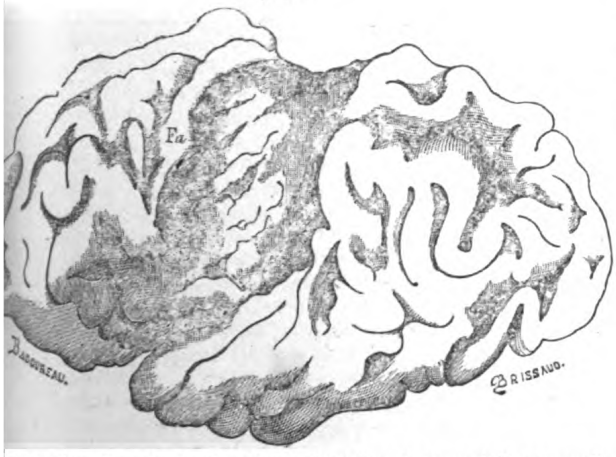
the thalami, caudate and lenticular nuclei, and internal capsule.

My observations may be drawn up in two groups.

The first comprises those cases in which, during life, permanent hemiplegia has not existed, and where the autopsy has failed to discover consecutive degeneration. In all, the convolutions by the Sylvian artery, and especially the ascending frontal and parietal convolutions, remained unhurt. The yellow patches were found in one or other of the following parts: some portion of the sphenoidal lobes, the square lobe, the corner, one or both of the occipital lobes, any part of the anterior two thirds of the frontal lobes.

In all the cases of the second group there has been permanent hemiplegia, and well-marked consecutive sclerosis. The common characteristic of these cases is that the lesion has affected (more or less) either one or both of the ascending frontal and parietal convolutions in the upper half chiefly. And besides this, there has usually been affection of the adjoining parts of the frontal and parietal convolutions. The annexed woodcut represents a good instance of this kind of lesion (fig. 40).

Fig. 40.



arge centre of cortical softening, which has destroyed the ascending rietal convolution, a great part of the ascending frontal convolution, and st of the convolution of the insula. The central masses were not ected.

From what has now been stated, you will perceive that the production of scleroses in consequence of destructive lesions of the cortical matter of the hemispheres, depends much on the position of these latter lesions. I would have you notice, in conclusion, that the cortical regions in which destructive changes will bring about secondary degenerations, correspond to those which have been shown by experiments on monkeys to include the *psycho-motor* centres, and they are the parts where the grey cortical matter contains the largest pyramidal cells.

I have now brought forward an important fact which ought to be of use in the study of localisation in the cortical system of the hemispheres, the difficult study which will occupy the next lessons.

In the principal foreign cities the rates of mortality, according to the most recent weekly returns, were: in Calcutta 31, Bombay 34, Madras 36; Paris 20; Geneva 19; Brussels 24; Amsterdam 20, Rotterdam 22, The Hague 22; Copenhagen 23; Stockholm 25; St. Petersburgh 37; Berlin 30, Hamburg 25, Dresden 27, Breslau 28, Munich 36; Vienna 24, Buda-Pesth 35; Rome 20, Turin 24, Venice 21; Alexandria 66; New York 27, Brooklyn 23, Philadelphia 17, and Baltimore 19.

THE MECHANICAL SYSTEM OF UTERINE PATHOLOGY.

By GRAILY HEWITT, M.D. Lond. F.R.C.P.,
President of the Harveian Society, &c., &c.

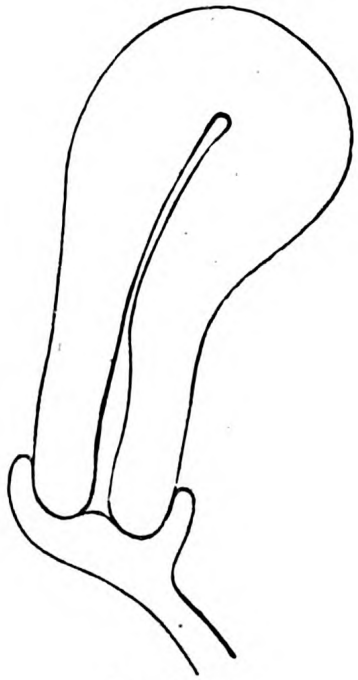
LECTURE II.

(*Continued from page* 199.)

RELATION OF THE VARIOUS UTERINE SYMPTOMS TO THE VARIOUS PHYSICAL OR OTHER CHANGES OBSERVED IN THE UTERUS.

The physical change in the uterus to which experience has led me to assign the greatest importance is *change of shape* of the uterus. Observation has convinced me that this is the most common and the most troublesome of the maladies to which the uterus is liable. Cases, many in number, which have come under my notice during past years have told one and the same story; almost every new case that presents itself contains proof of the accuracy of the idea in question. *Change of position* of the uterus, another physical alteration, is necessarily associated with the change of shape, for change of shape implies change of position more or less, and it is an exceedingly important element. Change of position may be unassociated with change of shape, and may be important or not according to circumstances which I shall hope by-and-by more accurately to define. But at this moment attention is directed particularly to the change of shape.

Fig. 14.



Normal uterus.

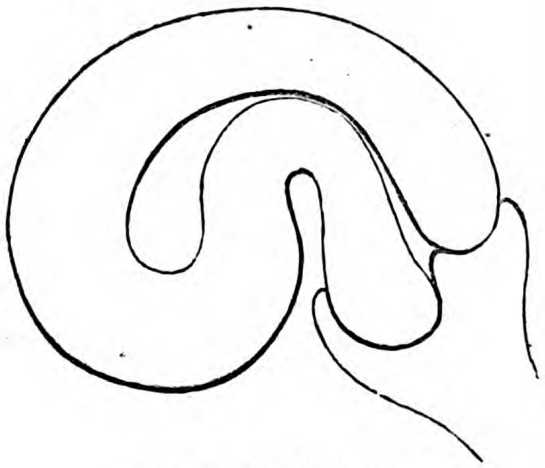
Let us consider for a moment the *normal form of th uterus*. The all-wise Artificer of the human frame has given this organ of the body a certain definite form and outline, and has provided it with means for preserving that outline and shape under the ordinary circumstances of life. The form which the uterus possesses is, of course, the best that is possible in view of various physiological requirements, particularly the provision that is made for its enormous expansion and growth during pregnancy. Are we to assume that the preservation of this natural form and shape is a matter of indifference? Are we to suppose that it is a matter of no moment that the uterus should be distorted to such an extent that it is actually doubled on itself, presenting a contracted, shapeless mass? We regard beauty and regularity of the external

form of the body as signs of health, and to a remarkable extent it is found that external beauty and health are associated. Are we to imagine that an organ such as the uterus, exquisitely built and fashioned, and adapted for various purposes, can have its form and outline altered and distorted, and yet that it should continue to be capable of carrying on healthily and satisfactorily the exceedingly important functions with which it is entrusted in the human economy? These considerations alone would enable us *à priori* to anticipate inconveniences and disasters from such a spoiling of Nature's handiwork.

Pain.

The first uterine symptom which it is necessary to analyse is *pain.* An attentive consideration of the various kinds and degrees of pain felt by patients suffering from uterine disease affords information of the most valuable kind. It is very frequently, indeed, the case that patients consult us solely because they are suffering from pain or uneasiness. They are affected with certain unpleasant sensations from which they desire to be relieved. The relation of pain to various uterine diseases deserves, therefore, particular notice. We have been too much in the habit of disregarding pain as pain. For the most part the presence of pain, when it has been admitted that pain is actual and not imaginary, has been regarded as

FIG. 15.



Severe retroflexion of the uterus.

evidence either that the patient is suffering from "inflammation," or from what is termed "neuralgia." To speak plainly, these names are little more than convenient terms used to disguise ignorance. These terms, as applied to diseases of the uterus, have done service for a long time, but they will no longer fulfil the demands of an exact scientific nosology. It is necessary to trace these pains more definitely to their source.

Speaking of pain referable to the uterus, it may be said generally that it is either (1) *spontaneous*, occurring, that is to say, when the patient is at rest; or (2), *it is produced by motion of the body or exertion.* There is a third kind of pain—viz., that produced by touching the uterus, itself—abnormal sensitiveness. The latter phenomenon can only be appreciated when it happens that an examination is made. These several manifestations may be all present together, or they may be observed separately.

Now, the remarkable result is made evident by careful clinical observation, that change of shape or position of the uterus is the particular alteration with which these pains or painful manifestations are most frequently associated. And it can be shown that, judged by this standard alone—viz., the extent to which painful sensations are produced—the distortions and displacements of the uterus have a very great practical importance. This is, however, not a matter to be disposed of in a sentence; details must be entered into.

1. *Spontaneous pain.*—In the first place, we may discuss what has above been termed spontaneous pain referable to the uterus. This kind of pain is not common. Cancer of the uterus, fibroid tumours, or growths of a fibroid nature within the uterus, may give rise to pain of this character. As is well known, pain referable to the uterus is not generally felt in the uterus itself, but either in the back or front of the pelvis. A favourite position is also one or other of the groins. The uterine spasm—uterine colic, as it has been termed—is felt, or may be felt, both in the back and in the uterine region also. Another condition which ought to be added to the above is pain due to the commencement of acute pelvic inflammation, but this scarcely comes within the limits of the present discussion. Morbid conditions of the bladder, rectum, &c., are of course liable to occasion pain of spontaneous character; but these are cases not coming into notice from our present point of view. Lastly, it must be stated that in certain very severe cases of uterine distortion, accompanied with considerable congestion and irritation internally, spontaneous pain may be observed. Apart from the presence of one or other of these conditions, spontaneous pain is not often witnessed.

2. *Pain on motion.*—The pains referable to the uterus, and produced by motion or by certain positions of the body, are, however, most common; and cases in which such pains are observed are very numerous. It is a singular fact that this very important symptom of uterine disease has attracted so little notice at the hands of uterine pathologists. It is so common a symptom that it is worthy of a special designation. Writing on this subject some years ago, I ventured to characterise the marked cases of this kind as cases of "uterine lameness." This designation is not a very satisfactory one, and, after consideration, I now propose "uterine dyskinesia" as a term better suited for the purpose. I think it will be admitted, on considering the facts of the case, that the introduction of such a term into familiar medical nosology will be likely to be attended with beneficial results. By uterine dyskinesia, then, is meant an inability on the part of the patient to move about, to walk, or to make various exertions, without experiencing pain more or less severe.

Locomotion excites pain referable to the uterus. The pain so produced may be slight, or it may be violent in degree, but the characteristic of it is that it is brought on by motion. It may be so severe that the patient is practically unable to move at all, or it may be so slight that the patient moves in spite of it, and continues to do so. The patient is able to walk or to move. There is no paralysis in the ordinary sense of the word, but there is a strong disinclination to move, in consequence of the suffering known by experience to attend it. It is impossible to question patients suffering from maladies of the uterus as to the nature of their feelings and complainings without recognising the immense preponderance of this particular symptom over others in regard to frequency. The degree of disablement varies exceedingly in different cases. Some patients do not mention it unless they are asked whether they can walk an average distance, or take a moderate walk, without suffering pain; others can talk of nothing else—the inability to this, that, or the other, to walk, or to ride, or to visit—these are to them ever-present evils from which they desire deliverance. The disablement is sometimes a most terrible misfortune, the patient being shut off from most of the enjoyments of life, for the simple reason that locomotion is impracticable. Patients consult us for a variety of reasons. In many cases undoubtedly the locomotive disability is not the reason they assign for applying for relief. In a vast number of cases, however, this is the reason impelling them to seek aid, although they are not aware of it, or have at all events not formulated their ideas on the subject with any degree of precision.

The significance of this symptom has been very generally overlooked, partly because it is so common, partly

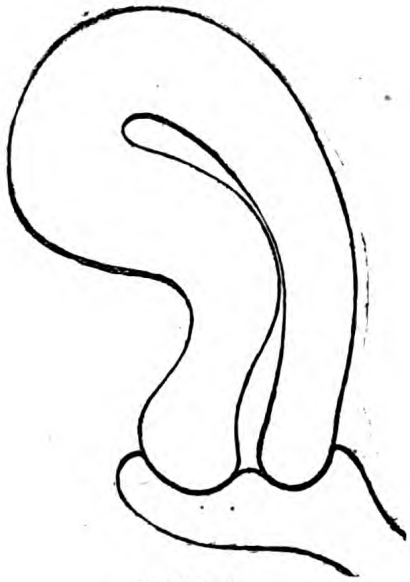
also because the idea has been very frequently entertained by practitioners that this disinclination for taking exercise, for walking, and other kinds of exertion, is a fanciful one—that it should not be treated seriously, being a whim or caprice of the patient, which, in the interest of the patient herself, the practitioner thinks it right not to encourage. I do not say that this is universally the case. Far from it, but probably the substantial truth of this statement will be admitted. According to my experience, however, this view of the matter is erroneous.

That uterine displacements are attended with discomforts is not a new idea. Because they are not absolutely universally attended with discomforts, certain writers have thought themselves justified in saying that uterine displacements are in themselves of no particular importance. But, obviously, the true method of arriving at the truth on this subject would be to inquire how far and how frequently discomforts referable to the uterus, such as the particular one now under consideration—namely, impaired locomotion, or pain produced by locomotion—can be proved to be connected with uterine distortion and displacement. The two following propositions are essentially different, as will be readily admitted when they are concisely stated. Proposition 1: Uterine distortions and displacement invariably give rise to pain on locomotion. Proposition 2: Pain on locomotion of such a kind as to be referable to the uterus is invariably associated with the presence of uterine distortion or displacement. These propositions are not identical, nor are they equally true. The first proposition is more nearly true than is generally imagined. The second proposition is, however, according to my experience, almost absolutely true, and this is the particular point to which I now seek to direct attention.

I have stated that the connection between uterine distortion and pain on locomotion has attracted little attention at the hands of previous writers. To this statement a noteworthy exception must be made. I was recently much pleased to find that certain very interesting observations bearing on this subject had been made by Chassaignac in his work on "Clinical Operative Surgery," published some years ago. (a) Speaking of the relation subsisting between certain morbid conditions of the uterus ("deviations") and the pains and discomforts with which these alterations are associated, he thus expresses himself. Question: What is the cause, says Chassaignac, of the "accidents douloureux" observed in women the subjects of uterine deviation? Answer: The "ballottements" which the deformed or displaced uterus undergoes. Thus two conditions, the deviation and the movement impressed on the organ, must be conjoined in order that the pain may be produced. Further, this author goes on to state his opinion that the reason a particular deviation gives rise to pain in one patient and not in another is, that the *ballottement* is in some way prevented. Also that relief is to be given by curing the deviation or by preventing the *ballottement*. Hence, he says, the horizontal position is so frequently effective in abolishing the pain. Hence also the good effect of pessaries, the benefit derived in some cases from hypogastric bandages, &c. The uterus is thus brought to a state of rest. It is thus made evident that Chassaignac recognised clinically the connection above insisted on; and not only so, he endeavours to explain this connection by the concussion or jarring of the distorted or displaced uterus which motion of the body produces. On this explanation something further will have to be said presently.

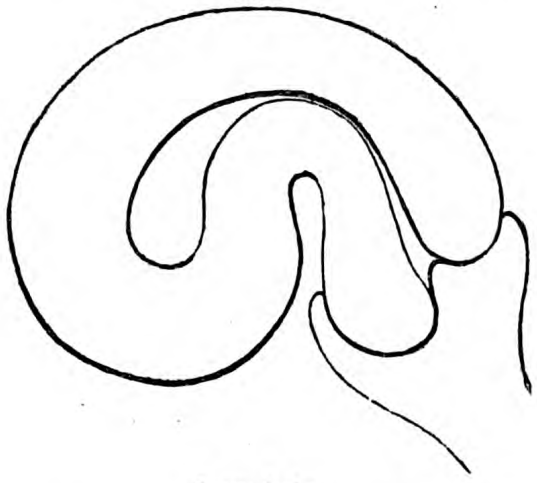
Before going further, however, it is necessary to deal with the fact, or supposed fact, that in some cases uterine distortions do, and in others do not, give rise to painful sensations during locomotion, a circumstance which has had much to do in lending support to fallacious views on this subject. Because occasionally flexions are apparently not causing particular inconvenience to the patient, it has been argued that they are not in themselves of any particular consequence. The facts of the case, according to my own experience, are as follows. Of the various forms of uterine deviation, it appears that some are more liable to be attended with pain during locomotion than others. Thus, take first descent of the uterus as a whole, unaccompanied by alteration of shape—cases of prolapsus, as they are termed. Now, it is the fact that such cases are really not attended with so much pain as others to be mentioned presently. It is quite true that when the uterus protrudes externally this itself is a serious evil, and is attended with grave inconveniences, but when it falls short of this, and the uterus does not protrude externally, the pain experienced may not be very noteworthy. And I have been surprised in some bad cases of external prolapse to find patients complaining comparatively little of difficulty in locomotion. Movement may, of course, produce in such cases friction, irritation, and ulceration of the exposed organ, but apart from this effect the movement itself may not be accompanied with particular discomfort.

FIG. 16.



Slight flexion.

FIG. 17.



Severe flexion.

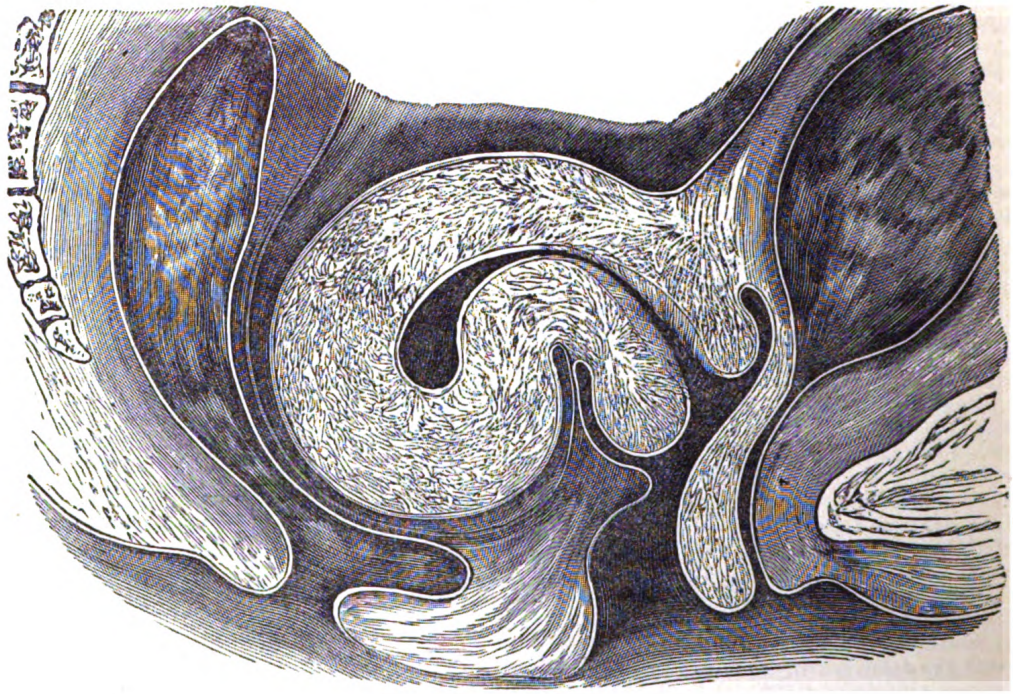
The next form of uterine deviation is version of the uterus, the organ preserving its proper shape more or less perfectly, but being tilted backwards, forwards, or laterally, as the case may be. Now, according to my obser-

(a) *Traité Clinique et Pratique des Opérations Chirurgicales*, vol. ii., p. 926. Paris, 1862.

vations, cases of slight version may be accompanied with comparatively little discomfort. This applies to slight cases of uterine version only, for in cases of severe version, forwards or backwards, the pain produced by locomotion is generally very distressing. Cases of version not accompanied with flexion are, as before stated, not in themselves very common, but it is not very uncommon to meet with cases of slight version together with slight flexion. And in these latter cases the discomforts now under consideration are undoubtedly less severe than in the cases next to be considered.

The next category of cases are those in which there is decided distortion of the uterus generally, also accompanied with a certain degree of version of the uterus. It is in this class of cases that pain produced by locomotion is most extreme and most severe. These are the cases which furnish the instances of marked interference with

FIG. 18.



Severe retroflexion of the uterus, the patient being in the vertical position.

locomotion, and, with few exceptions, this condition of the uterus is attended with the symptom in question in a more or less marked form. And I do not hesitate to state that I have found the condition and the symptoms associated so very constantly that no room exists in my mind for doubt on the subject. Here we meet, as I have already remarked, with opposing statements as to the value and frequency of the association. Thus, one statement is to the effect that it is common enough to meet with cases of flexion in which there is no complaint and no inconvenience felt whatever. I can only say that such cases do not, at all events, present themselves in my practice. There are various ways of accounting for this discrepancy as to a matter of fact.

The first remark to be made in connection with this subject is that cases vary very much in severity, and too much has been expected in regard to uniformity of symptoms when the conditions were not uniform. There is great difference, for instance, between the degree of flexion in the two cases of retroflexion represented in figs. 16 and 17. As regards this particular symptom, pain on ccomotion, it is one which I have hardly ever found absent when the uterus is actually distorted. This symptom is plainly of importance, but it is not one which has usually been thought much of, and may have been present even to a marked degree in some of these cases, when flexion is said to have occasioned no complaint or inconvenience. Another circumstance, before mentioned, is that, when the flexion is slight, and there is more version than flexion, the pain and inconvenience may be slight in degree. Further, it must be born in mind that the flexed uterus is not always in the same condition. Sometimes it is much congested; at other times not particularly full of blood. Dr. Braxton Hicks has lately (*a*) published observations on retroflexion of the uterus, and, in accounting for the differences of opinion on the treatment of this affection, he points out the differences observable at different times in regard to the state of the uterus, as accounting for these diverse opinions. These remarks of Dr. Hicks meet, for the most part, with my concurrence. The congestion or engorgement is, no doubt, a condition which adds very much to the discomfort which a flexion produces, and in a case where it happened not to be present the discomfort observed might be comparatively trifling. Then, again, the duration of the flexion is a matter affecting painfulness. When the case is one of long standing the uterus acquires in some cases a kind of toleration of it, and locomotion, perhaps, ceases to be painful. But even in these cases it is enough to scrutinise the previous history to become aware of facts which tell directly against the notion that flexions ever occur without giving rise to very decided discomfort and inconvenience.

In the cases where pain is produced by locomotion, it is generally the fact that various positions of the body or certain exertions give rise also to pain. Thus, lifting a weight, carrying a weight, stooping to pick up objects from the floor, reaching to hang up an article of dress, riding in a carriage in an ordinary sitting position,

(*a*) *British Medical Journal*, 1877.

riding on horseback, even sitting up to dinner—any one of these exertions, and a multitude of others that might be mentioned, produce pain more or less severe. The horizontal position is in many cases the only one in which the patient is secure—and sometimes not even then—from pain.

In short, the effect of movements of the body in cases where the uterus is distorted is almost invariably to produce pain or inconvenience more or less marked. This is a most striking fact, and has the greatest significance in estimating the importance of uterine flexions. Why is it, we may ask, that this movement, these exertions, produce pain in cases of uterine flexion? Chassaignac believed it to be on account of the jars or *ballottements* the uterus receives. No doubt this is to some extent true. The flexed uterus is shaken, and the concussion is doubtless in part the cause of the painful sensation. But there is another and far more important effect to which I would direct attention—viz., the temporary exaggeration of the flexion produced by the exertion or motion of the body. It is quite certain that this exaggeration and increase of the flexion do so occur. I have noted it in numberless cases; and it is, I feel convinced, the main cause of the pain. If corroborative evidence were required it would be easily afforded by carefully investigating any marked case of this kind presenting itself, and inquiring into the effects of this, that, or the other motion in giving rise to pain; the very closest connection will then be shown to exist between the cause and effect in question. Given a certain kind of uterine flection—determine what motion or exertion of the body would be likely to exaggerate that flexion; let the patient make that particular exertion, and it will be found to give rise to pain. Thus, in a case of severe retroflexion, such as that represented in fig. 18, it is obvious that motion in the vertical position, walking for instance, will have a tendency to exaggerate the existing flexion by favouring the further descent backwards of the fundus uteri, but if the patient be in the prone position, as shown in fig. 19, it is evident that in the latter position (fig. 19) the exaggerration of the flexion is not liable to occur. This prone position is always found to be the most comfortable one in cases of retroflexion. In fact, investigation into the effects of certain exertions will often lead to the diagnosis of the nature and variety of the flexion, and actual examination is afterwards found to confirm the diagnosis so made.

Further evidence in the same direction is afforded by the results of placing the uterus, or even by placing the body in such a position that exaggeration of the flexion cannot be produced by motion. It is observed under such circumstances that pain is no longer produced, or it is at all events very much diminished. By mechanically preventing further increase of the flexion it will be found that motion has no longer the same effect in regard to this particular symptoms.

(To be continued.)

Clinical Records.

ST. MARY'S HOSPITAL.

Twisting of the Mesentery, including five feet of Small Intestine—Obstruction and Strangulation of the Gut, with Effusion of Blood into the Peritoneal Cavity—Gastrotomy—Intestines released—Death.

Under the care of Mr. NORTON.

Reported by Mr. HETHERINGTON.

M. T., ÆT. 45, had suffered from a rupture on the right side for the last twelve months, but had experienced no great inconvenience from it till lately; it had usually come down when standing, but she had been able to return it when lying down. On June 3, while standing washing, she was seized suddenly with great pain in right groin and feeling of sickness, and that evening she was only able to reduce the hernia with great difficulty.

The next day, the 4th, the hernia came down again, and this time she was unable to reduce it: constant vomiting now came on, the pain having continued since commencement of attack.

June 5th, 10 p.m.—*Condition on admission.*—Countenance expressive of great anxiety, surface of body cold, pulse, small and wiry; tongue dry; considerable tenderness in lower part of abdomen. On examination, a small, tense tumour was found in right groin above Poupart's ligament, about the size of a walnut, but with no inflammation or particular tenderness on manipulation; the bowels had not been opened for some days. She was ordered at once into a warm bath, and with very little trouble, no force whatever being used, the hernia was completely reduced—the external abdominal ring could be felt quite clear. She was then put to bed, and appeared to be relieved by the bath for a time. Soon, however, the symptoms returned—pain and vomiting—she could retain nothing on her stomach; a few hours' sleep were procured by means of subcutaneous injections of morphia.

6th.—Surface of body warmer than last night, temp. 98·6; vomiting still continues, but not stercoraceous. Abdomen tense, with considerable tenderness on pressure, legs drawn up in bed. There is no tumour on either side, the external abdominal rings on both sides quite clear. She continually complained of pain in right shoulder; countenance very distressed. Ordered brandy and egg enematas, and linseed and opium poultices. Mr. Norton saw her at 11 a.m., and decided, unless symptoms had subsided, to cut down and investigate condition this afternoon.

3 p.m.—The patient's condition being the same, operative interference was decided on, and the patient being placed under the influence of ether, Mr. Norton cut down on the external abdominal ring on the right side, and dividing up the structures, opened into the abdominal cavity, which was found to be full of sero-sanguineous fluid: having allowed the greater part of this to escape, Mr. Norton proceeded to examine the intestine. An abnormal fixture of the small intestine was soon detected by the finger, but the first incision being too small to allow of sufficient investigation, an opening of about 4 inches in length was made, and then a considerable length of gut was found to be strangulated, very red and congested, and swelled with œdema, and in parts almost gangrenous. The intestine was found to be twisted in a very complicated manner through a loop formed by the omentum, which had doubled upon itself. Mr. Norton contrived, with some difficulty, to disentangle this, but the gut was seen to be too much injured to allow of the possibility of recovery. The operation being completed, the edges of the wound were brought together with deep and superficial sutures dressed with Lister's dressings, the whole operation having been conducted under Lister's antiseptic precautions. She was again put to bed, hot water bottles applied to her feet, and morphia administered subcutaneously. She did not appear to suffer much pain after the operation, and remained perfectly conscious, but gradually sank, and died at 2 a.m. the next day.

At the autopsy it was found that five feet of small intestine had been constricted at two places, and at those points was quite gangrenous, the intervening portion being much congested; the gut had been completely released at the operation.

Remarks.—The hernia of which the patient had complained for a year or more, and which was reduced by the house-surgeon without difficulty, had nothing to do with the symptoms of the case. The cause of the symptoms was a twisting of the intestine to such an extent as to almost completely prevent the return of the blood through the veins. Owing to obstructed circulation the intestine affected, five feet in length, was turgid with blood, and thick bloody serum filled the peritoneal cavity: mortification of intestines was advancing. It

would appear strange that the patient, who was brought to the hospital in a state of semi-collapse, should have apparently so greatly improved on the return of the hernia which it has been stated was not the important condition. But that improvement may be accounted for; the pulse was improved, and the collapse was alleviated for a time by the warm bath and warm applications; and the dose of morphia which was administered and which induced sleep and rest, somewhat obscured the gravity of the condition.

Special Articles.

THE NEW DENTAL ACT IN ITS RELATIONS TO THE LICENSING BODIES AND THE PROFESSION.

The Dentists' Act has become the law of the land. Though it may be considered questionable, whether as a whole this Act is a righteous one, whether it is about to confer any boon on the public, whether the status of the profession is likely to be raised by it, whether vested interests are sufficiently protected, yet now that the Bill has become law it is foreign to the intention of the present paper to enter as a partisan the lists of these unpractical discussions.

While, however, the Dentists' Act itself shall thus be left without praise or censure in this paper, it will be necessary to allude to several topics which are considered grievances by men of high standing in the dental profession, and to point out how it is in the power of the various educational establishments to correct entirely, or at least to modify, some of these causes of complaint. These causes of complaint shall therefore be stated, a digression will then be made to discuss some features of the dental question, and finally such remedies as would appear to be in the hands of the educational institutions, and the respectable members of the dental profession, will be suggested.

The following are the causes of complaint:—

1. That the Bill puts men who have taken all pains to qualify themselves on a level with the empiric and advertising quack.

2. That inasmuch as it excludes from the Dental Register any surgeon who is not at the passing of the Act engaged in the practice of dentistry, a slight has been put on the surgical profession.

3. That by this clause and others in the Dentists' Act, the direct tendency of the Bill is to divorce Dentistry from Surgery.

Passing on to the second division of the subject, the features of the dental question that claim attention, chiefly refer to the educational factor of that question. Thus the past, present, and future facilities for learning dentistry, the attitude of the schools, British and foreign, and that important agent in educating the man in practice, the professional association or society, will in turn be briefly reviewed.

The oldest method of learning dentistry and one that up to the present time has been largely adopted, is by apprenticeship. This plan has in certain cases many advantages, but with these are combined so many glaring defects, that on the whole it would be well this system were entirely abandoned. The future of the pupil depended entirely on the moral character and professional skill of his teacher. The terms of his apprenticeship varied from seven years to as many months or even weeks. The pupil by reason of his tender years may have been forced into a calling for which he had no taste. He was bound to keep the closest secrecy about all he learned, to the great detriment of the public and indeed of himself, inasmuch as he lost much more than he gained by this exclusiveness. Further, the promising apprentice was often kept back for fear he would get above his work. With defects so numerous and so varied it is strange that in this country no substitute has yet been adopted for private instruction in practical mechanical work.

A great stride in the right direction was made in the year 1841, not in this country indeed, but in America. In that year for the first time dentistry began to be taught as a liberal profession in Baltimore. From that period on, the apprentice system was doomed in that country. Every department of dentistry began to be taught openly. Dental societies rapidly formed. No longer was the science of dentistry cramped by the tricks of trade. Planted for the first time among the liberal professions, it has developed with the giant strides that have raised the standard of American dentistry to such a pitch of excellence.

Seeing such a harvest in the American fields, it would have been wise for those who have recently legislated for dentists to have inquired into the American system of teaching, and not to have accepted without question the opinions of an interested and bigoted clique. And for the better information of our readers we will here quote from "The History of Dental and Oral Science in America" the opinions of the highest authorities in the United States:—

"Dentistry is a specialty of medicine, and should be taught as such. That it is a specialty of medicine, is, we believe, the highest claim that has ever been made for it. Men should be qualified for the practice of dentistry as is the surgeon, aurist, or oculist, upon the broad basis of a general knowledge of medicine." "If we desire to be recognised as specialists of the medical profession we should first make ourselves such. If we desire to occupy the same position as other medical men occupy we should educate ourselves as other medical men are educated." "Besides, I have never known, with a single exception, any one individual to excel greatly in both these departments of our art. It is here, as in Europe, the practice of most of our best educated dental surgeons to employ mechanics to do their artificial work, who never see the patients. . . . Therefore, while on the one hand I would persuade our well-educated men to confine their practice chiefly to operations on the living teeth, I would as earnestly dissuade the mechanical dentists from all attempts at operations in the surgical department."

"In all large cities, or places having the requisite facilities, the question is virtually settled by the employment of specialists for most of what is known as 'artificial work.'"

"There is a general tendency evinced by 'dental students to devote extra time to the practical departments at the expense of regular lectures,' and that it has required the stringent laws of the institution and effort on the part of the faculty to counteract this tendency.

"The infirmary and mechanical rooms are so attractive that it requires all the talent of our colleagues, and the stringent regulations of the school, to obtain sufficient consideration for the medical branches. The habit of dentists, such as dentists have been, and for the most part yet are, is to under-value collateral scientific acquirements and make dentistry, as far as possible, a 'mechanical art.'"

From these extracts it is evident that the tone of American opinion favours the following propositions:—

1. That a great deal more is required of the dentist than to be a mere mechanic.

2. That dentistry in its higher departments is a specialty of surgery.

3. That the various operations on the teeth and their contiguous structures are to be considered the higher department of dentistry; and that these require for their due performance the surgical very much more than the mechanical mind.

4. That the dental student should be taught to consider his medical studies of more importance than his work in the laboratory.

5. That instruction in open school is much to be preferred to private education.

6. That a dentist should be surgeon first and dentist after. In other words that the dental ranks should be filled by recruits from the surgical.

7. That a man having read for and passed a long course of surgical study may be entrusted to know whether he is fitted by his mechanical taste to undertake the specialty of dentistry; and that dentists formed from such material are certain as a class to excel in education and skill those dentists who have, willy-nilly, been forced to adopt the profession very early in life.

8. That from these considerations every encouragement ought to be given to surgeons to embrace this specialty, and full allowance ought to be made in any dental curriculum for medical studies as an ample equivalent for any more special dental pursuits.

The tone, then, of American opinion is to try and cement

the relations between dentistry and surgery, to do away with secret teaching, and to teach in an open school.

Let us now consider how far the English College of Surgeons has followed this lead, and how far it has adopted these enlightened opinions.

Some eighteen or twenty years after dental schools were started in America a school was opened in London, and the English College of Surgeons decided to grant a special qualification in dentistry. The licentiateship in dentistry, though termed a qualification by the English College, could not be justly regarded as such by those outside the sphere of influence of that body, for it lacked the vital element of a qualification, in that it could not be registered under government, and thus up till the passing of the Dentist's Act in 1878 the licentiateship in dentistry has remained unrecognised, except by its fond parent, as a qualification at all. At the time of its institution, moreover, there were many of opinion that no dentist should be recognised by the college unless he took out a surgical diploma, and it certainly was never contemplated that the semi-curriculum through which the dental student had to pass would ever procure for him any privilege in dentistry to which the man who had passed the full curriculum would not be entitled. In 1859, in a word, the idea of the college was that members and fellows were qualified as far as she could make them, and more than qualified, to undertake dentistry, but that as there was no chance of the dental ranks being fully replenished by properly educated men (for dentistry, though now by Act of Parliament a profession, was till the passing of the Dentists' Act a trade open to every quack and charlatan), it would be better in lack of such men to make some concession to dentists and admit any of them to obtain the "hall mark" of the college on a very limited curriculum. That the dentists thus semi-educated are an improvement on those who had no education at all, we do not care to question; and if the English College of Surgeons had, until it raised its dental curriculum to a proper standard, refused to grant its dental licentiates any privileges at the expense of its members and fellows and those of equally advanced corporations, it might have earned in the matter of its dental licence the respect and goodwill of its own members and the medical faculty throughout the kingdom. To such an extent, however, has the English college altered its tactics that it not only gives to its dental licentiates peculiar privileges of which its members and fellows are deprived, but the college throws in the way of its members and fellows, and those of every other corporation throughout the kingdom, every difficulty to prevent their getting on equitable terms the special qualification in dentistry of the English college. Under the specious plea of giving a broad education in dentistry, there lies a counteracting narrowness, a set of capricious regulations tending to open wider and wider the gap between dentistry and true surgery. As this is a most important point it will be well to investigate the facts of the case a little more closely.

R. T. Stack, M.D. Dub.

(To be continued.)

HYPNOTISM.

Mr. Romanes communicates to the last number of *Nature* an interesting article on this little developed subject. The paper is a review of a monograph on the subject just issued by the well-known physiologist, W. Preyer of Jena.

In order to eliminate all possible effects of the imagination, Preyer performed his experiments only upon animals, and he begins his paper with an historical sketch of previous investigations of a similarly restricted nature. First, we have the "Experimentum mirabile" of the Jesuit Athanasius Kircher, published by him in the year 1646. This consists in taking a common fowl, binding its feet together, and placing it on a floor. As soon as it has ceased to struggle a straight line of chalk is drawn from the point of its bill along the floor. If the legs are now untied the fowl makes no endeavour to escape, but remains, as it were, transfixed, and refuses to move even when urged to do so. Preyer observes in passing that the chalk line constitutes no essential part of the conditions, inasmuch as a fowl may be equally well thrown into a state of hypnotism by simply holding the animal for a short time upon the ground, so as forcibly to prevent struggling.

After Kircher no one seems to have investigated the phenomena of hypnotism, or, as Preyer calls it, kataplexy, till the years 1872-73, when some articles on the subject were published by Czermak. The most striking of his experiments were those which he conducted on invertebrated animals—crayfish, for instance, being made to lie on their backs motionless, or even to stand upright upon their heads. Czermak endeavoured to account for the facts which he described by supposing that in some way or other the act of fixing the eyes upon a certain object, or of gazing into space, caused the animals to become sleepy and stupefied (*a*). So vague an explanation could scarcely in any case be entitled to rank as a physiological hypothesis, and Preyer showed, in 1873, that the act of gazing had nothing to do with inducing the state of kataplexy, inasmuch as animals fell into exactly the same state when their optic nerves were divided, or their eyes covered with a hood—provided that their bodies were at the same time held in some unnatural position.

Preyer therefore propounded a theory of his own, which, as first published, was that the state of fear into which the animal is thrown by being held in some unusual attitude serves to inhibit the power of volition. In order to sustain this theory Preyer pointed to other cases in which fear serves to inhibit spontaniety—as, for instance, the motionless horror which some animals exhibit in the presence of great danger, the fascination of birds by snakes, &c. The theory, as thus stated, was very justly criticised by Heubel, who, in 1876, published a paper detailing his own researches on the subject, and seeking to identify the state of hypnotism with that of ordinary sleep. It may still be questioned whether Preyer's theory is of very much value, for even granting that "deathly terror" is always present—which it certainly need not be when the subject of the experiment is a human being—we are not acquainted with any other facts which would lead us to connect the subsequent state of motionless stupor with the preceding state of active fear (*b*).

All the experiments go to prove that kataplexy can only be produced in animals, either by suspending them in the air, or by forcibly holding them in some unusual position. Most animals recover their normal state after a few minutes, but frogs when suspended in the air will continue kataplectic until they die. Horses become kataplectic while they are being swung from wharves to ships, as shown by the fact that they remain passive so long as they are suspended in the air, but again begin to struggle so soon as their feet touch the deck. Preyer has succeeded in rendering kataplectic various species of toads, newts, frogs, ducks, poultry, pea-fowl, partridge, sparrows, mice, guinea-pigs, rabbits, &c.; but has uniformly failed in the case of many other animals. On the whole, he concludes that while among sundry species of reptiles, batrachians, birds, rodents, and ruminants, the phenomena of kataplexy may be more or less easily produced, such is not the case with fish and the more intelligent mammals. Nevertheless, in another part of his memoir he attributes to a state of partial kataplexy the period of motionless delay which is observable in children after they unexpectedly fall, and before they begin to cry.

Our author further maintains that the so-called "shamming dead" of certain species of *Articulata* when in the presence

(*a*) When we fix our eyes upon a certain object, and then alter their adjustment for some more distant point, so that the eyes endeavour, as it were, to look through the object, there is no doubt that, after a time, a somewhat sleepy feeling may be produced. Some persons, I find, can perform this action more easily than others, and it does not seem to consist altogether in maladjustment. At least I have observed that when the action is performed by persons who can do it well the pupils dilate prodigiously, and this even when the eyes are fixed upon a bright light, such as the naked flame of a moderator lamp. As the action is completely under the control of the will, one is thus able to observe the curious spectacle of the inhibition by the will of a reflex which, under all other circumstances, is beyond the control of the will—the pupils dilating or contracting instantly at word of command, and quite irrespective of the stimulus supplied by light.

(*b*) Indeed, a very remarkable experiment which is detailed further on would seem to show that, even in the case of animals, the state of fear need have nothing to do with inaugurating the state of kataplexy. The experiment in question consisted in suddenly decapitating a fowl, and while the reflex convulsions were still in progress, holding the mutilated body firmly on its back. The convulsions forthwith ceased, and the headless animal became, for a time, kataplectic. Unless, therefore, we suppose that the spinal cord is capable of suffering fear, and that it is more alarmed by being held firmly down than by being severed from the brain, we must conclude that a state of fear is no essential antecedent to that of hypnotism.

of danger is probably to be attributed to kataplexy. But here, I think, it is difficult to agree with him. That the action in question is not a properly so-called *intelligent* one, no competent person at the present day is likely to dispute; but for my own part I cannot see any evidence to show that it is not of the nature of an instinctive action which has been developed in the way to which Preyer alludes. It being for the benefit of some animals that they should remain motionless, and thus be comparatively inconspicuous in the presence of danger, those individuals which endeavoured to escape would be destroyed, while those which ceased to move would survive. Natural selection would therefore soon fix the artifice of "shamming-dead" as an inherited instinct.

The time during which the kataplectic stupor lasts varies in different species of animals, and also in different individuals of thesame species. The maximum duration observed in the case of rabbits was twelve minutes; but fowls and guinea-pigs continue stupefied for a somewhat longer time. By watching carefully for first indications of recovery, and by preventing the voluntary movements in which these indication s consist, animals may be kept in a state of kataplexy for an indefinite time. Warm-blooded animals do not suffer from such prolonged experiments; but the latter are fatal to frogs. In mammals the most characteristic features of the kataplectic state, besides that of unconscious stupor, are violent tremblings of the extremities, blinking of the eyes, movements of the jaw and pupils, irregularity of the pulse and breathing, pallor of ears in rabbits, occurrence of defæcation and micturition. On recovery the abnormal state passes off suddenly, leaving the animal bright and brisk as before, and thus, as in so many other respects, the state of kataplexy differs from that of ordinary sleep.

One other point of interest must be noted. Preyer finds that it is impossible to produce the state of kataplexy in any animal that is "newly-born." In the case of guinea-pigs susceptibility to be thrown into this state only begins to show itself during the first week after birth, and then gradually increases through two or three weeks. This curious fact is explained by the hypothesis that the volitional centres—or the centres which are supposed to be affected by kataplexy—require some time after birth to be brought into functional relation with the lower centres.

On the whole, then, it will be seen the facts relating to the hypnotism of animals are much more definite than the theories by which it is sought to explain them; and although we may be prepared to agree with Preyer that these facts in some way depend on certain unusual stimuli acting in some peculiar manner on some inhibitory centre or centres, we must feel that this statement of the case brings us only to the threshold of an explanation.

Medico-Legal Intelligence.

UNQUALIFIED MEDICAL PRACTITIONERS.

On Thursday last E. R. Kavanagh, of 160 Jamaica Road, Bermondsey, London, S.E., was summoned before the Southwark Police Court, under the 21st and 22nd Vic., cap. 90, sec. 40, "for wilfully and falsely pretending to be and taking and using the name and title of a licentiate of the Royal College of Physicians," implying that he was a registered practitioner according to the Act of Parliament.

Mr. Hicklin said he was instructed to proceed against the defendant by Mr. George Joseph Cooper, a qualified medical gentleman in Bermondsey, and others in the same profession, to protect themselves and the public against unqualified practitioners. The defendant had for some time practised in the Jamaica Road, and its vicinity, putting himself before the public as a legally qualified medical practitioner, and had actually so imposed upon the Registrar of Deaths and the public by calling himself a licentiate ofthe Royal College of Physicians. He (Mr. Hicklin) produced a certificate of the death of a child, four years of age, attended by him, dated the 20th of June last, and signed by E. R. Kavanagh, L.R.C.P., meaning that he was a licentiate of the Royal College of Physicians. He (Mr. Hicklin) was informed that defendant had succeeded to the business of a properly qualified medical man, and that he was preparing to qualify himself at the present time; therefore, he should not press for the full penalty of £20.

The defendant pleaded guilty.

Mr. Partridge fined the defendant in the mitigated penalty of £5 and £1 3s. costs.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 25, 1878.

ENGLISH CORONERS AND SCOTCH PROCURATORS-FISCAL.

The greater part of Dr. Maclagan's Address on Forensic Medicine at the meeting of the British Medical Association was taken up with some very interesting remarks on the initial proceedings adopted in this country for the detection of crime. Consequently, the absence in England of a public prosecutor, and the working of our coroner's court, engaged a great share of his attention.

The non-existence in this country of a public prosecutor has been frequently the subject of public criticism and of public regret, and therefore we cannot be surprised that this fact should be animadverted upon by one who came from a country in which the existence of a public prosecutor is considered to be attended with many advantages to which our system cannot lay claim. The chief obstacles in the way of such an institution is that our attorneys are opposed to it, as militating against their interests; that the existence of a public prosecutor might interfere with the independence of the bar; and that it would entail additional expense. The answer to the first and last of these objections is sufficiently obvious, as neither the prejudice of the lawyers nor a little additional outlay

should be allowed to stand in the way of the public good. With regard to the existence of a public prosecutor, it has been said that if this patronage were vested in the Crown, no one would hold a brief in a criminal court except by favour of the Attorney-General, or any person who had this patronage in his possession. "But, surely," remarks Dr. Maclagan, "a young barrister may, with perfect conservation of his independence, aspire to being selected a Crown counsel from his showing, say, by an ably pleaded defence, that he is well versed in criminal law. I should not dare to insult the English bar by supposing it would lose its independence under any system." At all events, such has not been the case in either Scotland, France, or Ireland, where the office of public prosecutor has long existed. Now the evils attending prosecution by private parties far outweigh the objections that have been brought against our establishing this office. Into all these objections we cannot enter, but there is one that more particularly concerns the medical profession, and which has been very broadly stated by Lord Chief Justice Cockburn. "Cases," said his Lordship, "are often brought to trial which, from being imperfectly got up, break down, and thus cause the acquittal of guilty parties." Consequently, owing to the limited resources of an attorney acting for a private party, or to the limited guarantee of the repayment of his costs, evidence is wanting which ought to have been procured, and medical witnesses absent who ought to have been called. "As far as I am from the English assizes," says Dr. Maclagan, "I even now and then see cases which prove to me that in respect of calling medical evidence, criminal cases are most imperfectly conducted."

As to the coroner's court, the author of the address above mentioned regards it as an anachronism and as an anomaly. It is an anachronism because, though it may have been well suited for the time of the Plantagenets, it is unsuited to the requirements of the present day. It is an anomaly both as regards the mode of election of the coroner, the want of security for his possessing the requisite knowledge, and the limited areas over which his jurisdiction extends. His election, like that of other judges, should rest with a responsible Minister of the Crown. The coroner has to deal with questions pertaining to one of the most difficult branches of the law—the law of evidence, and it cannot be contended that a medical man can easily and speedily obtain all the knowledge of the law of evidence which he should possess. The lawyer on the bench and the doctor in the witness box—there you have the right men in the right place. These views are quite in accordance with our own, for we have never thought that medical men make the best coroners, although it must be admitted that they have generally performed their duties in a very satisfactory manner, and that the selection of a medical coroner has been in most cases a happy one. But one reason of this is that the medical coroner is usually an intelligent man, and a man of good business capacities. "But," says Dr. Maclagan, "I do not wish to be disloyal to our noble profession. I do not wish to see the medical man climbing into the coroner's seat, because I wish him to take his place on a higher platform. I wish him to be, not the coroner, but the coroner's instructor—his 'guide, philosopher, and friend.'"

Objection is also made to the coroner's court on the ground of the limited medico-legal area over which the jurisdiction of the coroner extends. Dr. Maclagan would extend his jurisdiction over all sorts of personal injury, fatal or not fatal; he would, in fact, merge the office of coroner into that of local public prosecutor, whether the latter retain the title of coroner or not. It is, at all events, as appropriate a title as that of procurator-fiscal, who is the analogous functionary in Scotland. Of course, such an office could not be held by a doctor, but he is reserved for his proper professional work, and as the indispensable adviser and guide of the public prosecutor in every case where medical considerations are at all involved.

Although the system adopted in Scotland appears to work well, very little is known about it in this country. In Scotland the investigation of every kind of case is conducted by the procurator-fiscal. This functionary has for his guidance not only the law of the land, but a carefully prepared code of instruction, drawn by the Lord Advocate, and issued from the Crown Office to every procurator-fiscal. This contains *inter alia* an appendix of 14 folio pages furnishing detailed directions to medical men for the making of *post-mortem* examinations. It is not within the scope of this article to describe the proceedings taken by the Scotch authorities in any suspicious case, but the course taken, although rather a circuitous one, is, in the estimation of Dr. Maclagan, well calculated to serve the ends of justice. "A body of gentlemen," he very pointedly remarks, "such as the Crown Counsel, all accustomed to weigh evidence, and who have been taught forensic medicine, discussing the evidence in official chambers, is at least as likely to form a correct judgment in any suspicious case as a coroner's jury of twelve men sitting in a public-house." It might be thought that the system pursued in Scotland often favours the escape of the criminal, but, practically speaking, such an event is extremely difficult. And, in reference to the question as to whether due inquiry is made regarding sudden or suspicious deaths, statistics appear to provide a very satisfactory answer. In the years 1875 and 1876, the following were, respectively, the numbers of cases which were made the subject of precognition by the procurators-fiscal. In 1875 there were 2,516 precognitions, referring to 2,579 deaths; in 1876, 2,606 precognitions, referring to 2,791 deaths. But this is exclusive of cases which, from the first, were connected with charges of murder, or culpable homicide, which amounted to—in 1875, 88 investigations, referring to 97 deaths; in 1876, 92 investigations, referring to 97 deaths.

We may gather from these numbers that the making of such investigations is not neglected in Scotland, when we bear in mind that the estimated population of the whole land in 1876 was only three and a-half millions—not so great as that watched over by the London police.

THE ARMY MEDICAL DEPARTMENT.

Our contemporary, the *Lancet*, having as usual the benefit of the straight tip from the army medical headquarters, announces with a flourish of trumpets, the report of Lord Cranbrook's committee—a committee

composed, as our readers need scarcely be informed, of two War-office officials and the present head of the Army Medical Department. On perusing the proposals of the committee, we are struck by the seeming fairness and justice of many of the suggestions, but can only echo our previous opinion, that the department must have been in very sad case indeed, when a committee constituted as above, felt compelled to suggest such terms in view of rehabilitating the department in the eyes of the public and its own subordinates.

A general *consensus* of opinion, both amongst the profession and the public at large, as to the failure of the "ten years' system," makes the adhesion of Lord Cranbrook's tribunal a matter of supererogation, but pending the "one portal system" into the profession, so long advocated by us, we look with suspicion on the recommendation to throw open one half the nominations in part to colonial medical probationers, being of opinion that these candidates may prove by coming forward in some number "a way out of" the difficulties into which recent legislation has plunged the Medical Department of the army.

Our experience of Warrants and Recommendations has been too recent and painful to place much trust in the good faith of the War Office, once it had succeeded in catching a sufficient *number of hares*, especially as the next swoop of the departmental net will in all probability take place in March, 1879.

The suggestion of instituting a new rank, analogous to that of Fleet Surgeon in the navy is a good one, provided the selection of men for brigade surgeoncies be untampered by favouritism or jobbery. The proposed increase in effective and non-effective pay is but a tardy recognition of the fact that the cost of living has increased, and is daily increasing.

The £1 a day non-effective pay after twenty years' full-pay service, is truly a step in the right direction, as it will relieve the department of a number of men whose anxiety to escape into private life after knocking about the world for twenty years, renders them, in our experience, of less service to the country than younger men with more *elan* and vigour.

The concessions as to sick leave, temporary half pay, quarters in barracks, residence in barracks, medical clubs at large stations partly supported by Government, are all framed in a proper spirit, and will go far towards smoothing away an existing feeling of discontent and suppressed irritation in the department.

The intention to enforce liability to service in "declared national emergencies," on all medical officers under 55, is an important one, and will tend to relieve the Government of the day of a certain amount of anxiety as to available medical officers. Lastly, we are pleased that relative rank is to be placed on a defined and satisfactory basis, and that in accordance with our suggestions, the anomalous position occupied in this respect by British medical officers will become a thing of the past.

THE amount already received by the Metropolitan Hospital Saturday Fund is between £4,000 and £5,000. Several large establishments have not yet contributed.

THE COMING SPECIAL MEETING OF THE GENERAL MEDICAL COUNCIL—DENTISTRY AND DIRECT REPRESENTATION.

THE meeting of the General Medical Council which, in connection with Dental Registration, we recently announced as in contemplation, has been called by the President for the 16th of October. In his preparatory communication to the members of the Council, the Registrar puts it that the meeting is necessary "in order to fulfil the requirements of the Dentists' Act, 1878." It is also stated that "no other business but the settlement of the Dentists' Registration will be brought forward by the President," and that one day's meeting only is anticipated. "The President," the members are informed, "will make a short statement as to the position of the Medical Amendment Bill and medical legislation, but no motion thereon will be put by him on the agenda, and, so far as he is aware, no business will be performed but that which concerns the dentists."

As to the necessity for this meeting of the Council we must repose full confidence in the discretion of the President, although, with a full knowledge of the terms of the Dentists' Act, we are unable to perceive what there is for the Council to do now that registration is completed and the time for a revision of curricula has not approached. But it certainly seems to us to be most inexpedient and unjustifiable to put the profession—dental or surgical—to the heavy expense of an assembly of the Council for so small a purpose as the hearing of the President's ideas on medical reform and the endorsement of a few formal acts in connection with Dental Registration. The mere travelling expenses of the members involve a cost of £230 before they can take their seats at the Council table, and it seems to be indefensible extravagance—if, indeed, the business of Dental Registration cannot be performed without such a cost—not to utilise this expenditure by discussing other matters in which the public and the Council itself are more concerned, than in the cataloguing of a number of chemists and druggists as dental surgeons. If the President is oblivious of the obligation under which the General Medical Council now lies, we are too much interested in the reform of its constitution to forget the pledge which it has given to Government.

We must remind the President that, upon pressure by the direct representationists, the Medical Council did—in the expiring hours of its last meeting—adopt a resolution, by 18 votes, pledging the Council unmistakably to face the unpleasant task of its own reconstruction at its first meeting after the Parliamentary session, and common sense pledges it to deal with the subject at some period before next February, when Parliament reassembles, and when the Medical Acts Amendment Bill again appears on the notice-paper. The Council, we are aware, would act upon its own precedents, and in conformity with the ideas of its President, if it were to postpone the consideration of the subject to which it has thus bound itself until the dog-days of 1879, until Parliament was beginning to look towards the grouse moors, and until the question of Medical Reform had been dealt with by abler or more willing hands.

But, with great respect, we assert that this precedent cannot be followed on this occasion without loss of credit, and we submit that it will be the stupidest policy which the Council can pursue to make it manifest to the profession and the public that it discusses its own reform only at the last moment in which it cannot possibly escape doing so.

The October meeting is just in season for the redemption of the Council's pledge. It gives a chance for deliberation on the single question of direct representation, and for arriving at a mature decision on the subject at a sufficiently early period to allow of the Government being informed of the attitude of the Council, and arriving at an understanding as to the position of the Bill in the next legislative campaign.

We insist that it will be equally unjustifiable to adjourn the subject to next summer, or to incur the useless expense of another special meeting of the Council before that time, and we believe that the profession will regard a postponement of the matter as proof that the Council is willing to strain its honour rather than face self-reform, and will conclude that if direct representation is to be achieved, it must be obtained by sacrificing the Council without mercy.

It may be as well to remind the President that it does not lie within his authority to limit the subjects to be discussed at any meeting of the Council, and that his programme may quite probably be repudiated by some member or members who feel as strongly as we do the propriety of timely redemption of its pledge by the Council. We earnestly hope that Dr. Acland may give consideration to our protest, and, if he should fail to do so, that there will be found a member of the Council to recall it to its pledged word by moving a resolution on the subject of direct representation.

Notes on Current Topics.

Treatment of Unconvicted Prisoners.

A few days ago Dr. Hardwicke, coroner for Central Middlesex, held an inquiry at the Middlesex House of Detention, on the body of Mary Stokes, aged 20, a domestic servant, who had been found dead in her cell in the prison, to which she had been remanded on a charge of stealing a cheque, the property of her master. It appears that she was received at the prison on a Saturday evening, and that on the Wednesday morning she was found lying on her back on the floor quite dead. Her diet is stated to have been of the most meagre description. When her sister-in-law visited her on the Monday morning she seemed very low and ill; said that she was literally starving, and that all she had had since she had been there was some gruel and bread. A post-mortem examination revealed a rupture of a blood-vessel on the brain, and a fatty condition of the heart and liver; but the jury were of opinion that death was accelerated from insufficient diet during the time of the prisoner's detention in the prison. In accordance with a suggestion made, the dietary of the prison was sent for and examined, and created much astonishment, Mr. Kimber remarking that it was clear that unconvicted persons in that House of Detention were worse off than prisoners in penal servitude. The Coroner also observed that he must also express his surprise at such a dietary, as it was infinitely worse than that of the convicted prisoners in the House of Correction, and more especially was it to be complained of that there was no meat dinner on a Sunday. It also seemed that there was no regularity in reference to persons having food sent into the prison by their friends.

No doubt the publicity now given to these facts will induce the authorities at the House of Detention to allow their prisoners a more liberal diet; but we should have thought that if the diet for *unconvicted* prisoners has been all along so bad and insufficient, the medical officers of the prison would have called attention to it before.

Swimming—A Lesson from the Wreck of the "Princess Alice."

In our issue of July 10th we pointed out some of the advantages of learning the art of swimming, and commended it as an exercise especially suitable for the girls of the period. Our esteemed contemporary *Punch*, appreciating the importance of our remarks, reprinted them in his columns, and thus the subject was introduced to a wide circle of readers, and we have no doubt a good impression was produced thereby. But should there be any further incentive required to learn the art, it comes to us from the sad wreck of the *Princess Alice*—a catastrophe unparalleled in its extent and suddenness.

Amongst the few survivors are three members of the same family, Mr. Thorpe, of the Old Kent Road—a youth of seventeen; his sister, Miss Thorpe, who is a year older than himself; and his brother, a boy of nine. All three owe their lives to the fact that they were able to swim. When the terrible crash was heard, and the doomed vessel began to settle down, these three children—for children they almost are in years, if not in courage and presence of mind—found themselves struggling in the water. The boys, it would seem, were somehow separated from their sister. They were both picked up by the same boat, and were, when it helped them from their perilous position, swimming side by side. The sister, who was older than either, achieved her own safety. She struck boldly out, and, in spite of the encumbrance of her garments, the force of the tide, the darkness of the night, and the danger to which she cannot but have been subjected by the frantic efforts of those who were struggling around her in the water to catch and cling to any object within their grasp—succeeded in reaching the bank.

Need we cite another incident to enforce upon our readers the absolute necessity of making swimming as much a part of the education of their children as reading or writing?

Instances of Deficient Renal Elimination.

It has been ascertained that in cases of albuminuria the kidneys are impermeable to odours, *e.g.*, turpentine and asparagus fail to communicate their peculiar odours to the urine in such cases. In a recent thesis M. Chauvet

has collected observations showing that serious results may follow from active drugs when elimination is defective, and also how the mode of elimination of certain drugs is materially modified by the existence of disease of the kidneys. For example, the elimination of bromide of potassium which, in a healthy subject, is completed within twenty hours after suspension of the medicine, continues for thirty or thirty-five hours when the kidney is diseased. The susceptibility of albuminuric patients to mercurials is well known to most practitioners.

University Degrees for Women.

A NEW supplemental charter having been granted to the University of London on the joint application of the Senate and of Convocation, empowering the Senate to admit women to graduate in its several faculties (arts, science, law, medicine, and music) on such conditions as the Senate, with the concurrence of the Home Secretary, should deem expedient, the Senate lost no time in passing a resolution which made all the existing regulations, relating, not only to graduation, but also to the various honours and rewards granted at tthe several examinations open to female as well as to male candidates. This resolution having been now approved by the Home Secretary, female candidates will be admitted forthwith to the matriculation examination; and all such as have already passed the general examination for women will be considered as having matriculated, and will be admissible (after the required interval) to the First Degree Examination in either of the Faculties. Further, with a view to the special encouragement of female candidates desiring to go through a regular academical course, the trustees of the Gilchrist Educational Trust have instituted two Exhibitions, one of £30, the other of £20 per annum, tenable for two years, to the female candidates who pass highest in the Honours Division at the matriculation examination; and two Exhibitions, one of £40, the other of £30 per annum, tenable for two years, to the female candidates who pass highest at the First B.A. Examination (provided that they obtain in the first case two-thirds, and in the second three-fifths, of the total number of marks), to assist them in pursuing their studies at some collegiate institution approved by the trustees; with a further reward of a gold medal of the value of £20 (or a book-prize of the same value) to the female candidate who passes highest at the Second B.A. Examination, if she obtains not less than two-thirds of the total number of marks. These rewards are quite independent of those granted by the University, and may be held in conjunction with them.

The Paternity of Illegitimate Children.

THE report of M. Lagneau to the Academy of Medicine, Paris, furnishes us with some interesting statistics, not only on the mortality of natural children, but on the value of enforcing paternal duties and its influence in diminishing the number of illegitimate births. In France it seems that it is forbidden to inquire as to the father of a child, but MM. Senators Berenger, Foucher, and Schœlchoer, have proposed a law authorising an inquiry as to the paternity, under certain conditions. M. Lagneau tells us he has arrived at the following results from a comparison of documents relative to population in France and other countries. In France, since the epoch of the promulgation of the Civil Code forbidding inquiry as to paternity (1803), illegitimate births have increased a half, whilst legitimate births have diminished. The mortality of natural children is twice as great as that of children born in wedlock; abortion and infanticide are much more common. The annual proportion of those who marry has diminished more than a ninth.

In the German States inquiry as to paternity is authorised, yet in consequence of special legislation which places obstacles in the way of the marriage of the poorer classes, illegitimate births are still very great. The mortality of natural children is a sixth greater than that of legitimate children.

In England, inquiry as to paternity is authorised, illegitimate births are less. Abortion and infanticide are also less. The annual proportion of inhabitants, from 15 to 60, who marry is greater by an eighth. The men marry three years and the women five years sooner, than in France. Finally, the fecundity of married women, from 15 to 50 years of age, is a third greater in England than in France.

The following conclusions are drawn from these statistical results:—

1. The interdiction, as to inquiries about paternity, tends to increase in a notable degree illegitimate natality, as it frees the father from all duties towards the natural child.

2. By depriving the child of assistance from the father the mortality of illegitimate children is much increased.

3. Abortion and infanticide also increase, the mother having recourse to crime to escape the difficult duties which the law imposes upon her, and upon her alone.

4. It contributes to the diminution of marriage, and consequently diminishes legitimate natality, for the man has less motive to marry as the law exonerates him from all duties incumbent upon him by his extra-conjugal relations.

Open-Air Treatment.

IT appears from the Michigan *Medical News*, that the "open-air" treatment of wounds is advocated by some surgeons. It is said to be extensively in vogue in Russia where dressings are dispensed with, and the air allowed immediate contact. It is claimed by the advocates of this treatment that Lister's plan is useful only in that it renders innocuous the pernicious material of dressing, and that the plan of freedom from dressings and open contact with the air is followed by better results than any other.

The Nitrite

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natural hue; the pulse was felt at the wrist; respiration became more normal; and the temperature was raised. The effect of the drug passing off in half an hour, five minims more were injected, when, for a time, the pulse became almost as strong as natural. "The patient lasted twenty-four hours, during which time amyl nitrite was frequently given. So long as the vital powers were able to respond the administration of the medicine was followed by a reaction which seemed marvellous." These facts, which are given more at length in the Virginia *Medical Monthly* for March, 1878, are valuable as adding to the evidence that is now accumulating in favour of using this remedy in certain cases calling for prompt cardiac stimulation.

Treatment of Infantile Diarrhœa.

WHATEVER be the nature of the diarrhœa, its origin, its intensity, or the time elapsed since its inception, M. Blache (*Journ. de Thérap.*), has found the following treatment constantly successful:—

1. Diminution of the nourishment; appropriate injections repeated as required, and the application of poultices to the belly.

2. The administration every morning, for three or four days, of a small teaspoonful of a mixture of equal parts of castor-oil and syrup of acacia, the quantity of oil, however, to be regulated according to the age of the child. When the discharge is repeated twelve or fifteen times in the twenty-four hours, M. Blache doubles the dose of the syrup, and adds to it one or two drops of Sydenham's laudanum (*Vinum opii*), according to age. When there is manifest gastric derangement an emetic of ipecacuanha is administered; and when to much fever are joined nervous symptoms, threatening convulsions, he gives calomel in fractional doses before the castor-oil.

The Abortive Treatment of Whooping-Cough.

IN 1868 Prof. C. Binz, of Bonn, recommended for this obstinate complaint a solution of quinine and tannic acid (*Jahrbuch für Kinderheilk*, i., p. 233); and Dr. C. F. Swan, of South Chicago, Ill., states (in the *Chicago Medical Journal and Examiner*) that he has adopted this remedy with great success in many cases of whooping-cough. The formula consists of a solution of quinine and tannic acid, 4 gms. of the former to 1 gm. of the latter, in water, syrup, liquorice, &c.; and it is to the local action of the quinine upon the fauces and glottis, as well as to its antispasmodic virtues, that the favourable results are attributed. Of 40 cases of whooping-cough in which this remedy was used, 3 were so mild as to require little or no treatment. No record is given in 6 cases; and 6 children refused the medicine in consequence of its bitter taste. Two died, of spasm of glottis and marasmus respectively. Deducting the 17 cases from the 40, we find 23 left. Of these 23, 3 received no benefit, and 2 but little benefit from the quinine and tannin. *But in the case of the* 15 *patients not heretofore considered, the disease was completely aborted in an average period of* 3·8 *days*, 3 of the cases being complicated by pneumonia, and 2 by capillary bronchitis. Due allowance being made for the limited number of observations, Dr. Swan thinks it not unreasonable to conclude that the use of a solution of quinine and tannin internally in whooping-cough may be employed with advantage in many cases; and that in nearly 60 per cent. of the little patients who can be persuaded to swallow it, the disease will be completely arrested in about four days.

Postage on Official Returns in Ireland.

WE hear that one of the Irish Local Government Board auditors recently disallowed certain items of postage charged by a medical officer in connection with the transmission of his returns to head-quarters, stating that, in his opinion, it was the business of the M.O. to deliver the returns to the clerk of the union, and that if he chose to use the post for that purpose he must pay for the luxury himself. This decision was represented to the Council of the Irish Medical Association, and appeared so unreasonable and so unwise that they considered it necessary to bring the subject to the notice of the Local Government Board. We understand that the Board has communicated its views to the auditor, and we have no doubt that those views are equivalent to a reversal of his decision. Putting the equity of the matter out of consideration, it is obvious that the direct effect of such a judgment would be to tax the officer for every official communication he might make, and thus directly discourage the performance of his duty.

Extraordinary Source of Lead Poisoning.

La Presse Médicale Belge of the 8th inst. describes, on the authority of a Geneva medical journal, a remarkable source of lead poisoning. For the last three years wicker-work perambulators, protected against the inclemency of the weather by a self-folding cape made of American leather and coloured with various grey tints, have been much used in Germany, especially in Berlin and in the Rhenish districts of Prussia. For some time it has been noticed that many children who had been in the habit of using these perambulators presented all the symptoms of lead-poisoning. The heat of the sun appears to have exercised some influence in the production of these cases of accidental poisoning, for they only occurred in the month of July.

The Society of Hygiene took the opportunity of examining some patterns of the leather covering, which appeared to be made up of several materials. The presence of a large quantity of lead having been easily detected, a quantitative analysis was made, when, to the astonishment of the analysts, as much as 42·7 per cent. of metallic lead was found in the material examined. It was only necessary to burn with a lighted match a small piece of this American leather to see drops of lead escaping from it. Another piece of the stuff was, on the 24th of July, exposed for six hours to the direct rays of the sun, by which means the varnish was raised and began to peel off. It appears also that in many instances these perambulators served as cradles, a circumstance which of course aggravated the danger attending their use.

Unqualified Medical Practitioners.

A PERSON has recently been prosecuted for practising medicine without any qualification or license. He had im-

posed upon the public and upon the Registrar of Deaths by calling himself an L.R.C.P. It appears, also, that the defendant had succeeded to the business of a properly qualified medical man, and that he was preparing to qualify himself at the present time. In consideration of the latter fact he was fined in the mitigated penalty of £5 and 23s. costs. The case speaks for itself, but we may remark that the practititioner whose practice the defendant had bought was also greatly to blame for having transferred his business to one who, as he must have known, had no qualification.

Atmospheric Organisms.

M. P. MIGUEL gives, in a paper recently read before the Académie des Sciences at Paris, the results of his observations on the minute organisms seen in suspension in the air, the diameter of which exceeds two millièmes of a millimetre. He finds, first, that the mean number of microbia is at its lowest in winter, rapidly augments in spring, remains stationary in summer, and falls in autumn. And, secondly, the rain always occasions recrudesence of these same microbia. In other words, temperature and moisture appear to be, apart from purely local influences, the principal causes of variation in the number of the microgerms of the atmosphere.

The Premier's White Elephant.

EARL BEACONSFIELD'S *coup d'état*, by which he surprised the world at the Berlin Congress, turns out to be a very expensive present to this Empire both in the way of men and money. That the climate of Cyprus is pestilential no one can deny. Our troops are no sooner landed than they are invalided, and outbreaks of fever appear to be general throughout the island. Whether good government and order in sanitary, as well as other matters, will alter this deplorable state of things, remains to be proved. No doubt the chaos of misgovernment and the insanitary habits of the Turks are responsible for a good deal of this in the towns, but this can only remotely affect the country districts, where camping out seems as dangerous to health and life as amongst the filth of Larnaca. The latest telegram from Surgeon-General Sir A. D. Home, states that out of a force of 2,622 Royal Engineers, 400 were in hospital, and between twenty and thirty have died since landing. The Surgeon-General has twice suffered attacks, and nearly all the medical staff have been more or less invalided for a time.

Lecturers and Students.

WE are glad to see by the last issue of the *Lancet* that we are not alone in the opinions which we recently expressed with regard to the style of lecturing too frequently pursued at the metropolitan hospitals. "If," remarks our contemporary, "lecturers would devote especial attention to the sifting of information, and the indication of proper lines of inquiry, they would render more useful aid than by striving vainly to compass the whole field of knowledge. The result of the common mistake of delivering complete courses of lectures, and traversing the whole area of a department of science, is that the student can only pick up fragmentary scraps of information at random, and has no practical notion how to piece them together . . . . . In this way it comes to pass that a mind wearied with the toil of remembering the minutiæ of botany, materia medica, chemistry, and physiology, is confounded by a simple question in either of these branches, and fails utterly when the test of practical every-day knowledge is roughly applied."

This subject did not escape our attention two months ago when writing about "Medical Examining Boards and Medical Schools." We then remarked "that the ignorance the student often shows with regard to the most elementary facts in chemistry, physiology, &c., cannot be laid entirely at the door of the candidate himself; and speaking from experience, we are forced to conclude that for a good deal of this ignorance the teacher himself is responsible. During the period allotted for a course of lectures on either of those departments of knowledge included in the primary examination, there is often time enough to go over two or three times the great facts and principles of the subject on which the student will be afterwards examined. But, too frequently, a long course of lectures means a dry and elaborate description of a variety of subordinate facts, and the consideration of certain details on which the student will probably not be asked a single question by the examining boards, or a knowledge of which he could most conveniently and profitably gather by private practice. Hence that absence of sympathy which ought to subsist between lecturer and pupil. The former fails to see the disadvantages under which every student labours who is obliged to gain a fair knowledge of a number of subjects within the short period of three or four years. He fails to put his information in the most concise form possible, to separate the wheat from the chaff, and withal to make it so agreeable and palatable that the idlest of his auditors cannot help taking away from the lecture-room a certain amount of useful knowledge that he will not easily forget."

Legal Rights of Counter-Prescribers.

AT the Durham Court an action was brought by a druggist to recover a sum from a miner of the same place for goods sold and delivered. The judge, after looking at the bill of particulars, observed that most of the items in the account were for tincture of myrrh, and asked the plaintiff why he had supplied such large quantities. The plaintiff replied that the defendant's wife was suffering from bad breasts, and he ordered the tincture of myrrh to be used as a remedy. In further answer to his Honour, plaintiff admitted that he was a druggist and dealer in patent medicines, but that he was not registered. His Honour said the plaintiff could not recover because he was not registered under the Apothecaries' Act; neither could he charge for advice, because he was not a duly qualified practitioner or even registered as a druggist. The plaintiff admitted that he knew the tincture of myrrh would do her no good, as she was suffering from cancer, and pleaded that he did not like to tell her so when she first applied to him. His Honour non-suited the plaintiff.

THOMAS MORE MADDEN, M.D., M.R.I.A., has been appointed Obstetric Physician to the Mater Misericordiæ Hospital, Dublin.

The Professorship of Midwifery in the Queen's College, Cork.

By the resignation of Professor Joshua Harvey, this professorship has become vacant. Dr. Harvey retires from its occupancy full of years and honours, enjoying the highest repute as a physician and a gentleman, respected in every relation of life, professional and social, and highly esteemed as a man of science. In the midst of his engrossing avocations he found time—for many years—to devote himself in company with his zealous and genial friend, Dr. Charles Armstrong, to the interests of the profession, and he then won, and has since enjoyed, their warmest regard. For the succession to the Professorship of Midwifery there are naturally many competitors Those who have shown their quality in connection with the obstetric specialty in Cork, are naturally favourites for promotion, and of these we believe that Dr. H. MacNaughton Jones is considered to be the most probable successor to Dr. Harvey. Dr. Jones has had much obstetric experience as physician to the Cork Maternity, of whose work we recently gave a *résumé* in these pages, and being known as a man of indefatigable energy, and long connected with the Queen's College, is considered to have especial claim to consideration. It is certainly of no little importance that the new professor should be accustomed to teach, and should possess facilities for doing so, and we doubt not that the Senate will bear in mind the importance of such qualification.

The Late Mr. Hilton, F.R.S.

On Thursday last the mortal remains of one of the most prominent members of the profession in London, Mr. John Hilton, were deposited in a vault at Norwood Cemetery, mourned by a most extensive circle of friends. Mr. Hilton has occupied the Presidential Chair of the Royal College of Surgeons, and of the Pathological, and New Sydenham Societies. He was also Surgeon-Extraordinary to her Majesty the Queen, Consulting-Surgeon to Guy's Hospital, and a Fellow of the Royal Society. He was the author of several works and contributions to medical literature, and was highly esteemed for his erudition and originality. Deceased was in his seventy-fourth year.

The mortality of Glasgow, usually high, was last week the lowest of the four principal cities in the United Kingdom, having but 17 deaths per 1,000 of its population ; in London, the rate was 18 ; Edinburgh, 18 ; and Dublin, 25. The mortality was not excessive in any of the large towns last week, the epidemics of scarlet-fever and diarrhœa having apparently subsided. There were but 16 deaths from small-pox in the kingdom, of these, 7 occurred in London, and 9 in Dublin.

The Scotch Dental Education Committee and the Directors of the Edinburgh Dental Dispensary have conjointly leased the premises 18 Brown Square, Chambers Street, Edinburgh, for occupation as a Dental Hospital and School of Dentistry. It is expected that the dispensary or operative department of the school will be in working order in November, so as to enable the institution to begin the dental session simultaneously with the medical schools.

The yellow fever epidemic has almost disappeared at Grenada, and is decreasing at Memphis for want of victims. Out of 500 inhabitants who remained at Greenville after the appearance of the fever, 400 have been attacked by the epidemic, and 162 of these cases have proved fatal. At New Orleans, Vicksburg, and Memphis the number of fresh cases is daily decreasing with the advent of cold weathr.

Leprosy has appeared at Parant de Pedrequier and other towns in the province of Alicante, Spain. Several cases have proved fatal. The authorities intend establishing a special hospital for the reception of those persons attacked by the scourge.

The next evening meeting of the Pharmaceutical Society of Great Britain will be held on Wednesday, October 2nd, 1878, at eight o'clock. The Sessional Prizes and Certificates will be distributed at this meeting. An Address to the Students will be delivered by Mr. Octavius Corder, of Norwich.

Notice has been given that an examination of candidates for fourteen appointments as surgeon in her Majesty's Indian Medical Service will be held in London, in February, 1879. A further notice will be issued when the exact date of examination has been fixed.

"Adulteration of Santonin." An American author states that he has met lately with samples of santonin containing 32·5 per cent. of boric acid. The fraud is easily discovered by igniting the substance, dissolving the residue in boiling water, and allowing to crystallise, when boric acid separates, recognisable in the usual manner.

The very handsome superannuation allowance of £750 per annum has been granted by the Lancashire magistrates to Mr. Joseph Holland, F.R.C.S.Eng., for many years Superintendent of the County Lunatic Asylum at Whittingham.

The Russian Government have lately sanctioned the proposal for founding a new university in Siberia. Tomsk is the town chosen for it. Donations for the establishment at present amount to 430,000 roubles.

Correspondence.

DRUG ADULTERATION AND IRISH UNION CONTRACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have just read an article on the above very important subject, copied from the Medical Press and Circular, in the *Daily Express* of 11th inst. As an elected Guardian of a Rural Poor-law Union, this subject has for many years occupied my most serious attention. I believe that the Guardians of Poor-law Unions are in great measure powerless to ensure a supply of pure drugs of invariably good quality for the use of dispensaries and Union hospitals ; but though fully

alive to the great difficulty of working the present contract system in a perfectly satisfactory manner, I was as strenuously opposed to the proposal of the Local Government Board for the appointment of an Apothecary-General as the MEDICAL PRESS AND CIRCULAR was, and for the same reasons. I believe that the statements made in your article are in the main, and to a great extent, unfortunately true. There are, however, a few points on which I would venture to trouble you with some remarks. The terms "stupid and nefarious," which you apply to the contract system, are very strong, but I admit the *truth* of the reasons which you give for using them (their cogency is another thing). (*a*) Refers to the contractors; and "nefarious" (*b*) to the guardians; and "stupid," the first I believe (as it seems you also do) to be true, only in some instances, more or less numerous; the latter I believe to be generally true, for of course Guardians as a general rule must be ignorant of the look, use, and price of drugs, and cannot understand whether they are good or bad, cheap or otherwise; whereas (on the authority of the MEDICAL PRESS AND CIRCULAR) the medical officers as a general rule are "quite incompetent to judge of the quality of a drug by its appearance, or to form any idea of its fair value," and I cannot imagine a Board of Guardians being such a set of humbugs as to "make pretence of selecting the drugs by quality;" I can, however, assure you that some boards at least are quite "up to" the "dodge" of the contractors which you mention, by which they appear to put in a low tender, which, if accepted, turns out to be a high one. When I joined the board to which I belong, now some fifteen years ago, I found that the plan adopted for comparing the prices in the several tenders for drugs, was to request the medical officer to mark in the list the important drugs, *i.e.*, those generally used, those most extensively used with xx, and those used to a less considerable extent with x; all the merely "ornamental" items, and those marked at fancy low prices by dodging contractors were thus left out, and we had then a real working list to go on in comparing the prices; where the prices of the marked items differed, if the prices in one tender was generally lower than those in the others, we considered the former to be the lowest tender on tolerably good grounds, and when, as sometimes happened, some were lower in one and some in another, we, with the doctors' assistance, struck a balance the best way we could. This plan has been followed during the time I have been on the board, in which time we have had three medical officers, and with their assistance, we have, I think, succeeded in finding out which of the tenders were really the lowest. As to quality, we have nothing for it but to accept the tender of a contractor whom we believed to be honest and respectable, and trust to our medical officers to see that the supplies were according to the terms of the contract.

So much as to the Guardians. Now as to the medical officers. You say that they are not usually asked their opinion as to the quality or prices of the drugs, nor would it be their duty to make the necessary analysis and examination in order to give such an opinion if asked. Perhaps not; but I think it would be the duty of a medical man to form an opinion to the best of his ability as to the efficacy of the drugs which were supplied to him for the treatment of the patients under his care, and I also think that a properly educated and tolerably experienced medical man of average abilities would be capable in most cases of forming a correct opinion, and in case that opinion was unfavourable to the efficacy of the drug, I believe there are very few medical men who would not think it their duty to take any steps necessary to ensure a proper supply, and to prevent the recurrence of a bad supply, even at the risk of snub from a friend of a contractor. My experience, however, leads me to think that doctors are not often snubbed for the conscientious performance of their duty, and that if one member of a board attempts it, the doctor, if worth his salt, will find plenty to take his part. In conclusion, I must say that having read your article with the greatest possible interest, it was with a feeling of great disappointment that I arrived at the conclusion of it. You have disparagingly found fault with the contract system of supply—you have shown (what every one who has anything to say to the matter knows) the extreme difficulty of working it in a satisfactory manner—you have justly denounced the alternative system of supply through an Apothecary-General, as formerly proposed by the Local Government Board; but you do not give the slightest hint as to what you think would be a better system than either, or suggest anything which might enable Guardians to work the contract system in a practically better way than they do at present; and I can assure you that many, very many, of them are most anxious to do so, if they knew how, and are fully and painfully alive to the responsibility which rests on them of endeavouring by all means in their power to secure a supply of pure drugs of good quality to the dispensaries and hospitals of their Union. As this letter contains such a suggestion, which may be of some slight use at the present time, I hope you will give it a place in your paper.

Yours, &c.,

P. L. G.

A PEPTONIC EMULSION OF COD-LIVER OIL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—J. H. W. writing in your colums, Sep. 11th, on "A Peptonic Emulsion of Cod-Liver oil" assumes that the outcome of my researches respecting the action of the pancreatic fluid upon fats and oils, is to be held as denying the action of pepsine or of the gastric juice upon fats during their passage through the stomach. If J. H. W. will devote a little care to the perusal of my "Laboratory Notes On the Digestion and Assimilation of Fat in the Human Body," (Churchill) he will find that I have expressed myself very strongly to the contrary.

If, however, "the medical profession have gradually drifted into this idea," from the experiments of M. Bernard, or from the later physiological researches conducted by me with the assistance of Dr. Overend Drewry, as J. H. W. states, I shall be happy to correct any such misconception. The main results of my experiments tend to prove—

1st. That all the soluble nitrogenous ferment principles excreted by the digestive organs produce their peculiar actions on the different components of food by rendering them soluble through the hydration consequent upon a more or less perfect process of fermentation.

2nd. That cane-sugar, taking up its equivalent of water, is split up into glucose and uncrystallisable sugar; starch, by hydration, is converted into glucose and dextrine; fatty matters, by fermentative hydration, break up into glycerine and the fatty acids (soluble and insoluble); and fibrin, coagulated albumen, casein, &c., are similarly changed into a series of soluble albumenoids, including the so-called peptones and albumenose.

3rd. That the digestive ferments found in the saliva, gastric juice, and the pancreatic and bowel fluids, are compounds of several peculiar ferment principles, the separation and identification of which afforded my chief claims to originality in these investigations.

Finding one of the three distinct species of ferment contained in the pancreatic fluid far more energetic in producing hydration of fatty matters than any other excreted in the digestive organs, I have given particular attention to its peculiar function. In doing so I have again and again pointed out that in different degrees, and by other chemical reactions, fatty matters are decomposed both by the ferments of the saliva and of the gastric juice.

The action of ptyalin on fat is feeble but fermentative, as long as it remains alkaline, but it becomes slightly putrefactive as soon as it acquires acidity in the stomach. The active pancreatic principle introduces a true ferment of extraordinary and lasting power, throwing up a head on cod-liver oil like yeast on beer, after which a portion of the oil becomes completely soluble in the water which is taken up in the process of hydration.

The soluble matter of pepsin, when mixed with cod-liver oil and water produces after a short time a very powerful action, namely, that of putrefaction. In the incipient stages of this disgusting decomposition a good-looking emulsion can be formed, but, as is now tolerably well-known, the artificial digestion of cod-liver is not very greatly advanced by forming an evanescent emulsion without hydration. Such like temporary emulsions, in passing through the stomach, separate into their original proportions of water and oil, which have been only loosely and mechanically combined, and of those components of the gastric juice which directly cause the flotation of the objectionable oil like a pelicle on the contents of the stomach, the hydrochloric acid and chlorides are the most powerful.—I am, faithfully yours,

H. C. BARTLETT.

Laboratory, Duke Street, Grosvenor Square, W.

Literature.

JONES'S SURGERY OF THE EAR. (a)

THE surgery of the ear has few exponents amongst general surgeons, being a specialty which involves its pursuer in a somewhat unexplored region of investigation, and compels him to a series of investigations and observations much more minute and careful than those which general surgery imposes on him. To treat the ear with any success, and to write upon it, as readable a book as Dr. Jones has produced, implies that the author has given both thought and labour to the subject, and has had opportunities of personal observation, which do not fall to the lot of all surgeons. These opportunities Dr. Jones has had in his connection with the Cork Ophthalmic and Aural Hospital, and the way in which he has put his observations before the profession, shows that he has turned to good scientific account chances which others would have allowed to remain unfruitful.

The book is essentially practical and business-like, and evidently the lucubration of a man who has done with his own fingers what he endeavours to teach others. Its chapters have appeared *seriatim* in the MEDICAL PRESS, and they dispose of the subject in an instructive and concise, yet lucid, manner. The diagnosis is especially well set forth, and so expressed as to catch the mind and memory of the reader, and make it thoroughly useful to him in practice. The minutely anatomical and the theoretical parts of ear surgery are, of course, absent, but the omission is compensated for by the soundness and intelligibility of the instruction as to treatment which the author gives.

The illustrations are numerous and the book well turned out, and, taking it as a whole, we know of no manual on the subject so suitable or useful to the general surgeon as Dr. Jones's book.

Literary Notes and Gossip.

DR. ELAM will contribute a paper to the *Contemporary Review* for October, "on Liberty and Licence in Science."

* * *

THE preceding issue of the works of the celebrated French *savant*, Dr. Laplace being out of print, and very scarce, the Paris Academy of Science has another edition in the press.

* * *

BY the death last week of Mr. John Hilton, F.R.S., F.R.C.S., medical literature has lost a bright ornament. His best known work "on Rest and Pain" is an excellent specimen of the author's bold and original style, and on its merits, should have attained a much greater success than appears to have been the case. His other works were "Lectures on the Cranium," Clinical Lectures on Surgery." "On Puncturing the Bladder per Rectum for relief of Retention of Urine," besides several papers to medical journals.

* * *

MESSRS. HARDWICKE and BOGUE announce a series of shilling Health Primers, written in popular style, by well-known medical authors. Seven of these little volumes are already in the press, which are to be followed by eight others. The title of the first on the list is certainly striking for its originality, "Premature Death: its Promotion, &c.," and will, we should fancy, be very popular with baby farmers. We fancy this announcement is an oversight, and shall be glad if our notice of it leads to an alteration of title, as we imagine the teaching of the book will be the opposite of the Promotion of Premature Death.

* * *

ANOTHER new venture in medical journalism is announced, notwithstanding the many failures which have been chonicled from time to time. It is to be called "the International Medico-Chirurgical Gazette of London," and will appear weekly in London, from, on and after, the first of November next. This journal will in some way be connected with the "Allgemeine Wiener Medizinische Zeitung," of Vienna. Communications will be published in the two journals, simultaneously. The proprietors consider that there is an imperative need of such a publication. We think otherwise, and fear they will have cause to come to the same conclusion before long; the fact is the profession is already overstocked with publications.

* * *

MESSRS. WOOD and Co., the well-known medical publishers of New York, have announced their intention to issue a standard library of medical authors for 1879, and to give to all subscribers of twelve dollars, fifty dollars worth of medical books, chiefly reprints of English authors. We, of course, are not in the secret of the basis of their calculations; American publishers have not hitherto shown themselves averse to pirating any author of merit, and as "brain matter" is sometimes an expensive item, a certain portion of the cost may probably be deducted under this head. Again, English publishers in order to protect themselves from piracy, frequently sell plates or advance sheets of forthcoming works, at a third their published price, and this again would give Messrs. Wood the not inconsiderable reduction of 66 per cent. Truly, our cousins are a smart race!

* * *

MESSRS. J. and A. CHURCHILL announce a third edition of of Bryant's "Surgery," in two vols.; a new work "on Loss of Weight in Lung Disease," by Dr. Dobell, and "the Influence of Posture in Women," by Dr. Aveling. Messrs. Baillière, Tindall, and Cox announce a second edition of Gant's "Surgery," in two vols. The first volume of "the Brain, as Affected by Syphilis," by Dr. Dowse. "A Text-book of Anatomy for Artists," by Mr. Sparkes, head master of the Government Schools of Art, Kensington. "A Text-book of the Pathology of the Domesticated Animals," by Mr. Fleming; and "Lessons in Horse Judging," by Professor Fearnley. Messrs. Smith, Elder's forthcoming works are "a Clinical Manual," by various authors, "A Handbook for Midwives," by Dr. F. Barnes, "A Manual of Materia Medica," by Dr. Brunton, and new editions of Ferrier's "Localisations of Cerebral Disease," and Ellis's "Demonstrations of Anatomy." Messrs. Macmillan and Co. have in the press "a Student's Guide to the Medical Profession," by Mr. Keetley, and the fifth volume of "Holmes's System of Surgery." Messrs. Griffin announce "a Manual of Practical Chemistry," by the author of "a Dictionary of Public Health; and Mr. Lewis announces, as in the press, a second edition of Fothergill's "Heart and its Diseases."

OVARIOTOMY IN DUBLIN.

WE understand that within the past week the operation of ovariotomy has been performed twice at the Rotundo Hospital by the Master, Dr. Atthill, and so far, with perfect success. Both of the patients were unmarried. In one of them, who was aged 21, there was a large fluid cyst and a secondary one containing a large mass of hair. In the second patient, who was 30 years of age, the operation was rendered difficult by the presence of ten or twelve cysts, each containing a few ounces of fluid. These patients are two of a series of cases which have been operated on by Dr. Atthill in the hospital with a gratifying success.

THE Introductory Lecture at the Meath Hospital, Dublin, will be delivered by Mr. Porter, surgeon to the Queen in Ireland, and not by Dr. Foot, as stated in our Students' Number.

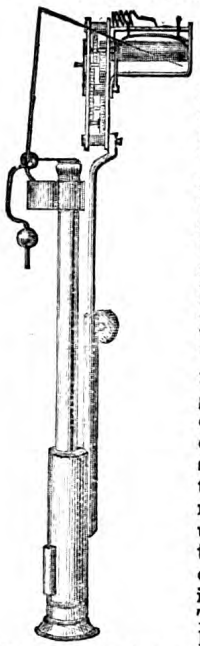
Aberdeen University.—Mr. George Pirie, M.A., Cambridge University, son of Principal Pirie, Aberdeen, has been appointed Professor of Mathematics, in room of Dr. Fuller, resigned. Professors Nicol (Natural History) and Harvey (Materia Medica) have both resigned their chairs on account of failing health. In both cases the appointments lie with the Crown.

South London School of Pharmacy.—This institution was opened for the tenth Session on Tuesday, the 17th September, when a full attendance of old and new students took place. The Annual Report was read by Mr. Baxter, the secretary, and an address to the students was delivered by Mr. Joseph Ince. The chair was occupied by the Rev. S. Bache Harris, vicar of the parish, who was supported by a number of local magnates and gentlemen interested in the School.

(a) "A Practical Treatise on Aural Surgery." By H. MacNaughton Jones, M.D., M.Ch., F.R.C.S.I., and Edin., Surgeon to the Cork Ophthalmic and Aural Hospital for Diseases of Women, &c., &c. London: J. and A. Churchill. 1878. Crown 8vo, pp. xvi, 172.

Novelties.

POND'S AMERICAN SPHYGMOGRAPH.



This instrument was first brought to the notice of the profession in November, 1875. The original form was simply that of a sphygmoscope, which idea was naturally followed by the conception of the addition of a recording apparatus, to convert it into a sphygmograph. Many improvements were gradually added, until the instrument assumed its present shape, under which it was first presented before Dr. Stella's Section of the International Medical Congress at Philadelphia last year. It differs from that of Marey, in transmitting the impulse of the artery not immediately to the lever, but indirectly, through the motion communicated to a column of water and a glass float, which finally moves the recording pen. The construction and character of the new sphygmograph, as seen in the instrument, and as shown in the cut, are readily understood. The main portion consists essentially of an upper and a lower glass tube. The lower tube, containing fluid and having a rubber diaphraghm stretched on the lower end, is, in use, the part applied to the pulse. The upper and smaller tube fits the larger and lower tube by means of a packing on its inferior end, thus moving freely in and out, and determining at desire the height of the fluid in the small part of the tube. Inside the small part of the tube is a free float, made of glass, which floats according to the height of the fluid, and obeys any movement of the fluid, or any vibrations from the rubber cap on the lower end of the instrument. A pendulous jointed needle clasps on the upper part of the tube. A watch movement is also attached to the tube, to move the slide on which the trace is to be made. A holder clasping the wrist fastened by means of a sliding bolt, retains the instrument in place over the artery. A dial may be added, which shows the amount of pressure used. An extra tube, having a larger bottom, is prepared for cardiographic traces.

The application of this instrument is simple, and indeed, it may, after a little practice, be used off-hand, *i.e.*, holding it as you would a pen; apply the rubber diaphragm to the artery, vein, or heart; use the requisite pressure to bring the float against the arm of the needle; place the free end of the needle on the slide; smoke very slightly a slide of mica, glass, or paper; put the end between the rollers, start the movement, it will run through, and the needle will trace the pulse on it. Photographer's varnish will fix the trace so that it can be handled. In using the holder place the pressure dial on the lower end of the bolt, and have the blades of the holder between the dial and the nut, and slide it into place, the bolt fitting the slot in the end of the holder. Care must be taken to see that it is applied exactly over the artery.

There is also attached a ruler, so that the slide can be divided into millimetres while it is moving along, as seen in one of the specimens exhibited. These are two millimetres apart. Dr. Pond states that he has also used the needle reversed, to move down on the slide, and can provide the case with both kinds of needles. The instrument is now made with a governor on the watch movement, so that it can be run at any rate of speed desired.

NOTICES TO CORRESPONDENTS.

A Member of the British Medical Association should raise the points in the journal of the Association. We have more than once expressed our opinion on the women's question. The other points we have not space to discuss, they must be settled by members of the Association, whom they more immediately concern.

An Old Practitioner.—Your letter on "The Influence of Burying Clubs" is unavoidably held over.

Dr Mackie will find all the information he needs in our last number.

A Former Contributor.—We know nothing of the journal in question, it is probably defunct as we never receive it now.

A Needy Student.—You will be able to get second-hand copies of most of the text-books at one or other of the second-hand booksellers in London, and your instruments of Messrs. Lawley and Son, 78 Farringdon Street, E.C., where we believe a large second-hand stock of the leading makers is kept to chose from.

Dr. Corby.—Proof not returned at time of going to press.

Blackburn.—In our next.

Erratum.—There were some inaccuracies in our last number relative to the Staff of the Central London Throat Hospital. It should read:—Sydney Jones, F.R.C.S., Consulting Surgeon, vice Carr Jackson, F.R.C.S., deceased. Surgeons—Messrs. Lennox Browne and Llewelyn Thomas. Assistant Surgeons—W. D. Hemming, G. R. Steel, and F. G. Hamilton. Dental Surgeon—G. Wallis. Chloroformist—J. Murray. Registrar and Pathologist—J. D. Grant.

Communications, Enclosures, &c., have been received from—Dr. Gairdner, Glasgow. The Director-General, Army Medical Department. Mr. Teevan, London. Dr. Williams, Edinburgh. "An Old Practitioner," London. Surgeon-Major, U.S.A., Langham Hotel. Mr. Rose, London. Dr. Bartlett, London. Dr. Osburne, Cork. Dr. Little, Dublin. Mr. McCall, Glasgow. Dr. Dudfield, Kensington. Mr. Mitchell Banks, Liverpool. The Registrar-General. Dr. Hughes, London. Dr. Dolan, Halifax. Dr. Wilde, New York. Dr. Evans, Philadelphia. Dr. Gillespie, London. Prof. Tichborne, Dublin. Dr. Shapter, Exeter. Mr. Cripps Lawrence, London. Dr. Corby, Cork. Dr. Tuckey, Waterford. Dr. Hewitt, London. Dr. Langdon Down, London. Dr. Anterson, Cookstown. Dr. Doherty, Dublin. Dr. Quinlan, Dublin. Dr. Irvine, Sydenham. Dr. Moorhead, Benburb. Dr. McGloin, Aclare. Dr. O'Sullivan, Boherboy. Dr. McDowell, Baltinglass. Dr. Barry, Thurles. Dr. Blaquiere, Tallow. Dr. Mapother, Dublin. Dr. Porter, Dublin. Dr. Kane, Limerick. Dr. Higginson, Bangor. Dr. Barton, Ross. Dr. Donovan, Whitwick, &c., &c.

APPOINTMENTS.

Batten, R. W., M.D., Physician to the Ophthalmic Department of the Gloucester General Infirmary.

Brown, W. H., M.R.C.S.E., House Surgeon to the General Infirmary, Leeds.

Cameron, C. A., L.K.Q.C.P.I., F.R.C.S.I., Public Analyst for Kingstown, co. Dublin.

Clarke, T., L.R.C.P.Ed., Medical Officer of Health for the Pewsey Rural Sanitary District, Wilts.

Cole, R. M., L.R.C.P.L., M.R.C.S.E., a Surgeon to the Ophthalmic Department of the Gloucester General Infirmary.

Harker, J., M.D., L.R.C.P.Ed., Medical Officer of Health for the Lancaster Urban Sanitary District.

Hunt, L. G., M.D., L.R.C.P.Ed., Medical Officer to the Sheffield Union Workhouse.

Jones, S., F.R.C.S.E., Consulting Surgeon to the Central London Throat and Ear Hospital.

Macready, J., F.R.C.S.E., a Surgeon to the Out-patients' Department of the Great Northern Hospital.

Madden, T. M., M.D., M.R.I.A., Obstetric Physician to the Mater Misericordiæ Hospital, Dublin.

Saundby, R., M.D., L.R.C.P.Ed., Professor of Comparative Anatomy and Zoology at Queen's College, Birmingham.

White, A., L.R.C.P.Ed., L.R.C.S.Ed., House Surgeon to the Clayton Hospital and Wakefield General Dispensary.

Williams, W. R., M.R.C.S.E., Assistant Demonstrator of Anatomy at the Middlesex Hospital Medical College.

Admiralty Appointment.—Staff-Surgeon Edw. Moss, M.D., to H.M.S. *Research*, Dardanelles.

Births.

O'Farrell.—Sept. 19, at 28 Lower Dominick Street, Dublin, the wife of Dr. O'Farrell, of a son.

Shapter.—Sept. 17, at Bamfield, Exeter, the wife of Lewis Shapter, M.D., of a son.

Deaths.

Badeley.—On Sept. 18, at Midhurst, Sussex, Althea, relict of the late J. C. Badeley, M.D., F.R.C.P., of Chelmsford, Essex.

Barham.—On Sept. 8, at Stone Street, Maidstone, Frederic Barham, M.R.C.S.E., aged 68.

Burn.—On Sept. 1, John Burn, M.R.C.S.E., L.S.A.L., of Hanley, Staffordshire, aged 48.

Hilton.—On Sept. 14, at Clapham, John Hilton, F.R.C.S.E., F.R.S., aged 73.

Marsh.—On Sept. 12, at Truro, Alice, the wife of N. J. Marsh, Esq., House Surgeon at the Royal Cornwall Infirmary, aged 31.

Mason.—On Sept. 14, at 92 Harcourt Street, Dublin, Elizabeth, the wife of Dr. Mason, aged 50.

Meredith.—On August 19, at Viper Island, India, of typhoid fever, E. B. Meredith, L.R.C.S., L.K.Q.C.P., Surgeon, Bengal Medical Department, aged 24.

Owens.—On Sept. 9, at Selhurst Road, South Norwood, Henry Owens, M.D., aged 40.

Parsonage.—On Sept. 4, at Sutton, Cheshire, Edwin Parsonage, M.D., aged 45.

Pinching.—On August 16, drowned off Colombo, Ceylon, W. W. Pinching, M.R.C.S., L.R.C.P., son of C. J. Pinching, of Gravesend.

Russell.—On Sept. 1, at Holmhill, Thornhill, Dumfriesshire, Dr. James Russell, aged 84.

Scott.—On Sept. 4, at Tynemouth, Alexander Morice Scott, L.F.P.S.G., aged 36.

Slacke.—On Sept. 1, at Chapel-en-le-Frith, Dr. Thos. Slacke, aged 84.

Syme.—On Sept. 8 at Coningsby Place, Alloa, N.B., James Syme, L.R.C.S.Ed., L.R.C.P.Ed., aged 92.

Willis.—On Sept. 21, at Barnes, Surrey, Robert Willis, M.D., in his 80th year.

IRISH POOR-LAW INTELLIGENCE.

VACCINATION PROSECUTIONS.

THE following letter has been addressed to the Local Government Board for Ireland :—

Irish Medical Association,
Royal College of Surgeons,
Dublin, 13th September, 1878.

SIR,—I am directed by the Council of the Irish Medical Association to request the attention of the Local Government Board to the subject of remuneration of dispensary medical officers for their attendance and evidence in cases of prosecutions of defaulters, under the Compulsory Vaccination Act ; and to observe that the Council have received very numerous complaints, especially of late, from dispensary medical officers, chiefly those of country districts, to the effect that they have been either directed by the Guardians, or formally summoned *subpœnâ* by the magistrates, to attend and give evidence at the hearing of cases of prosecution for the default referred to ; and that, having complied, and immediately afterwards having sought to obtain from the magistrates the necessary certificate to enable the Guardians to pay them reasonable remuneration, their applications have been refused—sometimes on the ground that it was part of the duty of the dispensary medical officers so to attend and give evidence *gratuitously;* occasionally that as paid officers of the Union they are not entitled to remuneration ; but most frequently, that the 13th Section of the 26th and 27th Vict., cap. 52, allows payment *only of the expenses actually incurred by the medical officers*, and does not authorise payment of *fees* for such services. The Council regret to have observed from a recent newspaper report of the proceedings of the Guardians of Ballinasloe Union that the Local Government Board appears to have arrived at the conclusion that the last cited argument is correct, inasmuch as the Board is reported to have informed the Guardians that "in all cases of proceedings brought before the Bench by direction of the Guardians for non-compliance with the Vaccination Acts, under the 13th Section of the 26th and 27th Vict., cap. 52, the justices, before whom the prosecutions are heard, may and ought to certify for payment out of the rates of any expenses incurred in such proceedings ; and in ascertaining the amount of such expenses, to allow a reasonable sum, *not as a fee, but for his expenses*, to the dispensary medical officer if he should be required to attend as a witness."

And the Council are confirmed in their view of the opinion of the Board on this subject by the fact that Mr. Pelly, one of the auditors of the Board, informed the Guardians of the Cahirciveen Union, on the 11th December, 1877, that in future any payment made by way of a fee to a dispensary medical officer for giving evidence at vaccination prosecutions would be subject to disallowance ; at the same time stating, as his reason for adopting such a course, that he did not consider the 13th Section of the Compulsory Vaccination Act contemplates payment of *fees*, but merely authorises the *expenses necessarily incurred by a dispensary medical officer* to be allowed by the justices at their discretion, the auditor having evidently fallen into the error of supposing that the expenses specified are those incurred by the *witnesses*, instead of those *incurred in the proceedings*, as defined by the Act.

The Council of the Irish Medical Association having submitted a case for the opinion of counsel—viz., Mr. Gerald Fitzgibbon, Q.C., now Solicitor-General for Ireland (whose opinion has very recently been supported by another eminent counsel), are advised—

1. That a dispensary medical officer is not bound, either by the Medical Charities' Act, the Vaccination Acts, or the Board's Regulations, to prosecute defaulters, or even to give evidence at vaccination prosecutions ;
2. That neither the Local Government Board nor the Guardians have authority to direct him so to do ;
3. That the Local Government Board has no power to deprive him of his office for not doing so ;
4. That in addition to the expenses actually incurred by him, he is *entitled to be paid a fee for his evidence*, if such be certified for by the justices ; and
5. That the 13th Section of the Compulsory Vaccination Act most clearly permits the payment of a *fee* to a dispensary medical officer for his evidence, as a *part of the "expenses incurred in such proceedings,"* in the same manner as the fees of a lawyer or solicitor, if engaged in such cases by the Guardians, should be paid upon the certificate of the Justices.

The Council are also informed that the Local Government Board has expressed an opinion to the effect that the dispensary medical officers ought to give their evidence in such cases gratuitously, because they are interested in the success of vaccination. If, however, from this it is to be inferred that the interest a dispensary medical officer has in vaccination is of a pecuniary kind, the Council have directed me to observe that as the rate of remuneration for the trouble and time necessarily involved in each successful vaccination is very inadequate, it would rather appear to be the interest of the medical officer, from a pecuniary point of view, to have as few public vaccinations as possible to perform. And it must be borne in mind that as all the defaulters do not avail themselves of gratuitous vaccination at the dispensary, the medical officer consequently has no interest whatsoever in giving evidence against those who do not. And, further, that the mere fact of his having given evidence against defaulters almost invariably creates ill-feeling towards him, which, on the part of those who are dispensary patients, leads to a desire for retaliation—hence the frequent occurrence of harassing, even though

frivolous, complaints; whilst those who were his "private patients" almost invariably resent his appearing as a witness against them by depriving him of his private practice in their families, and endeavouring (often successfully) to make their friends do likewise.

I may here call the attention of the Board to the reply given in the House of Commons, during the last session of Parliament, by Mr. Sclater-Booth, President of the Local Government Board for England, to a question put by Mr. Gray, M.P., relative to the remuneration given to public vaccinators in Ireland, when the President of the English Local Government Board stated that he "could not say what was the remuneration given for vaccination in Ireland, nor could he answer for the defects of the Irish system, but by some means or another the payment for each successful vaccination in *England* amounted to about *half-a-crown*, and he considered the money was *well spent*."

I am further directed to point out that if dispensary medical officers be not fairly remunerated for giving evidence in vaccination prosecutions, it is only natural to expect that—if, instead of being rewarded for their zeal in reporting defaulters, they are to all intents and purposes severely punished for so doing—they will, as far as possible, avoid the future detection of defaulters; the certain result of which must be that even a much larger proportion of unvaccinated persons than at present existing will remain undetected throughout the country—a result which the Council, although they would deeply deplore it, nevertheless cannot fail to foresee as certain to occur. The Council, therefore, consider it a duty incumbent on them, in the public interest, to urge that every possible means should be exercised by the Local Government Board to carry into full effect the beneficent intentions of the Legislature with regard to vaccination, whereby it was unmistakably, and most wisely, intended that every person should be, as far as possible by vaccination, protected against small-pox; and the Council have directed me to submit that unless the dispensary medical officers are fairly remunerated for their evidence at vaccination prosecutions, it is futile to imagine that full effect will be given to the provisions of the Vaccination Acts; and they therefore trust that the Local Government Board will promptly exert itself by representing to the justices and boards of guardians the advisability of encouraging in every legitimate way the dispensary medical officers to report punctually every instance of default—not the least of which would be to ensure payment to them for the special and extra service above referred to.

In conclusion, I am directed to add that the Council are deeply impressed with the opinion, that if the remuneration for public vaccinations in Ireland were made equal to that given in England, and the suggestion now offered were carried out effectively, no such formidable epidemic of small-pox as that which exists at present could possibly occur again in Ireland.

I am, Sir, your obedient servant,
JOHN WILLIAM MOORE, M.D.,
Hon. Secretary to the Council.

To the Secretary,
Local Government Board for Ireland.

CORRESPONDENCE.

UNION AMALGAMATION—SANITARY PROSECUTION FEES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly inform me, through your columns, if the Commission on Union Amalgamation is yet dissolved, as I am of opinion there are many dispensary officers, like myself, would be glad by the convenience it would be to themselves and many poor people, if some rearrangement of the present anomalous distribution of dispensary districts could be carried out. If the Commission has made a report, could they not add thereto before next session of Parliament, if the Council of the Association brought the question under their notice.

I would also like to know in what form it will be advisable to make application for attending sanitary prosecutions; if the Council struck out a form and named a fee, I conclude a guinea, at least, for each attendance, would be proper; it would be an assistance, and guide us, as whatever is made a precedent will probably not be altered.

Yours, &c.,
A MEDICAL OFFICER.

[1. The Commission is not yet dissolved, nor has it reported, but the re-distribution of districts has been under its consideration. We believe the Report is complete, but it will not, probably, be published until the meeting of Parliament. 2. The Local Government Board has power, under sec. 258 of the improved new Act, to fix the remuneration for attendance at sanitary prosecutions, and, no doubt, will issue a circular on the subject before long. Until then we are not in a position to give the required information.—ED. M. P. & C.]

SOUTH DUBLIN UNION.

THE Local Government Board having lately suggested to the board of guardians of this Union the desirability of endeavouring to obtain from the dispensary medical officers *monthly* (instead of the usual *half-yearly*) reports of defaulters under the Vaccination Acts, and having stated that the Cork Board had taken a similar step, the medical officers were requested to comply. At the guardians' meeting held 12th of September—

The Clerk read the following extract from a letter from Dr. Chapman, medical officer of Donnybrook dispensary:—"I desire to point out that although monthly reports will to some extent tend towards the desired result, they cannot possibly afford a complete check upon defaulters under the Vaccination Act; for it is impossible in cities and large towns to see that infant vaccination is universally performed until the 3rd section of the Compulsory Vaccination Act be repealed, as that section provides that the certificate of successful vaccination shall be delivered to the Registrar of Births for the district in which the vaccination was performed, instead of to the registrar in whose district the birth occurred. This is the chief cause of failure. Two Bills—one to consolidate and amend, the other merely to amend the Irish Vaccination Acts—have at considerable expense and labour philanthropically bestowed by the Irish Medical Association, the representative body of the medical profession in Ireland, been drawn up and printed, and were early in the year 1877 placed in the hands of Sir Michael Hicks-Beach, then Chief Secretary for Ireland, who was informed that the latter Bill had been approved by the Board of Trinity College, the College of Physicians, and the Royal College of Surgeons in Ireland. Having myself taken an active part in the drafting of those Bills, as well as having given careful attention to the best means of remedying the defects of the existing law, with which as a public vaccinator for sixteen years I am thoroughly acquainted, I can confidently assert that the adoption of either of them would provide as complete a check as is psssible upon defaulters, without introducing any change for which there is not a precedent in the English Acts relating to vaccination, and would afford the best, if not the only, means of carrying out fully the intentions of the Legislature with regard to vaccination."

The letter was referred to the Local Government Board.

The defect which Dr. Chapman has pointed out is unquestionably the chief cause of failure in tracing compliance with vaccination, but there are also many other defects in the law—many of them serious defects—which equally require to be amended. The Irish Medical Association has spared neither trouble nor expense in representing to the Government and the authorities what is required to perfect the vaccination laws, and it

is to be hoped that another session of Parliament will not be concluded until the desired and necessary reforms are enacted. As it appears likely that monthly reports of defaulters will in future be called for, the medical officers upon whom this extra duty is imposed will naturally expect, and we trust receive, increased salaries, proprtionate at least to this extra duty, which will necessarily occupy much of the time of the medical officers, and be extremely troublesome to discharge; and as monthly reports will entail monthly prosecutions, the letter addressed to the Local Government Board by the Irish Medical Association (which we publish this week), remonstrating against the short-sighted policy of the authorities, and showing up its evil consequences, through not paying fees for the evidence of the medical officers in vaccination prosecution cases has not been forwarded a day too soon.

CAVAN UNION.

THE Chairman read the following :—

SIR,—In acknowledging the receipt of your favour of of the 28th inst., I beg most respectfully to inform you that the reason why the committee is objecting to Dr. Alcock's substitute being paid by your Board was that Dr. Alcock had ample means to pay his substitute and should do so. I remain,

Your obedient servant,

To the Clerk. CHAS. BOYLAN, Hon. Sec.

Mr. Lee proposed—

"That Dr. Alcock pay his substitute during his absence from the Kilnaleck dispensary, as we don't feel justified in asking the ratepayers of his district to do so."

This was seconded by Mr. Martin and carried.

Mr. Moore inquired the nature of Dr. Alcock's illness.

Clerk—He is 76 years of age.

Mr. Moore—He should retire.

Mr. Nesbitt—So he will if you give him a superannuation allowance (laughter).

SWINFOLD GUARDIANS.

VACCINATION—SCARCITY OF VACCINE MATTER.

THE Chairman observed that the lymph was no longer obtained in London, and doctors had to wait several weeks for supplies from Dublin. He knew where a doctor waited several weeks, and at the end of that time he received six points. In some districts mothers objected to permit the doctor to take the lymph from their children's arms, and he could not force them. What was the doctor to do, and what were the people to do who brought their children there to be vaccinated? Six points for fifty or sixty children was a sparse supply.

Mr. Kelly—In some districts the people have a decided objection to give the lymph off their children's arms. The objection seemed a natural one where it existed.

Chairman—When the doctors were allowed to get a supply in London they had plenty. The people are really willing enough to carry out the law.

Mr. Colleran said this was the season when vaccination ought to be carried out.

WATERFORD UNION.

DR. MACKESY moved, pursuant to notice, "that the resolution of the board, voting £3 1s. 10d. to Dr. Evans be rescinded, and that he receive full payment at the rate of £3 3s. per week for the ten days during which he discharged the duties of the Kilmackevogue Dispensary District. It was not the money he contended for, but the principle that was involved. Dr. Evans was engaged on condition that while acting as substitute for Dr. Cane his duties in the district should not be allowed to interfere with his private practice. He was called on on a ticket, and was not at home, and then another gentleman was called on whose fee was stopped from Dr. Evans' pay, though he was at home and ready to go the call before the other doctor, and the result was that though he paid £3 12s. in car hire he only received £3 1s. 10d. of salary, leaving him a loser by his services of 10s. 2d.

Mr. Elliott objected to the district having to pay three doctors for doing the same work. They were paying Dr. Cane and they had to pay Dr. Jackman and Dr. Evans.

Mr. Newel agreed with Mr. Elliott that it was ridiculous to pay three doctors for doing the work of one. They had already passed a resolution on the subject of Dr. Evans' remuneration, and they would be stultifying themselves if they now rescinded it.

The resolution was then put, and declared lost.

CALLAN DISPENSARY.

ELECTION OF MEDICAL OFFICER.

A SPECIAL meeting of the Committee was held for the purpose of electing a medical officer, in the room of Dr. Keatinge, resigned.

There were four candidates for the appointment—namely, Drs. P. H. Burke, Wm. Fennelly, P. F. Walsh, and Philip O'Flynn.

A division was taken with the following result :—

For Dr. Burke, 6 ; for Dr. O'Flynn, 5 ; for Dr. Fennelly, 5 ; for Dr. Walsh, 1.

Dr. Walsh having only one vote his name was removed from the list.

The next division gave the following result :—

For Dr. O'Flynn, 10 ; for Dr. Burke, 7.

CALLAN UNION.

ELECTION OF MEDICAL OFFICER.

THE business before the Board was the election of a medical officer, in room of Dr. Keatinge, resigned.

There were only two candidates for the appointment—namely, Dr. Richard Stewart Ryan (who has held for years the medical officership of one side of the house), and Dr. O'Flynn, who was elected as medical officer of Callan Dispensary District, also in room of Dr. Keatinge, resigned.

Mr. Waring—Perhaps the Board would consider the question whether we ought to select a second doctor at all.

Captain Knox said that it was open to the Board to consider that question.

Mr. Power said that if they looked back to the time when Dr. Ryan was elected, they would find that the opinions of the Guardians then was for providing two doctors.

Mr. Butler said that he really thought the efficiency of the hospitals before the county, the parish, and the people at large was a very important consideration. They ought to make the hospitals as efficient as possible, and he did not find, as far as his knowledge went, that any workhouse of the extent of theirs had only one medical officer.

Mr. W. P. Mullally—I propose that you take the vote whether you will have two doctors or not.

Captain Grant—It is a very important question, because I heard he intended to retire after some few years.

Captain Knox—Dr. Ryan told me that in looking for the whole appointment he would never seek for the pension that would attach to it, but for that attaching to his present position.

Mr. W. P. Mullally—He was entitled years ago.

A Guardian said that the statement would not bind Dr. Ryan.

Mr. Waring proposed that Dr. Ryan be appointed medical officer.

The voting was :—

For one doctor, 22 ; for having two doctors, 9.

Some of the Guardians considered the result of the division was that Dr. Ryan was virtually appointed to the whole house.

Mr. Power—You have passed no resolution appointing him.

Chairman—Then if there is another vote the converse of the first, what will you do !

A division was again taken with the following result :—

For Dr. Ryan, 26 ; for Dr. O'Flynn, 5.

The subject then dropped, and the Board proceeded to transact the ordinary routine business.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING SEPT. 14, 1878.

Total registered deaths in Dublin and suburbs*	...	153
Ten years average of same week	...	143
Excess of mortality above average	...	10
10 weeks' ratio of deaths Rathmines	21·9 per	1,000
„ „ „ Donnybrook†	17·8 „	
„ „ „ Blackrock	11·8 „	
„ „ „ Kingstown	21·3 „	
„ „ Entire Dublin District	25·3 „	
Comparative Ratios—London ...	18·4 „	
„ „ Glasgow ...	17·3 „	
„ „ Edinburgh ...	18·0 „	

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

There were 54 deaths from zymotic diseases registered during the week, being 7 more than in the preceding week, and 13 over the average number for the 37th week of the the last ten years. They include 23 (16 of which were those of children under 5 years of age) from diarrhœa, being over the average number of deaths from this cause in the corresponding week of the last ten years ; 9 from small-pox, 5 from fever (1 typhus and 4 typhoid or enteric fever), 8 from whooping-cough, 3 from scarlet fever, 1 each from croup, simple cholera, &c.

The deaths from small-pox—7 of which are chargeable to the South City Districts, 1 to the North City, and 1 to Rathmines—are 1 in excess of the number registered in the preceding week, but only 21 new cases of the disease were admitted into the Dublin hospitals during the week awainst 51 in the previous week ; 51 patients were discharged, 5 died, and 87 remained under treatment on Saturday last, being 35 less than on Saturday, 7th inst.

Twelve children died from convulsions.

Bronchitis proved fatal in 3 instances, and pneumonia in 2.

Three deaths resulted from heart disease, 2 from paralysis, 1 each from apoplexy, epilepsy, and brain disease unspecified ; 3 from liver disease, and 1 from nephria.

Phthisis caused 17 deaths, mesenteric disease 6, hydrocephalus 4, scrofula 1, and cancer 3.

Development of the Cranium in Doctors.

In a paper by MM. Cliquet and Lacassagne, read at the Société de Médicine Publique, they state the results of some measurements which they have made at the Val-de-Grâce, by aid of the *conformateur*. They were made on the heads of 190 military doctors, 133 soldiers able to read and write, 90 soldiers unable to do so, and 91 prisoners. The following are the means of the figures in centimetres :—

	Doctors.	Lettered Soldiers.	Illiterate Soldiers.	Prisoners
Longitudinal diameter ..	85·29	81·97	79.13	81·10
Anterior	48·91	43·65	42·35	41·12
Posterior	52·58	49·66	50·27	49·90

The difference in favour of the doctors over the illiterate, were 4·50 in the longitudinal diameter, 6·37 in the anterior, and 2·82 in the posterior. The development of the frontal region was 6·37 more considerable in the doctors than in the illiterate. The asymmetry of the two halves of the craniums which was constant, differed. In the literate sthe left part of the frontal region was most developed, while in the illiterated it was the right part of the occipital that was so. The occipital region was always most relatively developed in the ignorant.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres ; the* POPULATION *in* 1871 ; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, Sept.* 14, 1878 ; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	Area in Statute Acres.	Population in 1871.	WEEK ENDING SATURDAY, SEPTEMBER 14, 1878. Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
Dublin . .	10,050	314,666	25	211	153	38	19	9	...	3	...	8	5	23	4	...	3
Belfast . .	20,687	182,082	28	111	98	19	10	...	...	6	...	1	2	15	1	4	9
Cork . .	13,816	91,965	18	53	31	6	8	...	...	...	...	2	...	1	1	1	11
Limerick .	8,509	44,209	15	29	13	..	4	...	...	...	...	...	...	...	2	4	5
Londonderry .	21,865	30,884	17	14	10	3	2	...	...	...	...	...	...	...	...	...	1
Waterford .	17,209	30,626	39	15	23	4	4	...	..	...	...	2	2	...	...	1	[illegible]
Galway .	21,358	19,692	32	10	12	...	2	3	...	...	...	...	...	...	...	..	5
Sligo . .	30,8357	17,285	9	1	3	...	2	...	...	..	...	...	...	...	...	...	3

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 2, 1878.

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THE MECHANICAL SYSTEM OF UTERINE PATHOLOGY.

By GRAILY HEWITT, M.D. Lond. F.R.C.P.,

President of the Harveian Society, &c., &c.

LECTURE II.—(*Continued.*)

(*Continued from page* 249.)

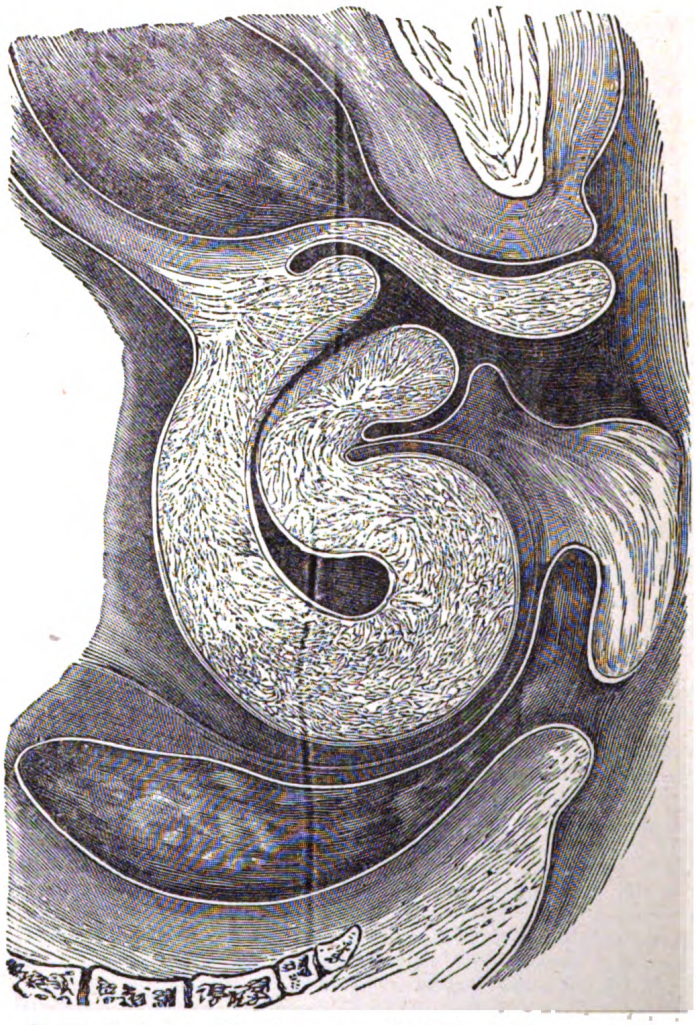
A FURTHER question remains to be answered, and it is the most interesting of all—namely, why is it that flexion of the uterus gives rise to pain, and why does the temporary exaggeration of the flexion increase the pain? We have carried the analysis to this point, that the pain and the flexion are associated, and the increase in the degree of the flexion is found to be answerable for increase in the amount of pain present. The clinical proofs of the accuracy of these statements which have presented themselves to me in the course of several years' observations are, to my mind, conclusive on these points. The answer to the further question, why a temporary increase of the flexion gives pain, involves the consideration of important pathological questions. Hitherto we have dealt with the purely physical elements concerned—the shape, outline, variations of shape, &c., of the uterus. We now pass into a different territory, and enter on a ground which has been a field of contention and disagreement to an extreme degree. The presence of pain necessarily implies an affection of nerves. When any part of the body is the subject of physical alteration or change, pain is almost universally present, this pain being directly traceable, as a rule, to the physical impression of this alteration or to some change implicating the sensitive terminal fibres of the nerves themselves. One common cause of such effects is well known to be inflammation. Inflammation of an organ shut in by a tightly-constricting membrane, such as the testis, for instance, how acute is the pain, this acute character being probably due to the great pressure on the nerves necessarily occurring under these circumstances. The more closely the phenomena of pain are examined the more evident does it seem that pressure upon, or undue tension of, the ultimate sensory portions of the nerves is the cause of the pain. With reference to the uterus, the pains referable to it have had various explanations. By many they are regarded as fanciful or imaginary, or due to inflammation of the uterus, or to neuralgia. But no intelligible and consistent explanation has, so far as I am aware, been given of the *modus operandi* of the production of these pains.

The explanation which I have to give is sufficiently simple; my only fear is that its very simplicity may prove a bar to its being accepted to the extent which is desirable in the interests of truth and progress. It is that the pain is produced by the actual compression of the nerves at the seat of the flexion. My observations have led me to conclude that the compression and condensation of the tissues of the uterus which occur at the seat of the bend is the immediate cause of this pain. This pain is increased for the moment, and it is very frequently actually brought on by any circumstance tending to condense and compress these tissues still more. Such an event happens when, from any physical cause whatever, the uterus becomes more flexed. It is my belief that the circumstance of the additional compression is responsible for the pain. But it is to me quite conceivable that this may not be the whole of the explanation. Another theory might be very well set up, and perhaps ably sustained. It might be urged that the congestion, engorgement, fulness, or whatever you please to term it, of the body of the uterus and of the cervix and os uteri, which are so frequently present in cases of flexion, are concerned in the production of pain. As I shall hereafter show, congestion of the two extremities of the uterus, the fundus and os, are almost constant accompaniments of decided uterine flexions, and it is susceptible of absolute proo

that the more acute is the flexions the greater is the congestion and engorgement. Plainly, therefore, it may be said, why do you not attribute the increased pain, during locomotion, in cases of flexion, to temporary increase of the congestion? For, it might be added, this increase of congestion would produce further compression of the nerves of the body of the uterus. In fact, according to this mode of reasoning, it might be made to appear probable that the pain in question is due to increased tension of the nerves of the body of the uterus set up by temporary increase of the congestion of the part in question. Admitting, however, that much may be said in favour of this latter view, observation has induced the adoption on my part of the former idea as to the mechanism of the production of the pain. The concomitant congestion of the other parts of the uterus doubtless contributes to the pain, but it would seem to me probable that it does so mainly because it has a tendency to increase the compression of the tissues at the seat of the flexion. The presence of nervous filaments throughout the uterine tissues is generally admitted, though there are differences of opinion as to their actual size. At its central portion around the internal os uteri there are nervous filaments forming part of those tissues. When compression of the uterine tissues at this situation occurs these filaments participate in that compression—hence the sensation of pain.

There are still other views as to the etiology of the pain in question requiring to be considered. It seems probable that some part of the discomfort felt by the subjects of uterine flexion during locomotion is due to the stretching and tension of the ligaments or attachments of the uterus. Thus the feelings described as "sinking" and "bearing-down," which are often complained of, seem due to this tension of the uterine attachments. The round ligament, the broad ligaments, and the utero-ovarian ligament are the ligaments principally affected, some more, some less. The so-called ovarian pain, which has for a long time been considered evidence of ovarian inflammation, is generally traceable, according to my experience, to uterine flexion, and it has seemed to me to depend on traction of the connection between the ovary and the uterus produced by the flexion. In cases of retroflexion a severe pain, situated near the groin on one or the other side, is in rare cases observed, and has appeared to me to arise from tension and stretching of the round ligament. In this place, also, it is proper to direct attention to the fact that when the ovary is actually displaced downwards, as is sometimes the case in flexion of the uterus backwards, the pain produced by locomotion is very acute and severe. This displacement of the ovary is, however, a comparatively rare complication of uterine flexion.

FIG. 19.



Severe retroflexion of the uterus, the patient being in the prone position.

3. *Undue tenderness of the Uterus to the Touch.*—In the next place, we have to consider tenderness, or undue sensitiveness, of the uterus to the touch, and the relation of this symptom to flexions of the uterus. In a state of health the uterus is not highly sensitive to the touch. And even the passage of the uterine sound, if carefully performed, hardly gives rise to a painful sensation until it

touches the fundus uteri, when there is generally evidence of its producing a slight pain. But, under certain conditions, we find the uterus extremely sensitive and painful to the touch, so much so that the slightest touch gives rise to quite acute pain. I need hardly say that those cases where the entrance of the vagina is acutely sensitive to the touch—hyperæsthesia of the vagina as they are termed—are not included in the present discussion. Undue tenderness of the uterus may be present in all degrees ; the os uteri alone may be affected, or the posterior or anterior aspects of the uterus. In severe cases the whole uterus appears sensitive to the touch. There is no symptom conveying so precise an idea as to the extent of the suffering present in a particular case as the tenderness observed in making a digital examination. It is a sign conveying very valuable information, and, when the observation is properly made, the difference between the degree of tenderness present at different situations is readily made manifest and available for diagnostic purposes.

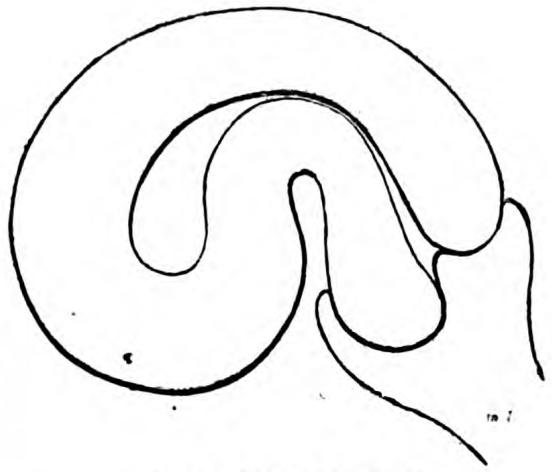
Respecting the connection existing between tenderness of the uterus and alteration of its shape, I claim to have established a most important generalisation and conclusion, which is to the effect that tenderness of the uterus to the touch is rarely observed except in cases whers acute flexions are present. The more acute the flexion, the more acute, as a rule, is the tenderness. Tenderness is not invariably present in cases of acute flexion, and, indeed, when cases have become quite chronic, there *may* be little or no tenderness. My proposition, therefore, is not that cases of flexion of the uterus are always attended with tenderness, but that, when tenderness *is* present, it is in all but a few cases (which are explainable in other ways) associated with the presence of uterine distortion. Possibly this may be considered a bold assertion, but I confidently make myself answerable for its substantial accuracy.

As long ago as the year 1868, I published in the *Practitioner* a paper, having for its object to show that the "irritable uterus" of Dr. Gooch is nothing more than chronic severe retroflexion of the uterus. Dr. Gooch's description of these cases is well known : "A young or middle-aged woman, somewhat reduced in flesh and health, almost living on her sofa for months, or even years, from a constant pain in the uterus, which renders her unable to sit up and take exercise. The uterus, on examination, unchanged in structure, but exquisitely tender ; even in the recumbent position always in pain, but subject to great aggravations more or less frequently." Dr. Ferguson, who edited Gooch's writings, a few years since, speaks of a congested condition of the uterus "altering its shape into that of a retort," as having existed in some instances, though he does not appear either to have connected the retort shape with the congestion, or to have considered it as in any way concerned in the production of the pain. In my paper I proceeded to show that this retort shape of the uterus was a necessary part and parcel of the affectionf and expressed my opinion that these so-called cases of "irritable uterus" were actually cases of chronic retroflexion. Since this paper was written I am not aware that any refutation of this view has been published ; and the only further observation I have to make on the subject of Gooch's irritable uterus is that I have since seen many cases of this kind in which the condition of the uterus amply sustained the view in question. But there is a slight qualification to make : viz., that the same symptoms may be observed in connection with anteflexion of the uterus as with retroflexion. The typical and most severe cases are cases of retroflexion, but in severe cases of anteflexion the symptoms may be very much the same. Further inquiries and observations have made me acquainted with the close connection existing between distortion of shape and tenderness of the uterus, of which Gooch's cases of irritable uterus constitute well-marked and extreme instances.

A very acute flexion is usually attended with great congestion. The conjunction of the two gives rise to the greatest degree of tenderness. And, inasmuch as the uterus may become more bent when the fundus is turned backwards than when turned forwards, the retroflexion cases are, as a rule, the most severe, and accompanied with the greatest tenderness. In cases where there is much congestion the tenderness is more evident when the body of the uterus, than when the cervix, is touched. In backward flexions the fundus is often found so tender that the merest touch gives acute agony, and the act of defæcation is attended with great suffering, owing partly to the contents of the rectum passing over the painful spot. In acute anteflexions the fundus is generally less easily felt, owing to the intervening stratum of urine, but the presence of acute sensitiveness of the fundus can often be substantiated in these cases.

It is worthy of mention that considerable sensitiveness to touch is sometimes found on examination in cases where other symptoms—pain on locomotion, &c.—have been slight in degree, and under these circumstances the examination reveals the grave nature of the case.

FIG. 20.



Severe retroflexion of the uterus.

The sensitiveness of the uterus in cases of flexion may be associated with slighter degrees of congestion. It may be present also in cases where the congestive stage has passed away, leaving the uterine tissues hard and hypertrophied. In these latter cases the tenderness is less universally spread over the uterus.

Extreme sensitiveness is met with in many quite chronic cases of flexion at the internal os uteri, or its neighbourhood. The existence of this sensitiveness is, of course, only ascertained by the use of the sound. This, however seems the place to mention it. Under these circumstances there exists a severe chronic neuralgia at the internal os. The subjects of this affection have well-marked pain on locomotion, always situated in some one spot. Thus in two very chronic anteflexion cases where this severe internal sensitiveness existed, walking always occasioned so severe a pain in the inguinal region that it had to be given up, and the sofa had become always necessary.

(To be continued.)

CASES BEARING ON THE THEORY OF THE ORIGIN OF PUERPERAL FEVER IN SEPTIC INFECTION.

By THOS. P. TUCKEY, M.B. T.C.D.,
Castletownroche.

I WISH to record the following cases, both from their importance in themselves, and because two of them tend in some degree to bear out the view of the origin of puerperal fever in septic infection.

I was called early one morning last February to attend Mrs. ——, the wife of a shopkeeper, who was in her fourth labour. She was delivered before I came of a healthy girl, but had had a good deal of hæmorrhage,

which, however, had been controlled by cold applications. Having applied a binder, I was taking the number of her pulse, when I was alarmed by a hissing sound, and immediately my patient fell into a severe convulsion. I gave her a dose of calomel and jalap, and ordered a mixture of bromide of potassium, a dose containing 15 grains to be given after each convulsion. I then had to return, when I was called off a long distance to visit another private patient who was said to be dying. She lived at a long distance, and when I went into her bed-room (indeed, I had only gone as far as the door) I saw that she was suffering from severe phlegmonous erysipelas of her whole arm. I explained that I was at present attending a case of midwifery, and that I could not, and would not, attend any more, returned my fee, and advised them to send for another practitioner. I never touched the girl, I did not even go past the door, and returned home, changed my clothes, washed my face and hands, brushed my hair, and went down to my former patient, having, remember, travelled in an open trap through the country some fifteen miles. I found my midwifery patient much better, the convulsions had ceased after four doses of the bromide, and she expressed herself comfortable. On my visiting her next morning, I found her with all the symptoms of puerperal fever, pinched face, tender belly, vomiting, diarrhœa; pulse 120, compressible and wiry. It is unnecessary to give details, suffice to say, that the woman recovered, after a sharp attack, treated mainly by opium and stimulants, and that she further got phlegmasia dolens of both legs (of course, successive) which I treated by small blisters. She was for a long time very ill, but is now quite strong and well.

The next case I have to record is curious, as showing the influence constitutional diseases have on local inflammation, *e.g.*, I have seen issues and gonorrhœas dry up on the supervention of the exanthemata, and continued fevers, such runnings returning, however, on the departure of the fever.

I was called to see Mrs. S—— under the following circumstances: She had been using her right arm greatly some days previously (she was six months with child), and owing to several friends coming unexpectedly, had the same night given up her bed to them, and slept on a sofa exposed to a thorough draught. Next day she felt her arm stiff, and had a slight cough, but thought nothing of either complaint. However, things went from bad to worse, and about the third day of her illness she sent for me. I found her whole side, as far as the last true ribs, swollen and red, and fluctuation of matter could be easily detected. She showed me a few bloody spits, which she had coughed up, her pulse was quick and her breathing 40 in the minute. Evidently the patient was suffering from pneumonia, which physical signs showed was the case. Seeing the case was a serious one, I advised a consultation, which was readily granted. I indeed wished to open the abscess, as I wanted to be done with one complaint if I could, and evidently there was more œdema than matter. On the arrival, however, of the medical gentleman chosen as consultant, he decided against making an opening into the abscess, saying it was not "ripe enough." Sorely against my will I yielded (indeed I had no other choice), and we agreed to meet in a couple of days. Next day my patient was much worse, and required quinine and champagne, which she got liberally. In fact, the pneumonia was running its usual course in a patient never very strong, scrofulous in constitution, and lowered by the extra drain of supporting a fœtus. So far, there was nothing remarkable; but on examining the abscess, I found it had that peculiar feel that one so often sees in a constitutional bubo; in fact, it gave a feel as if one were putting his fingers on putty; the liquid parts were gone, the solid remained, Next day the medical gentleman in attendance with me desired to open it, which, contrary to my advice, he did, and though he cut pretty deeply nothing came out. I continued to watch the case, and after a great deal of difficulty the patient pulled through the pneumonia. This, however, was but the beginning of the end. She was no sooner rid of the pneumonia than the place formerly lanced again became filled with matter, and a touch of a probe reopened the wound and let out a quantity of healthy pus. Abscess after abscess formed; now underneath the mammæ—now over the sternum. I no sooner had dealt with one collection of matter than I was called upon to treat another. I am glad to say, however, that my efforts were crowned with success, and that one of the most harassing cases I ever had terminated favourably. She is not yet confined, but when I saw her last looked as well as ever; only one small sinus was still discharging.

Having opened one of the numerous abscesses occurring in the last case, I was called to see Mrs. B——, who was stated to be in labour. Having washed my hands with acid carbolic and taken other precautions, I hurried to her house. I found the head presenting, the funis prolapsed and pulseless, and in a few moments she was well, but the child was of course lost. She had a very easy labour, and being a very fine and strong young woman really looked as if there had been nothing the matter with her. The only symptom which caused anxiety was that her pulse remained over 100. Dreading hæmorrhage, I remained a long time with her, but nothing happened to excite apprehension. Next day she was in puerperal fever, which proved to be of the most malignant type, and of which she died on the fifth day, to my great disappointment, as I took a great interest in the young woman, from the fact of my having, during her several labours, performed all the usual operations of midwifery on her with the exception of craniotomy. She was an illustration of what a practitioner sometimes meets with—a woman whose every confinement is accompanied with some disaster. Every one of her confinements were preternatural, except one, and this with a pelvis well formed in every way, and a constitution strong and healthy, far above the average.

Now, how are we to look on the two cases of puerperal fever I have just recorded? Are we to look on them as mere coincidences, or are we to believe that they were caused by the contagion carried on my person, which caused the fever? I think the latter. It must be remembered that one case occurred in February, the other in June; the contagion cannot, therefore, have been conveyed from the one to the other. There were no other cases occurred at the times mentioned, either in my own practice or in that of any other practitioner, for miles around. True, I did not even go near one case—that of the erysipelas—and I took every precaution after visiting the case of abscess. Such contagion is very subtle, and I think we cannot shut our eyes to the evidence. I am unfortunately gifted with a very acute sense of smell, and distinctly smelt the odour of the patient afflicted with erysipelas; the smell arising from the abscesses was palpable to the most obtuse nose. The sense of smelling is caused, I believe, by particles impinging on the terminations, of the olfactory nerve. Any one who knows how perfumes are collected from flowers, &c., by oleaginous substances cannot doubt this. How easy it is thus to account for the fact of a medical man conveying contagion about him, notwithstanding every precaution, and causing puerperal fever in a woman in childbed.

Very elaborate discussions have taken place lately with regard to the origin of puerperal fever. I think the above cases tend to show that puerperal fever may be generated not by one, but by several poisons, and that now erysipelas, now septic matter, now the exanthemata may be the cause.

Before I conclude, I hope it will not be thought that I am prolonging this paper too far if I give an account of the march of an epidemic of measles which has been raging in my neighbourhood for the last two years. It began last June twelvemonth in the village of Killavullin, distant some two miles. It advanced for about a mile towards Castletownroche, then turned at an angle across the River

Blackwater, crossed a chain of hills which runs from Fermoy nearly to Mallow, crossed again, and went into Fermoy, where it committed great ravages; went along the south side of the Blackwater until it came to Ballyhooley, crossed the bridge at Ballyhooley, and came as far as the railway crossing on the road from Ballyhooley to Fermoy, turned off at an angle, leaving a townland called Kilcummer untouched, made a great detour towards a village called Shanballymore, came into Castletownroche by the road from Shanballymore to Castletownroche, and so back to Killavullin, and on towards Mallow. Measles appeared again in Killavullin almost at the same time this as last year. The most curious thing about the progress of the epidemic seemed to be that it was influenced neither by streams, or woods, or hills, and that its turnings took place at points not at any part remarkable, occurring mostly at roads and places destitute of trees or hills. The most remarkable point about the progress of the epidemic was, that it joined again, so to speak, at the railway crossing near Killavullin, attacking the children it left untouched at its former visit, and so on into Killavullin, where it resumed that mild type which it had at starting, and which it had completely lost as it advanced, becoming very virulent in Fermoy and Ballyhooley, becoming milder as it attacked Castletown and its neighbourhood, and so regaining such a mitigated character that only one child died in Killavullin and its neighbourhood.

ABSTRACTS OF THE INTRODUCTORY LECTURES

Delivered yesterday, October 1st, at the Opening of

THE LONDON MEDICAL COLLEGES.

ST. MARY'S HOSPITAL.

By R. FARQUHARSON, M.D.,
Assistant-Physician to the Hospital.

After some introductory observations, Dr. Farquharson remarked on the difficulty felt, no doubt, by others as well as himself, of knowing precisely what line to take up. First and foremost must stand the opportunity afforded to a teacher, of giving some good advice from his own reflection and experience, whilst scarcely second in the eyes of some stands the platform from the temporary elevation of which the fortunate possessor of a hobby can ventilate his views. He desired to take up the first position, and in doing so he did not think it necessary to say much about the arrangement and sequence of study, as that has been already laid down by custom, and the requirements of examining boards. He hoped, however, that one of his successors in the chair would soon be able to congratulate his audience on some limit being put to the area of examinations, as recommended by the Medical Council, and that a thorough comprehension of certain well-defined principles would be preferred to the feeble smattering over the whole range of knowledge which is the result of the present system. Nor is it necessary to dilate on preliminary education, for that is already a thing of the past, and students, whatever may have been their previous opportunities, or whatever their present "culture," must now look to the future, and put their shoulders briskly to the wheel, remembering that a little handicapping by a yard or two at the start must be counteracted by greater determination in the race. "Only four short years stand between you and the goal of your ambition, and, amid the constant distraction of collateral work, and the preparation for examinations, it must steadily be borne in mind that the great object now is to qualify for practical success in after life. Culture and general information will matter little if we cannot do something for our patients, and if we cannot show him that we take a real interest in his case. What is often styled "humbug" may be nothing more nor less than the art of expressing sympathy and kindly feeling, and this gift of manner, as a real curative agent, should be recommended to the careful study of all young men."

Now, in order to acquire a real working knowledge of our profession, ward work is of first importance, and time must be made for this at all hazards; for here we see types of disease, and learn the true principles of diagnosis and treatment. It is undoubtedly a defect in the London system of medical education that no facilities exist, as in connection with the Edinburgh dispensaries, for seeing patients at their own homes. This is, after all, the best preparation for private practice, and probably the out-patient department is the nearest substitute which we can offer here. Although these institutions have come in for some rough knocks in later days—although they have been accused of pauperising the community and defrauding the profession, and injuring medical study by giving a bad example of hurry and want of care—I cannot but hope that a good deal can be said on the other side. Abuses undoubtedly do exist, but if the work is done with a due feeling of responsibility, very much may be learnt respecting the physiognomy of disease, the early symptoms of varied sickness; prescribing may be taught, and the elements of clinical tact acquired—that most valuable of all gifts, which all should earnestly strive to obtain.

"Do not think I recommend the debating society to your special attention because I happen to be the temporary occupant of its chair. I believe that a regular attendance on its meetings is in no degree a waste of time. You will there learn to overcome the bewildering influence of the erect posture on your faculties of speech, you will measure your powers against those of others, and will see how your knowledge and homespun theories stand the always friendly, if sometimes apparently rough, handling of fellow-debaters. One evening in the fortnight is not too much to give to all this, and when there I would strongly advise you to be no silent member, but talk as much as you can—in season, if possible, but rather out of season than not at all, until you can think as freely on your legs as in your arm-chair, and can express your thoughts with facility and freedon. Custom also, as well as expediency, demand that I should say a word on athletics. Now the only necessary caution seems to be that you should keep them in their place as servants, and never allow them to assume the master's upper-hand. 'The first requisite for success in life is to be a good animal,' and a too exclusive devotion to mental training will only make you narrow-chested, if possibly broad-minded, dyspeptics, unable to take your proper place in the race for life for lack of physical power, and breaking down early from a sheer wearing out of an ill-developed and ill-exercised machinery. Make diligent use of the following good qualities:—Industry, without which you will not be able to enter the profession at all; discipline and order; loyalty to your school and your teachers and yourselves; nor should *esprit de corps* be forgotten, that freemasonry between men sitting on the same benches at widely differing times—that conviction that your own school is second to none, and that it is your pride and duty to uphold its interests, and advance its reputation in every possible way."

"Now, perhaps, it may be thought, from our present prosperity, that we have been established many years, but only eight-and-twenty years ago the site now so worthily occupied by our hospital was in possession of the Grand Junction Water Works Basin. In 1851 the late Prince Consort laid the foundation stone, and in 1854 the school was formally inaugurated by an introductory address by Dr., now Sir, James Alderson; and in considering the many difficulties which beset our path at that time, we shall never, I hope, forget the generous and unremitting energy of Mr. Samuel Lane, the founder of our museum, and the zeal and devotion which our first man-at-the-wheel, Mr. Spencer Smith, threw into his office of Dean. Of the original staff, four happily remain among us, and it has struck me that I might usefully employ myself by trying, in imitation of Sir James Paget, to trace the subsequent career of the various students, who have been educated within these walls. Now four we are glad to see sitting beside me here as members of our staff; 100 are practising in London, 168 in the country, 15 abroad, whilst 4 have joined the navy, 22 the army, and 14 the Indian Service; 29 are dead, 15 have given up medicine, and 53 cannot be traced—a large proportion perhaps you may say; but I think, on the whole, that the calculation is satisfactory, and that we have turned out into the world a very useful addition to the ranks of the profession."

"And, gentlemen, if we could look forward a few years, we would find you fairly afloat, qualified men, possessed, perhaps, of that future panacea for all the ills of medical humanity—the diploma of the Conjoint Board. Some of you may aim at consulting practice, but the large majority will join th general ranks, and it is not uninteresting to try and calculate

what your chances of success are likely to be. Let us see what statistics tell us. The population of the United Kingdom of England and Wales in 1871, the last census year, was 22,712,266; out of this 108,926 were paupers, and about 2,000,000 in the United Kingdom are in receipt of gratuitous relief at our hospitals and dispensaries. This leaves about 20,000,000 in a position to pay their doctors, and the total number of those competing for their suffrages is about 16,000. Or, to come nearer home, in London we have 3,254,260 inhabitants, and 950,000 attend public institutions; 203,827 doctors. All this does not look specially promising, but we shall find rivalry in these over-crowded days in all ranks of life, and in medicine our prospects are quite as good as in any other. But, in case we think these probabilities not very cheering, we have the Public Services to fall back upon, with their regular duties, fixed income, and supposed social advantages. Recent sad events have, however, so shattered public confidence in the stability of our ironclads that the navy cannot but be looked upon as a service of danger; and the loss of the regimental system has destroyed the social amenities of the Army Medical Department as much as the frequent alteration of Warrants has destroyed all public confidence in its administration. Civil practice will, therefore, always hold its own against all competition, and you and I, who form part of its rank and file, must remember that its dignity and position are pretty much what we can make for ourselves, and that the respectability of the entire mass depends on the good work and good conduct of its component parts. Place a high ideal before you, and act up to it as best you can, and, enthroned, as our profession always must be, in the first place in our affections, do not neglect to cultivate some other favourite occupation, some hobby, which may serve us in good stead against the time when sickness or other causes compel you to retire from active life. Do not forget, either, that every member of a civilised community is expected to do something to advance its interests, and we medical men have many problems set before us to unravel. The processes of infection, the incubative periods of disease, their first, and earliest symptoms, the action of drugs, and, above all, the fuller development of sanitary science, are still opened out before us, and some of you may, I hope, be pioneers of science in these and many other directions.

In our intercourse with the general public do not let us unnecessarily parade our knowledge, but, at the same time, remember that scientific questions are now exercising so wide an influence that we must often be called upon to act as referees or to give information; and it is important that our own notions should be clear and well defined. This is a grave and high responsibility, and we must see that we use it for the protection and welfare of society, and for the reputation of the noble calling with which we have thrown in our lot.

So much then for our duty to society, a favourite theme, but we do not hear so much of the other side—the duty of society towards us. Now, in the first place, I hold most decidedly that some portion of the revenues of every solvent hospital should be devoted to the payment of the medical staff, who are really the mainstay of the institution. But if this be not practicable, the real workers of the place might at least obtain the compliment of an honorary seat at the Board of Governors. How strange and almost grotesque it seems, that whilst any one who can raise the requisite number of guineas can be admitted within the list, the medical staff, the real working element of the charity, are obliged to put their own hands in their pockets before they can make their voices heard within the committee of management. But if these payments cannot be spared, we may at least expect to meet with that cordial gratitude and deference to our expressed opinions, which may be even more valuable than pecuniary recompense. Human nature must be human nature, I suppose; but is it really necessary that our most conscientious suggestions for the relief of suffering humanity should be too often received in vestry halls, and governors' courts, and boards of guardians, with carping criticism and ill-concealed sneers? We will bear a good deal of grumbling, and perhaps join the chorus, about our social position, but here society is hardly to blame. So long as we retail our own medicines, and so long as the "open surgery" is so suspiciously like a grocer's shop, so long must we expect to fall back from the altitude of deference so freely allowed to other professions.

We must expect much annoyance from the special favour too often shown to quacks and irregular practitioners of all sorts. We will be reproached with the marvellous cures made by bone-setters, we will be accused of trades-unionism and jealousy and worse if we decline to meet homœopathists in consultation, or refuse to give ready credence to the replacement of a dislocated vertebra, or the marvellous cures of cancer effected at the Sangrado hospital.

Under these circumstances the *argumentum ad hominum* is very efficacious, and we have only to ask the clergyman who inveighs against our narrow-minded bigotry, how often he opens his pulpit to his Methodist brother, or the lawyer why he does not avail himself of the undoubted forensic abilities of Dr. Kenealy or Mr. Edwin James? Are we to be the only corporate body debarred from any code of professional morality, or social etiquette, or suspected of interested motives, if we venture to denounce the keen cunning which now, as ever, prays upon the weaknesses and follies of mankind?

Dr. Farquharson concluded by wishing his hearers happy student days, leading up into a bright and prosperous career.

WESTMINSTER HOSPITAL.

By CHARLES MACNAMARA, F.R.C.S., Surgeon to the Hospital.

Mr. Macnamara commenced his Address by stating that his object would be—First, from his experience to give some practical advice to Students commencing their studies, as to their duties and curriculum; and—Secondly, to the students who, having passed their examinations, were about to enter on General, or Consultive practice, or some branch of the public service.

Mr. Macnamara lamented the want of Colleges in the Metropolis, such as those existing in our older Universities, in which medical students (numbering not less than 2,000) could be brought under salutary discipline, and in which the various subjects which they have to study could be efficiently taught—the tutorial system of instruction being employed in place of that which exists at the present time. He proceeded strongly to urge on the members of the profession throughout the country to move in this matter, insisting on the fact that it was well within their power to raise funds to build three or four medical colleges in London, which would be self-supporting, and so to withdraw the students from the baneful influences attending their residence in lodging-houses. He believed that not only would the students derive great benefit from a college life, as compared with that which they now had to lead, but that in several instances the patients in our hospitals would derive advantage from the removal of medical schools from their immediate neighbourhood. Our hospitals had, as a rule, never been intended by those who founded, supported, or planned them, to have dissecting rooms, museums, and such like buildings attached to them.

Mr. Macnamara advised the students to throw all their energies into the work for which they had come to London, which is to learn how they might most effectually cure and alleviate disease; and with this object in view they should seize every opportunity of studying the treatment of our patients in the wards and out-patient department of the hospital. In comparison to this, the other subjects they had to work at were of small importance, and he thought that it was in consequence of men slighting their studies at the patients' bedside that many of them become subsequently sceptical as to the efficacy of the rational treatment of disease, which, although it was mainly empirical, was none the less satisfactory in its results. Some of our examining bodies had often overlooked this fact, and in a commendable effort to improve the scientific attainments of our students had probably led many young men to attach a greater importance to these subjects than to the practice of their profession. This tendency was perhaps the stronger, because it was unquestionably easier for an examiner to satisfy himself as to a student's knowledge regarding science, than it is to ascertain his capabilities to practise medicine and surgery.

After giving the students advice regarding the method to adopt in their studies, Mr. Macnamara proceeded to consider the question as to the line of practice they might advantageously follow after passing their qualifying examinations. He advised those who wished to settle in England to work as assistants, in anticipation of subsequently succeeding to a partnership in a general practice, either in the country or in London—the latter was preferable for some reasons; one of which was, that in many cases general practitioners in town had been able to disassociate themselves from the system of dispensing their own drugs—an example which it was most

desirable to follow, for until a change in this respect was effected, members of the profession generally could hardly assume the social position they were entitled to occupy. Nevertheless, with its disadvantages, he believed general practice afforded the majority of well-educated medical men a very fair opening, and that it was in most cases their own fault if they failed to profit by it.

He insisted, however, unless a man had independent means, it was not advisable for him to strive for a Consultative Practice in London, however desirable the prospect might appear to those who had not gone through the toil and long weary years of waiting necessary to insure success; they would find, if they were fortunate enough to reach the height of their ambition (and how few ever do so!), that the prize was hardly what they had expected. At any rate, he was certain that, in consequence of the multiplicity of hospitals in London, young men were apt to take several appointments, spending far too much of their time and energies in public duties, and so failing to engage in original research, during those years of their life when they are best adapted for work of this kind, and of thus building for themselves a solid foundation upon which their future reputation might securely rest.

When speaking of the public services, Mr. Macnamara observed after a long and successful career in the Bengal Medical Department, his vocation as a surgeon had brought him into intimate acquaintance with native gentlemen and also with their female relations, for a medical man after he had established a reputation in India was treated with the same confidence by Hindoo families as by his own countrymen and women, and so medical practitioners, being the only European gentlemen allowed to visit native ladies, became, perhaps, better acquainted with the existing state of feeling among the people of Bengal than any other Englishmen. He stated it was absurd talking about the necessity for sending out lady doctors to India because medical men were not admitted to attend native females. From his experience the condition of public opinion among the upper and middle classes in Bengal was far from satisfactory. Many natives admitted the benefits conferred by our rule, but they deplored the disorganised state of society in Bengal, the old families had almost disappeared, the sons and husbands of the educated and rising generation were largely addicted to drunkenness and vice of every kind; and the more thoughtful men and the vast majority of women (whose influence for good or evil was infinitely greater than most people supposed), contrasted this state of things with times when there was less security to life and property, less law, taxation, and education, but when the greatest slur that could attach itself to a man's name was that of being an undutiful son. Our system of education had broken down all faith in religion, and the outcome of a purely secular training has developed gross materialism and rank socialism, and so the necessity for suppressing the outspoken sentiments of the vernacular press, which, nevertheless, faithfully gave utterance to opinions he had heard over and over again for some years past among all classes of natives, and which he dreaded would one day break out into a revolt, in comparison with which the mutiny was a mere brawl. Nevertheless, so long as we held India, and the changes necessary for the reorganisation of the medical department were carried out in the judicious spirit advocated by Lord Northbrook as far back as 1873, there is no country where a young medical man in Government employ could succeed with greater certainty; but there, as in this part of the world, time and downright hard work could alone insure success.

Mr. Macnamara was not disposed to advise students to enter the British (Army) Medical Service under existing circumstances. He said there was an impression that the Commander-in-Chief, having sanctioned the scheme for the departmental system, was averse to any alterations in its principles; and so the report just issued by Lord Cranbrook's Committee deals with matters of detail rather than with the fundamental questions upon which many persons believe the future prospects of the service depend. Its ranks, however, are to be filled up, for if the scheme of the Committee is carried into effect, while retaining the spirit of competitive examinations, selection for admission into the department without examination will be permitted, through the nomination of candidates by the "medical teaching bodies;" if these authorities, therefore, make a judicious use of this privilege they may do much to improve the condition of the service. Mr. Macnamara entertained a better idea of the advantages offered to young medical men entering the Royal Navy for a limited period, and as a stepping-stone to general practice; but he counselled students absolutely to decline competitive examinations for admission into any of the Public Service, and thus to induce the Government altogether to abandon that injurious system.

In conclusion, he asserted his conviction that it was a man's own fault if he did not succeed in the medical profession, the advantages it offered to its members were second to none of the other professions, and its position was constantly improving by means of the hard work performed by its individual members, and the high moral character they maintained throughout the conntry.

MIDDLESEX HOSPITAL.

By ARTHUR W. EDIS, M.D., M.B., M.R.C.P. Lond.,
Assistant Obstetric Physician to the Hospital.

Premising that the medical journal had taken the place largely of introductory lectures, Dr. Edis, after devoting some time to a consideration of matters interesting to the student, proceeded to discuss several topics interesting in their relation to midwifery and diseases of women and children, which hitherto had met with chilling indifference and unmerited contempt.

The want of a distinct obstetric board or centre of education, and the conduct of the College of Surgeons in ignoring the subject, were entered into and lamented.

Dr. Edis then considered the question of preventive midwifery as regards the early detection of retroversion, miscarriages, extra uterine gestation, placenta prævia, external manipulation for detection of cross-births, twins, &c. The neglect of Government in taking no interest in the education of midwives, although some 687,000 of the poorer classes were annually dependent upon midwives for assistance in their hour of trial was commented on.

The inadequate accommodation in our Metropolitan hospitals for cases of diseases of women—there being only 155 out of a total of 4,280 beds—a proportion of 1 bed for every 12,000 of the female population of London, was noted and regretted. The excessive infant mortality—146 per 1,000 during the first year, or about 130,000 annually, was also noted, and the causes of it briefly considered, the importance of studying children's diseases being earnestly insisted on. A few words of exhortation and advice concluded the address.

Clinical Records.

ST. PETER'S HOSPITAL, LONDON.

Stone in the Bladder—Lithotrity—Cure.

Under the care of Mr. TEEVAN.

(The following notes were taken by Mr. Bullock, House-Surgeon.)

George G., a mechanic, æt. 52, was admitted into the hospital on May 1, 1878.

History.—About two years ago the patient began to suffer from frequency of micturition, accompanied by much "scalding" pain at the tip of the penis, which lasted for some time after the urine had been expelled. His water had lately been thick. A fortnight ago he visited the hospital as an out-patient, when he was sounded by Mr. Teevan, and a stone detected. Latterly, all his symptoms have increased in severity. He was born at Stoke Newington, his father at Sudbury, Suffolk, and his mother in Essex. No history of stone in family.

State on admission.—The patient is a well-built fat, man, with pale face. Appetite good, bowels regular. Urine slightly acid, sp. g. 1015, no albumen, slight flocculent deposit. So long as he remains quiet in bed he experiences but little inconvenience, except when he makes water.

8th.—Mr. Teevan passed a lithotrite and measured the stone, which was apparently quite spherical, and 1¼ in.

in diameter. Prostate considerably enlarged; orifice of urethra would not admit a catheter larger than No. 12 Charrière gauge.

11th.—As the patient bore the exploration of the 8th very well, and as it was not followed by any constitutional disturbance, Mr. Teevan determined to crush the stone, and accordingly introduced a full-sized flat-bladed lithotrite. The bladder was, however, over-distended, and the instrument had to be at once withdrawn, and the operation deferred, on account of the urgency to urinate.

12th.—He had a good deal of discomfort. There was a slight shiver at 9 p.m., when he got out of bed to make water.

13th.—Feels in his usual state again. Pulse 66; temp. 98·7. Mr. Teevan introduced a lithotrite, broke the stone, and then pulverised three of the pieces. On withdrawing the instrument, it was found necessary to enlarge the meatus externus to enable the lithotrite to glide out without any force being used.

10 p.m.—Pulse 88; temp. 100·6. Has passed some stone. Urine slightly tinged with blood. Tongue, clean and moist.

14th.—Pulse 88; temp. 99·5. His sleep was much disturbed last night, on account of having to pass water every half hour. A considerable amount of *débris* has come away.

15th.—Lithotrity again to-day, at 3 p.m.

16th.—Slept fairly through night. Urinates every two hours. Some fragments of stone have passed with much pain. Pulse 64; temp. 99·2.

17th.—Holds water for three hours. Urine free from blood, but contains some muco-pus. Pulse 80; temp. 98·4.

18th.—Lithotrity at 5 p.m. to-day. Had a rigor at 8 p.m.

19th.—Feels comfortable. Pulse 80; temp. 99. Has great pain after making water, partly owing, no doubt, to urine passing over incision at external meatus.

20th.—Both testicles tender and swollen. Hot fomentations ordered. Holds water for four hours.

27th.—Both testicles are much smaller. As Mr. Teevan considered they would not get quite well till all the stone was removed, he again crushed several fragments to-day.

29th.—Pulse 78; temp. 99. Feels comfortable. Has passed some *débris*.

30th.—Lithotrity at 3 p.m.

June 1st.—Much stone has come away. Patient says there is now but little pain when making water. Urine clear, deposits some mucus. Testicles still swollen and tender.

6th.—Some constitutional disturbance caused by the orchitis. Patient sick. Pulse 80; temp. 100.

7th.—Better to-day.

8th.—Mr. Teevan crushed three fragments.

9th.—Has passed some pieces of stone. Feels nearly well.

10th.—One small fragment found and crushed to-day.

11th.—Lost all pain. Testicles very much better. Can hold water for four hours. Sounded by Mr. Teevan, who pronounced patient to be free from any stone.

12th.—Went home to-day. A fortnight afterwards the patient called at the hospital, and reported that he was in all respects quite well. Urine clear, acid, sp. g. 1020. No albumen. The stone was phosphatic. No anæsthetic was given at any of the sittings.

Remarks by Mr. Teevan.—The case was a troublesome one, and had been attended by rigors and orchitis, which were very unusual complications in his practice of lithotrity. The stone was lying behind an enlarged prostate, and the man had a very fat abdomen and a deep perineum, thus necessitating more extensive manipulation with the lithotrite than was usual: for, in order to effect the entry of the instrument into the bladder, its handle had to be depressed till it touched the bed; thus the lithotrite acted as a lever on the enlarged third lobe of the prostate, pressing it powerfully downwards, and it was thus probably that the orchitis was engendered. Now, what ought to be the treatment of such a complication occurring during lithotrity? At first sight it would appear only rational to defer operative interference till the inflammation had passed away, but in practice he found that it was of no use waiting for such a result, as the passage of the *débris* kept up the orchitis, and it was, therefore, useless to defer waiting beyond the subsidence of the acute stage of the complaint. Thus, therefore, the best and quickest way to cure the orchitis was to repeat the operation, and get rid of all the stone. All the sittings had taken place without any anæsthetic being administered: his experience taught him, that unless the parts were excessively and morbidly sensitive, or the patient was very timid, the operation had best be done without the aid of an anæsthetic, as the surgeon would acquire a greater delicacy of manipulation than if he always operated on a body insensible to pain.

MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. Ed. STAMER O'GRADY, Surgeon to the Hospital.

Amongst the patients whose cases came to a conclusion in this service during the months July and August, were the following:—

Gangrenous Synovitis of Knee.—Amputation of Thigh.—Recovery.—A man of unhealthy appearance, æt. 30, but much older-looking, was admitted in the early part of the year for knee trouble. The neighbourhood of the joint was swollen, much distorted, flexed, and very painful. The disease had existed for four years, gradually getting worse. The limb, on being gently extended, proved to be two-and-a-half inches shorter than its fellow, the difference in length apparently depending on some congenital or infantile hip change. Of the existence of any such former affection the patient however professed himself ignorant. After nearly a month's stay in the hospital, during which period the local treatment had been rest—counter-irritation—an abscess pointing beneath and external to the knee, was opened, and exit given to several ounces of healthy-looking pus. The discharge continued abundant, it soon became of unhealthy character, and day by day increasingly fœtid. Another abscess, in similar condition, was opened a few days later. To night sweats and startings was now superadded severe and constant sickness of stomach. Advantage was taken of a lull in the graver symptoms to amputate the thigh. As a long anterior rectangular flap was being raised, a quantity of fœtid pus gushed out, when the large bursa was opened. Examination showed this to communicate with the articulation. The deeper tissues about were considerably infiltrated and diseased. To keep clear of these a large part of the anterior flap was mainly cutaneous. When the posterior short flap was cut there was smart hæmorrhage from a large vessel in or about the locality of the femoral. This was secured with carbolised catgut ere dividing the bone. Examination of the face of the stump showed that in the neighbourhood of the ligatured vessel ran the femoral and the profunda, which the digital and key pressure, still sustained, perfectly commanded. In all, seven vessels on the face of the stump required ligature. The patient rallied well. In four hours the stump, being satisfactorily "glazed," was brought together [due provision for drainage being made from the centre of the wound by a mesh of lint charged with carbolised oil] by four gut sutures, aided by broad straps of adhesive plaster and roller bandage. (*a*) Considerable constitutional disturbance supervened during the earlier days subsequent to the operation, but afterwards the patient did well save for occasional temporary suspensions of repa-

(*a*) Examination of the limb showed the articulation full of decomposed pus, pulpy degeneration, with erosion and ulceration of bone surfaces.

rative action, which detained him in hospital. When he left it, 77 days after the amputation, his health was as good as could be desired. The stump had been soundly healed some time, and he was commencing to gain useful command over an artificial limb.

Removal of Cancer of Lip in an Octogenarian.—The patient, æt. 82, had an extensive epithelioma situate in central portion of lower lip, and extending at each side more than half-way to the angles of the mouth, necessitating the removal of quite a large portion of the lip. The affection ran deeply down towards the chin, too, so that the length of the wound required three hare-lip pins and a labial suture. When these were removed in four days' time, reparative action was found to have proceeded unchecked by the advanced age of the sufferer; union was firm and perfect, except for a small gap at the upper part. This, it was determined not to interfere further with; as the parts assumed a form of but little deformity, the ununited portion tending rather to act as the middle of the lip, making the parts free and moveable than appear as a gap.

Profuse Metrorrhagia.—An interesting case of this affection presented in a single woman, æt. 35. The flow was constant, always free, frequently excessive, and steadily tending to get worse. Examination showed a widely dilated and granular condition of the canal; this was freely swabbed out with nitric acid. The malady was at once checked. The next "period" passed off naturally.

Removal of greater part of Calcis.—Good Result.—The patient was a lad, æt. 14, who when a child had had bad morbus coxa on the opposite side. The left calcis had long been affected, many sinuses opening on outer side of foot. Through these the probe found diseased bone in all directions. A free incision on outer side enabled nearly all the calcis to be gouged away; subsequently several further small bits of bone were discharged. Recovery was slow, it being nearly five months before the parts had healed, the heel being then quite shapely and strong, promising a foot of but little impaired utility.

Excision of Elbow.—This operation was necessitated under exceptionally unfavourable conditions, in a country labourer, æt. 20, a flabby-looking, unhealthy lad, with hazy corneæ, and markedly strumous. No clear history could be elicited as to the commencement of the disease, save that it was over two years' standing. The right elbow was permanently straightened and immovable, the front of the limb directly anterior to the locality of the articulation was badly ulcerated to an extent as large as the surface of the palm of the hand; other, but much lesser patches existed on the forearm and arm; many sinuses around the joint led down to affected bone. Appetite was bad, and health much impaired. After a couple of weeks' preliminary treatment, the elbow was resected subperiosteally by the single straight incision. Old displacement was found, the precise nature of which the extremely diseased condition of the bones prevented being accurately ascertained. Exceptionally large quantities of necrosed bone had to be taken off, including a substantial piece cut obliquely upwards from the inner aspect of the humerus. Hæmorrhage having been staunched the wound was swabbed out with a solution of chloride of zinc (40 grs. to the oz.), and the extremities of the incision approximated with catgut sutures, free drainage from the middle portion being provided for. The limb was put up in the straight position, on an anterior-hinged gutter splint. The case progressed favourably; after a few days gradual flexion was begun, and the patient was able to be out in the open air. Local repair was satisfactory, and general health improved. In three weeks considerable consolidation had taken place, and the splint was left off. The tardy healing of the extensively diseased soft parts was the means of detaining the patient in hospital for nearly three months after the operation. His health had greatly improved, and he went home with all ulcerated surfaces healed except a couple of specs in connection with small sinuses, from which came but little discharge, and in connection with which no bone could be recognised. Good use had been obtained of the arm, flexion and extension being almost perfect, with some capability of pranation and supination.

Strangulated Hernia, with Cæcum in Sac.—A. Baker, æt. 50, had long been the subject of inguinal hernia of large size on the right side; this often came down, but had heretofore always been reduced after more or less trouble. On the last occasion reduction was effected whilst under chloroform, and when all was in readiness for the operation. This time taxis utterly failed. The sac had to be opened freely, when its contents were seen to be the cæcum, the vermiform appendix rolling out in front. The patient, a restless, fidgetty man, who also suffered from bad bronchitis, made, notwithstanding, a favourable recovery, being able to leave the hospital within a month. The hernia was not radically cured, but he was otherwise quite well.

Spasm of Larynx from Inhalation [Swallowing?] of Ammonia.—A girl, æt. 19, presented in a condition of intense respiratory distress. The following statement was offered with regard to her condition:—Some minutes previously, when at an establishment in the neighbourhood, she had become faint. Whilst a bottle of liq. ammonia was held to her nose, her mouth being open at the time, she suddenly jerked her head. It was considered by those present that some of the ammonia had been swallowed. Symptoms of dyspnœa were present in a most marked degree, with stridor of a harsh, "brassy" character. Local inspection showed much œdema of velum and uvula. Laryngoscopic examination was utterly impracticable. Neither the surface tint nor the stethoscope indicated deficient lung action. Though the hysterical element was notably a factor in the case, still for a time the severity of the distress caused anxiety. The urgent symptoms yielded shortly to suitable treatment, including inhalations, and the girl left the hospital quite well three days subsequent to her admission.

Radical Cure of Hydrocele.—The patient, æt. 27, had but one testicle descended, the epydidymis of which was much swollen from former trouble. Some months previously, the man being at the time in a depressed state of health, iodine injection had been unsuccessfully tried. In the interval tonic treatment had been attended to, and now the injection of the same quantity of the tincture (℥iss.), and used in the same way, proved thoroughly successful.

Excision of Soot Wart from Inner Angle of Eye.—A healthy-looking sweep, æt. 34, presented a well-marked example of this affection seated on right side of nose, and verging on the canthus the proximity of the growth to which necessitated much care in the extirpation. The little wound was healing nicely when last seen.

Anthracoid Inflammation and Abscess of Buttock.—The situation of the anthrax was in the fold of the left nates, the abscess, which was of considerable size, being under the glutæus maximus muscle. From special circumstances of the case it was considered best to incise the anthrax; and through its base the abscess was also freely opened. Convalescence was very rapid, and the patient was soon able to leave the hospital and attend as an extern.

Ulcer of Rectum.—A general porter, æt. 54, described his suffering as most acute. Examination showed on the posterior wall of the gut an ulcer of some size. This was cut through; no annoyance followed the section. The first motion, four days after it, was free from pain, and the patient soon left the hospital quite recovered.

Removal of major part of Tongue.—A man, æt. 63, with syphilitic history, was operated on for a most peculiar-looking tongue. The present malignant nature of the affection (*a*) which had invaded most of the organ, seemed only too certain. The tongue was very long, and capable of being drawn a considerable extent out of the mouth.

(*a*) The report of the microscopic appearances after removal supported this view.

Advantage was taken of this to make traction on a looped tape firmly tied behind the diseased portion, so as to enable two écraseur chains to be passed through from the under surface, far back on the dorsum and gotten into position well behind the diseased mass. Shackle pins in front of the chains prevented any yielding back of the affected portions. All the tongue as seen in the mouth was easily removed. In a few days the sloughy surface began to clean, and rapid recovery followed, the patient leaving for home 26 days after the operation. No one inspecting the mouth could realise the extent of the organ which had been taken away; the small portion of the dorsum left had become so much drawn forwards during the healing process. There was no glandular mischief. Fairly intelligible speech was preserved.

Special Articles.

THE NEW DENTAL ACT IN ITS RELATIONS TO THE LICENSING BODIES AND THE PROFESSION.

(*Continued from page* 251.)

The entire requirements for the Dental Licence of the English College of Surgeons can be divided into the following factors :—

1. Attendance on general surgical, and special lectures, and on hospital practice, for one year and nine months, that is for two periods of nine months, with a rest of three months between the periods.

2. A certificate of having been four years engaged in acquiring professional knowledge.

3. A certificate from a competent practitioner of having spent three years in acquiring a knowledge of the practical details of mechanical dentistry.

The regulations under headings 2 and 3 are so vague and liable to abuse, and altogether so out of the control of the college, that the curriculum would be practically just as stringent without them.

Thus, on examination of the requirements of the English college, we find that that corporation has decided to regard a period of twenty-one months as sufficient time for a raw student to acquire a full knowledge of a specialty of surgery. The college is thus placed in the following dilemma—either the college has abandoned the principle of qualifying her dental licentiates on the broad basis of a general knowledge of surgery; or the college thinks a period of twenty-one months sufficient time for imbuing her licentiates with the principles of surgical practice.

It is to be expected that in neither of these attitudes will the English college be copied by any other licensing body.

Seeing how entirely inadequate is the curriculum laid down by the English college, and how little in accord is this insufficiency with the advanced ideas of the present day, we shall proceed to show how every difficulty is laid in the way of the true surgeon who tries to obtain from the English college the special dental qualification. Some of the embarrassing regulations of the college might be despised, except that their apparent silliness is not free from the imputation of being methodical. Under the category of absurd regulations, is that one which demands that no certificate of attendance on lectures in dental anatomy, physiology, surgery, or mechanics shall be accepted by the college unless the course has been given by one of her own licentiates in dentistry, that is by a gentleman whose scientific knowledge may have been acquired in twenty-one months. Truly this is a regulation of which any enlightened corporation might be proud. In our opinion it is a sop given to the dental clique. We shall proceed, however, to analyse the twenty-one months' course of the college.

The following is a *précis* of the course :—

First Winter Session (six months).—Anatomy, Dissections, Physiology, Hospital Practice, and Clinical Lectures; Dental Mechanics, Metallurgy, Dental Hospital.

First Summer Session (three months).—Practical Chemistry, Materia Medica; Dental Surgery, Dental Anatomy, Dental Hospital.

Interval of three months.

Second Winter Session (six months).—Anatomy, Dissections, Medicine, Surgery, Hospital Practice, and Clinical Lectures; Dental Mechanics, Dental Hospital Practice.

Second Summer Session (three months).—Dental Surgery, Dental Anatomy, Dental Hespital.

Looking at this list we see that the dental student, if he is to learn anything at all of surgery and medicine, must have his time very much occupied, during his very brief educational term, at his surgical and medical work; and it would not be too much to assume that the surgeon having already mastered that part of the course which is bound to occupy the raw student more than half his time, could in one year accomplish as much in the operating room as the student could in two years; and this argument will be further strengthened when we reflect how far maturity of mind and an innate consciousness of fitness would be on the side of the better educated man.

The special dental lectures required by the college, those to be given by her twenty-one months' lecturers, are so arranged that in order to spend about 100 hours taking them all out, it would be necessary for the surgeon to spend twenty-one months in London. Thus the course in metallurgy occupies 16 hours, the two courses in dental mechanics 24 hours, the two courses in dental surgery 32 hours, and in dental anatomy 32 hours, in all 104 hours. Thus if one spent the moderate time of three hours per diem in the lecture room all these special lectures could, if suitably arranged, be taken out in six weeks.

Now, that he may take out this fraction of the dental curriculum, the surgeon is required by the English college to spend the entire twenty-one months in London before he can obtain her dental diploma. For the qualified surgeon, even if he be a fellow of the college, is obliged to enter with the raw student and take out the full time of the dental curriculum. Thus the English College of Surgeons not only recognises as dental licentiates a class of men of very inferior education, but entirely refuses on equitable terms, her dental qualification to the qualified surgeon.

But it may be asked why should any surgeon care to take the special diploma in any college when he is by law permitted without such diploma, to take the title of "Dentist?"

The answer to this is that the surgeon, unless he have a special dental diploma, shall not in the future, though allowed by law to call himself dentist, be allowed to register himself in the Government register as a dentist.

In ten years' time it is probable that the public will look to the Dental Register and consider that the man who is practising dentistry, if his name be not on the register, though within the pale of the law, is taking advantage of a legal quibble.

A great deal has been lately said about the safety of leaving it to the dental student's own inclination to take out the higher qualification in surgery. Those who talk thus are the very first to throw difficulties in the way of the surgeon if he wishes to take out the lower qualification. Moreover, the truth is, the dental student in the London school is encouraged to take out the surgical qualification, merely as a matter of policy, not as a matter of education, if one may judge by the programmes of minimum requirements to be seen each August or September in the dental journals.

Thus the tone of the London school is to endorse the following propositions :—

1. That dentistry and surgery have very little in common.
2. That surgeons should be discouraged from taking up dentistry.
3. That no allowance should be made in a dental curriculum for previous medical and surgical studies.
4. That a man should be dentist first and surgeon afterwards, or not at all.
5. That private teaching should be a *sine quâ non* in the requirements for a dental diploma.

From this summary it will be seen how opposed are the English and American systems, while the contrast in results is not flattering to the English method.

Dental societies will now be considered briefly. Proof will hardly be required that a dental society is calculated to advance the cause of dentistry. Each worker in the field contributes his experience, and thus each member has the power of increasing a hundredfold his store of professional knowledge. Ample discussion throws light on all disputed points of practice, and thus each member is daily educated. The life of such a society and its usefulness depends how-

ever on the frank treatment of one another by all its members. It cannot live if each member is trying to learn all he can, and keep back all he knows. Therefore, a dental society, in electing its members, should be very careful to keep out all who would be likely to act thus. The man who advertises, and thereby tries to undersell his professional brother, could not be trusted within the pale of such a society. Such a society could not exist if its members were advertisers. Seeing then that a dental society, involving mutual confidence between dentists, is a great agent in advancing the cause of dental education, any corporation who had the raising of the speciality at heart would do well to use all its influence to prevent advertising; and should as far as possible express its approval of those men who conduct their practice respectably.

Let us now consider what standard any medical corporation should aim at inducing the holders of its dental diploma to have attained :—

1. He should be thoroughly imbued with the general principles of surgery and medicine.

2. He should treat the teeth and their contiguous structures with the surgeon's tenderness and skill.

3. He should be as slow to leave a tooth imperfectly filled as is a surgeon to leave an artery imperfectly tied. He should have the surgeon's "faithfulness in operating."

4. He should be able to fill the teeth well.

5. He should have a fair knowledge of mechanical dentistry.

6. He should be determined to conduct his practice respectably.

We may now consider how far and in what way the Irish college may raise the tone of dentistry and the education of the future dentist.

In the first place, the college should, as far as possible, afford facilities for learning the dental specialty. The first step toward this would be to establish a chair of operative dentistry. It could not be expected that the chair would be adequately supported by the fees of dental students; but if the college added to the surgical curriculum a course of operative dentistry, the chair would be at once endowed. It is our belief that this would be a real boon to the country at large. How much suffering would be prevented, and how much good done in country districts if the dispensary doctor knew a little more about the treatment of the teeth?

Arrangements should be made for cliniques in operative dentistry, and opportunities afforded for practical operative work; there would be no difficulty in getting any amount of material.

For the present the college should leave to the discretion of the dentist the learning of mechanical work. Later on, if she thought fit to teach mechanical dentistry, open a laboratory for mechanical work. To admit private certificates can hardly be considered compatible with the dignity of an educational corporation. Moreover, the question of mechanical dentistry need present no difficulty. The public need no safeguard in that department of dentistry. Patients will never consent to wear badly-fitted dentures, so that the public, having their own feelings of comfort to guide them, need no protection in this branch, except in so far as the college, by moral suasion can ensure the use of proper materials, and prevent such practice as the palming off of inferior gold, &c. The patient, in a word, if he does not like his artificial teeth, can throw them away, or in most cases return them, and suffer no loss, to the man who made them, and be no worse. No great harm then is ever likely to occur by non-interference with mechanical work. It is true that the pockets of a few may be bled, but he who supplies faulty mechanical work will in a short time find himself without patients.

Now in operative dentistry the exact converse holds. In this department the public can form no opinion of the value of the work of the dentist. In fact, too often, he who gives least pain, and keeps the patient the shortest time, will be considered the best dentist. There is, indeed, sore temptation to the dentist under these circumstances to work unfaithfully, to leave a tooth, in order to save pain, partially excavated, and to save time, imperfectly filled; and here it is that the surgical teaching in faithful operating is wanted.

But would there be sufficient students?

The great resource the Irish college would have would be the surgical contingent. Surgeons, betrayed by the English college, will readily come to the Irish school. Let the college refuse its dental licentiateship in the future to any but qualified surgeons, and insist on these spending say one year, in the special study of dentistry. By adopting this course the college would, at the same time, raise the standard of its dental licentiateship, and turn out a class of men fit to compete with any in the three kingdoms.

Finally, it would be well, though this would be unnecessary in the case of her own licentiates to administer the oath to practise reputably to those who took out the dental qualification. It has already been shown that advertising is fatal to dental associations, and as these conduce so largely to dental advancement the Irish college should do all in her power to prevent advertising.

Since the passing of the Bill a large number of dentists have called loudly for a recognition by some of the licensing bodies, and the question of giving them a chance has been decided in their favour by the Irish College of Surgeons. The opportunity of co-operating in this movement will doubtless be given to some of the leaders in Dublin dentistry. It will be their duty if they act, to assist the college in picking out the better and more reputable men. It has been already pointed out, from an educational apart from a social standpoint, that one of the duties of the college is to restrain advertising, and it is sincerely to be hoped that the Irish college will take proper precautions to prevent her dental diploma being dragged in the mud by any of its possessors.

It will be remembered that the first cause of complaint in this paper was that the qualified man was by the Dentists' Act put on a level with the empiric and advertising quack. The partial remedy for this is, that the Irish college make all the concession she can to the reputable dentists.

The second cause of complaint is that inasmuch as the Bill excludes from the Dental Register any surgeon who has not been at the passing of the Act engaged in the practice of dentistry, a slight has been put on the surgical profession; as a partial remedy for this the Irish college should offer fair facilities for the surgeon getting on reasonable terms the special diploma.

The third cause of complaint is that by the foregoing clause and others the direct tendency of the Bill is to divorce Dentistry from Surgery. The absolute remedy for this is for the Irish college to insist that for the future all her licentiates in dentistry shall be surgeons previously.

R. T. Stack, M.D. Dub.

Special Correspondence.

THE GERMAN ASSOCIATION OF NATURALISTS AND PHYSICIANS.

[FROM A CORRESPONDENT.]

Cassel, Sept. 12, 1878.

The 51st session of the Association of German Naturalists and Physicians has just been held, and over 2,000 visitors have attended its meetings.

The meeting last year at Munich has been rendered memorable by the address of Haeckel and the reply of Virchow.

Dr. Stilling, Privy Councillor, opened the session with an interesting review of the "History of Scientific Progress in Cassel."

The Burgomaster, Herr Weiss, welcomed the members, and I believe, all have been satisfied with their reception by the good burghers.

The Darwinian theory was again on the *tapis*, this time introduced by Professor Oscar Schmidt, so well-known in England by his work "On the Theory of Descent and Darwinism," published in the International Scientific Series. His subject was "On the Relation of Darwinism with Social Democracy." I am able to send you only an abstract: The speaker first analysed the real merits of democracy, as it influenced the real historical development of society at large. He said the study of the relations of animal economy taught us that socialistic organisations were the more perfect, the more mechanical and involuntary they were, whereas socialistic efforts, if manifested in the higher orders of animal life, evinced a tendency to terminate in individual efforts. This fact only demonstrated the gradual progress shown in the development of society; and he dwelt on it because the advocates of Socialism pretend to find a connecting link between

these facts and their doctrines. So far, it was said, Marx might be looked upon as a continuation and completion of Darwin. Social democracy is unwearied in its efforts to demonstrate the importance of its organic laws, and the necessity of a practical illustration of their working. Even revolutions, which were the outcome of social democracy, were under the influence of a leading idea, and its manifestation was the more imminent, the more the human family became conscious of the influence of this leading principle. But it was a mistake to suppose that Darwinism gave rise to similar beliefs; that might easily be proved by a careful examination of the principles of the "doctrine of selection." Darwinism insisted upon the very contrary to necessary development, and even from that standpoint, had nothing in common with Socialism or its teachings. The assertion that all men were originally of the same type or predisposition, and that the diversities now met with were due to an unnatural condition of society—a state of affairs which could only be overcome by a revolution which would restore the original condition of the human race—was also in direct conflict with the teachings of Darwinism. Moreover, Darwinism taught that such a uniformity was a matter of impossibility. It ought really to be called the scientific explanation of inequality, an opinion which was shared by a wing of the socialistic party.

Professor Schmidt expressed his belief that the social democratic party, as often as they referred to Darwinism in support of their doctrines, failed to appreciate its true bearings, and when they did understand it, did not know how to apply it. After a review of the views of Albert Langes, Professor Schmidt concluded with the desire that it might be possible to propagate the whole truth of the Darwinian doctrine of development among the masses, so that everyone might know what it was, as well as what could not be deduced from it.

Professor Hueter next delivered an address "Upon the Relations of the Physician to the Natural Sciences." The purport of this paper was to demonstrate the reasons why the analytical method of investigation in general, and the experimental method in particular, were as yet insufficient for the requirements of the practical physician. In the present state of the teachings of scientific medicine, the clinical and practising physician had still frequently to fight with possibilities and probabilities. For this reason he was opposed to the injunction of Virchow, made at the Munich Congress, that the teaching of medical science ought to divest itself of every vestige of a subjective nature. The objectiveness of medical doctrines, owing to their nature as well as origin, could not be compared with the impersonality of physical laws. Therefore, subjective reasoning, as well as subjective conviction, occupied a large field of practical medicine, and it was the purpose of clinical instruction to avoid the dangers of the practising physician straying into the domain of speculative reasoning.

The sectional work, I hope to be able to forward you.

THE mortality last week was again low in all the large cities of the United Kingdom. The rate in Edinburgh was only 15 per 1,000, London 18, Glasgow 19, and Dublin 22. The towns in the second category being equally low, with the exception of Liverpool, Birmingham, and Sunderland, which were somewhat higher, chiefly on account of the prevalence of scarlet fever.

THE annual rates of mortality, according to the most recent weekly returns, in the principal foreign cities, were: in Calcutta 27, Bombay 34, Madras 36; Brussels 22; Rotterdam 24, Copenhagen 21; Stockholm 20; St. Petersburgh 37; Berlin 31, Hamburg 27, Dresden 24, Breslau 36, Munich 26; Vienna 24; Rome 22, Turin 20, Venice 21; Alexandria 66]; New York 25, Brooklyn 24, Philadelphia 18, and Baltimore 17.

THE *Student's Journal* reports the death of a student of Guy's Hospital from an overdose of chloral.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 2, 1878.

TREATMENT OF INSANITY BY DRUGS.

IT is not to the professional expert alone that the treatment of insanity should be a subject of much interest. The general practitioner is often called upon to treat some form of this disease at that stage when it is most amenable to treatment, or to take charge of some case until arrangement can be made for the admission of the patient into an asylum. We shall therefore make no apology for drawing the attention of the reader to an able and instructive article on the "Treatment of Insanity, more especially by Drugs," which Dr. George H. Savage has contributed to the last volume of "Guy's Hospital Reports." Although the proper treatment of insanity must always be chiefly of a moral character, the experience of the best writers on insanity is alone sufficient to convince us of the great value of medical treatment in many forms, stages, or symptoms of this disease. Within the last few years, however, a more just estimate has been made of the real value of drugs not in insanity only, but also in all diseases, while at the same time several drugs have been discovered with which our predecessors were unacquainted. It is therefore desirable that the busy practitioner should be informed of the practice adopted at our large public asylums, and of the opinion which so experienced an alienist as Dr. Savage entertains with regard to the value of drugs in the management of this terrible affection.

Until quite recently, observes Dr. Savage, *opiates* were looked upon as one of the sheet-anchors in the arrest of mental disease. Now we are more discriminating, and have to own that whereas some cases are relieved by

opium, some are not affected at all, or are really injured by its use. In the first place, the effect of this drug will vary with its mode of administration. Some cases are not improved by morphia administered by the mouth, but will recover, or be greatly benefited, by the subcutaneous injection of that alkaloid. Two or three cases are reported where no improvement took place until the patient was put on a solution of morphia, in half-grain doses, two or three times a day, when a decided change for the better took place, and even ultimate recovery. Another case showed how morphia will control symptoms, though it may be long before it perfects a cure; and in the author's experience "when symptoms are so controlled it is only a question of time to cure." Another patient with active melancholia, was quiet and happy as long as she took morphia, but if this was discontinued she became very irritable. In her case no medical treatment had been tried for two months previously to the administration of the morphia, and within twenty-four hours from the commencement of this drug she became quiet and reasonable. She is still under treatment, but will recover. In short, Dr. Savage would say that morphia has served him well in active melancholia both in old and young, but especially in old cases, such as climacteric and senile patients; also where sleeplessness alone seems the cause of the mental breakdown, and in some cases of excitement in which chloral-taking or over-stimulation has caused insanity; but it is of no avail in ordinary acute mania, general paralysis, profound melancholia, or complete dementia.

With regard to *chloral hydrate* the writer would restrict its use to only a few forms of insanity. He justly remarks that "of all medicines recently introduced this has been the most largely used, and I fear if the good results were compared with the evil done the latter would preponderate." The mere producing of sleep does little, if any, good in the majority of cases of insanity. It is, however, useful in the epileptic states, in the furore of epilepsy, and in some cases of insanity from excess of stimulants. In one case, where there was furious mania following epileptic fits, the chloral was sometimes given, and at other times withheld, and the results were always quietness with chloral and mania without.

Dr. Savage also speaks in favour of a combination of *chloral and camphor* (10 grains of each, rubbed up with simple syrup), which was especially tried in two classes of cases—the wildly and distinctively maniacal—who were filthy in their habits, and in those who were erotic or lascivious in their behaviour. The mixture produced a good effect, and out of twenty cases in which it was given, fourteen were made more quiet. The use of the camphor, moreover, obviated the loss of appetite and of flesh, which was produced by the prolonged use of chloral alone, and all the patients gained in weight and improved in appetite. In more than one case the patient was quiet and decent while taking the medicine, and one case had every appearance of becoming a chronic lunatic, until the chloral and camphor were given. The writer would recommend this combination in cases of puerperal insanity, especially in the sleepless chattering form, where friends are mistaken, and erotic feelings are present.

Of the value of *conium* the report is not very encouraging. In a case of violent mania it was of some benefit after injection of morphia, camphor and chloral, and other remedies had failed; and it is recommended in cases where patients are noisy and destructive, but at the same time require stimulants.

Of still less value is *hyoscyamine*, the effects of which are so powerful and dangerous that sickness and collapse have been known to follow one dose of it. In one case a thirteenth of a grain produced in an hour and a half complete inability to stand, sickness, cold clammy skin, and absence of radial pulsation, without any good result following.

Of *bromide of potassium* the author has not a good opinion, but he confesses that his experience of that drug has not been very great.

Of all medicines *purgatives* have been most favourable with the older physicians and the majority of the best writers on insanity. But Dr. Savage says "we rarely give them at Bethlem with the idea that we shall cure by these means, and still more rarely to quiet the patient and keep him employed." *Stimulants*, on the other hand, are more favourably spoken of. We are told that stimulants are a large item in the expenditure of asylums, and when judiciously ordered and watched, they are of the utmost importance. Emmenagogues were also found of great service in the treatment of insanity, complicated with amenorrhœa. Of this class of drugs the tincture of *black hellebore*, in doses of half a drachm to a drachm, was remarkably beneficial, and several cases are cited in which both the amenorrhœa and insanity yielded to this remedy. The re-establishment of menstruation is important, and the return of menstruation unaccompanied by a mental change, adds to the gravity of the prognosis.

Independently of ordering medicinal remedies, there are certain physical conditions which often contribute to the cure of insanity, and Dr. Savage draws particular attention to cases of this disease, in which physical illness produced marked improvement in the mind of the patient. Thus several forms of insanity respectively, got well spontaneously, after the formation of a retro-uterine hæmatocele, after a toothache and gum-boil, after inflammation of lower jaw, after an attack of erysipelas of head, after obstruction of the bowels, and after an attack of gout. Dr. Savage does not draw any inferences from these circumstances, but we should think that the good result often following distant irritation in the form of a natural disease might suggest the propriety of resorting to counter-irritation in the treatment of insanity more frequently than we do now. "In former times the head-shaving and blistering treatment must certainly have improved some cases, just as we have found that in some, purgatives are beneficial."

THE ABUSE OF DISPENSARY TICKETS.

ILLUSTRATIVE of the gross and scandalous abuse of pauper medical relief in Ireland to which the attention of the Local Government Board was recently called by the Irish Medical Association, we cull the following conversation from the proceedings of the Abbeyleix Board of Guardians:—

"A letter was read from one Brown, asking the follow-

ing questions—1. What valuation compels a landholder to pay a dispensary doctor for a prescription? 2. What income per week compels a mechanic, clerk, or a person in any situation to pay a doctor for prescription as above?

"Mr. Leech—No one rated over £4 a year is entitled to a ticket.

"Clerk—Oh, that only applies to the payment of poor-rates by the landlord. Any poor person is entitled to a ticket.

"Mr. Foster said the Act was vague and uncertain.

"The Chairman said it was talked of at one time not to give a ticket to any person rated over £4 a year, and it would be a very good rule.

"Mr. Foster said he knew where a person holding 22 acres of land got relief.

"Chairman—How many? I know where a man with 100 acres got a ticket.

"Mr. Foster—Oh! (laughter).

"Chairman—It is a fact.

"Mr. Mulhall—They must be acres of bog.

"Chairman—Suppose a man has 100 acres of land, and that he is poor, is he not under the Act entitled to relief? If he is not able to pay two or three years' rent does it not show that he is destitute? There are a great many landlords who would not put out a tenant if he owed five years' rent."

The relative condition of the medical relief system in Ireland seems to be very imperfectly understood. In England no one is entitled to Poor-law medical relief unless he or she is absolutely destitute. In Ireland, on the contrary, the whole population of small farmers, artisans, petty shopkeepers, and earners of salaries up to £60 or £80 a year, or more, are in the habit of sponging on the doctors and the ratepayers as long as they can call themselves "poor" and beg a visiting-ticket. The Irish system is not in any sense a method of relief for the sick-poor, but rather a means of obtaining gratis doctoring for the lower middle classes. The result of this upon the taxation of the country is obvious. In Ireland the tax-payers are saddled with the cost of medicines of the very large population who receive dispensary relief. In England three-fourths of this class pay for their own drugs and their own doctor besides. In Ireland a doctor cannot exist in a country district because a large proportion of those who should be pay-patients are put upon him as paupers. Accordingly, if the inhabitants of the district desire to have a medical man at all they are obliged to make up for the absence of private practice by paying to the doctor a proportionately high salary, and the tax-payers are thus directly mulcted to afford to the issuers of tickets the luxury of obliging their friends, the small farmers and shopkeepers, by giving them gratis doctoring. In England every one, with rare exception, pays the doctor, and he, therefore, can live well and make money, although he receives a nominal salary. Those who cannot pay fees belong to sick-clubs, and by putting their pence into a common fund are enabled to obtain competent medical services and medicine without descending to the level of paupers. Upon this view of the question the Irish Local Government Board, in its recent circular to Boards of Guardians, says :—

"The Board desire to add, in reference to this subject, that they have sometimes received communications from members of dispensary committees and others, evincing a desire to establish a system by which tickets for medical relief might be issued subject to the payment of a regulated scale of fees for persons who, though not strictly 'poor persons,' could not afford to pay the usual fees charged for medical attendance. Such a system, however, would not be in accordance with the provisions of the Medical Charities Act, and could not be made compulsory upon the medical officer; but the Board think that the existence of such a desire shows that, to some extent, the abuse complained of may be traced to the scale of fees charged to private patients, and that it might be deserving of consideration whether some arrangement might not be made by which such fees would be graduated in some way in accordance with the circumstances of the patients."

Upon this statement we have to observe—*firstly*, that we do not believe it to be the fact that in even a small minority of districts throughout Ireland, the fee charged by the medical practitioner is beyond the means of the class who habitually receive attendance on ticket, nor is it beyond that which the same patients would have to pay if they resided in England. We do not believe it to be true, except in very rare instances, that £1, or even 10s., a visit is exacted by the medical officer; and we are convinced we are correct in assessing the amount of the fee as more nearly 3s. to 5s. a visit than to the assumed amount. It is true that the medical man expects to receive £1 on his first visit, but if he gives (as he must do in average attacks of illness) several subsequent visits without any fee, the patient pays no more than he would do in England, where 5s. would be regularly booked against him in the yearly account. The fact is that the Irish lower middle class have been, in great measure, pauperised by the medical relief system. They can always find money for a wake, a petty-sessions law suit, a subscription to their church, or a holiday jollification, but not to pay the doctor. They consider pauper doctoring as their privilege—many of them being under the impression that it is part of the return for paying their taxes—and they have been educated to look upon a doctor's fee as so much money thrown away, and which might be saved if they took the trouble to importune a neighbour for a ticket.

The subject is one which demands the earnest attention of the Irish Local Government Board. The time has come when the petty farmers and shopkeepers are no longer paupers, and when the State may cut them adrift. The Local Government Board has only to tighten the restrictions upon the indiscriminate granting of tickets, and to put a limit to the interpretation of the word "poor," and we are convinced that such a step would be for the advantage of the people themselves.

THERAPEUTICAL PARADOXES.—V.

We have not lately troubled the reader with our therapeutical paradoxes, and therefore he will perhaps excuse us returning once more to this interesting and instructive (?) subject. This time it is to our American cousins that we are indebted for the valuable information which we hasten to lay before those who are anxious to find a more royal road to the successful treatment of disease than they at present possess. In the *Chicago Medical Journal and Examiner* (a publication, however, for which we have very great respect) Dr. Whitmire recommends the subcutaneous injection of carbolic acid in the treatment of erysipelas. His formula is: carbolic acid in crystals, 1 ounce; pure glycerine, 1 fluid ounce; mix and warm in a water-bath till the acid is dissolved. Of this mixture, 20 drops are mixed with half-an-ounce

of glycerine and half-an-ounce of water. There are, therefore, about 10 drops of the pure acid to each fluid ounce of the mixture, or injection fluid, and, therefore, 1½ drop to each drachm of the fluid. The point of the syringe is introduced at a dozen or more points completely encircling the discoloured skin, and at half-a-dozen or more points over the diseased surface. The whole surface, moreover, is painted with a solution of iodine. But, be it observed, large doses of the tincture of perchloride of iron with chlorate of potash and chloride of ammonium are prescribed at the same time, every four hours; and, as if these local and internal remedies were not sufficient, a powder composed of opium, quinine, and chlorate of potash is ordered to be given between each dose of the mixture! This is certainly attacking erysipelas with a vengeance. One might almost suppose that the old days of polypharmacy had come back again. Carbolic acid, iodine, perchloride of iron, chlorate of potash, chloride of ammonium, quinine, and opium! Surely, this is enough physic in all conscience, to say nothing of one or two dozen punctures around and over a highly inflamed surface. Dr. Whitmire thinks that the thirty cases in which he used these remedies successfully should be sufficient to recommend them to the favourable consideration of the profession. We are sorry to be obliged to express a very different opinion. We would rather say that the recovery of these thirty patients, in spite of the wholesale drugging to which they were subjected, was a remarkable instance of the buoyancy of the human constitution, and of that *vis medicatrix Naturæ*, which is so truly great, notwithstanding the obstacles we too frequently throw in her way. In this healing power of Nature Dr. Whitmire evidently has but little faith. Expectant treatment has no charm for him. He reposes as much confidence in his many drugs as Dr. Bouillaud did in his large bleedings, as Hahnemann did in his infinitesimal doses, or as Priessnitz did in his water-cure. Indeed, our American *confrère* would appear to think that as "in a multitude of councillors there is safety," so in a multitude of drugs there is health.

It is not, however, the mere polypharmacy of the above treatment which seems to us so objectionable. For the logical reader will scarcely fail to notice in this clinical record the utter want of proof in favour of any of the drugs above-mentioned having been of much service in the treatment of these thirty cases of erysipelas. How was it possible, when so many powerful medicines were given, to portion out the share which each of them had in the cure, if cure it can be called, of these cases? What good effect can be attributed to the carbolic acid, or to the chlorate of potash, or to the opium and quinine, when large doses of the perchloride of iron—a drug of approved efficacy in the treatment of erysipelas—was administered at the same time? The probable effect of that one drug was alone sufficient to vitiate any conclusion that might be drawn in favour of the therapeutic virtue of any of the other drugs above-mentioned in the disease under consideration. It may, however, be said that the simultaneous administration of several active medicines is a common practice with the profession. We admit that to be the case; but it is for this very reason that we justify remarks which might otherwise appear both personal and hypercritical. It is just because the above practice is so common, and because we believe it to be so thoroughly vicious and illogical, that we have been bold enough to condemn it in these papers. Dr. Whitmire's polypharmacy treatment of his thirty cases of erysipelas is but a sample of the kind of treatment adopted by thousands of practitioners; and the complacency with which he regards the results of his treatment is but the outcome of that credulity in the therapeutic effects of drugs, and that neglect of the principles of logic and the laws of medical evidence, which is more or less shared by the great bulk of the medical profession. We can scarcely take up a medical journal, be it English or foreign, but we shall see clinical reports in which the conclusions which the writer wishes to draw from them are vitiated by some fallacy or other. At one time it is the heterogeneous combination, or simultaneous exhibition, of several potent drugs; at another time it is the insufficiency of the data on which inferences are based. We seldom seem to ask ourselves whether or not the disease has a natural tendency to get well, and the *post hoc propter hoc* method of reasoning too often warps our judgment and leads us from the path of rational practice and truly scientific inquiry.

Notes on Current Topics.

On the Treatment of Vomicæ by Puncture and Antiseptics.

As our readers know, the question has been asked whether an offensive vomicæ in the lung, might be emptied and washed out by some innocuous antiseptic fluid?

It has been answered quite recently by the successful performance of the operation, once in London by Mr. Erichsen on a patient of Dr. Theodore Williams, and once in Leeds by Mr. Jessop, at the suggestion of Dr. Clifford Allbutt. This operation may be regarded as a triumph of modern medicine. Its antiseptic features are new, but the experiment is not new.

In 1726, C. Barry, M.D. Dublin, published a treatise on "Consumption of the Lungs," in which he recommends a somewhat similar operation.

In 1763, he published a treatise "On Three Different Digestions," in which he mentions several cases where perforation of the cavity through the walls of the chest had been attended with complete success. The operation fell into disuse, though it was performed as late as 1844 by Mr. Storks, at the suggestion of Dr. John Hastings, who has published "A Case of Tuberculosis Excavation of the Left Lung, treated by Perforation of the Cavity through the Walls of the Chest."

The theories on which Dr. Hastings based the propriety of the operation, and the *modus operandi*, are different from those adopted in the present day. But they are still sufficiently interesting to bring before the notice of the profession; firstly, as they encourage operative procedure, &c.; secondly, as it is well not to forget the work of our predecessors.

Dr. Barry had in view, as a primary object, the discharge of the fluid within the cavity. But Dr. Hastings,

who acknowledges his obligation for the idea of the operation to the invaluable facts and observations of Dr. Barry, aimed at the removal of the cause of the secretion. Dr. Hastings observes that for a considerable period he had come to the conclusion that the great difficulty of curing phthisis arose not so much from any obstacle that the nature of the disease offers to the healing process, as to the distention and contraction which the side of the cavity continually undergo from respiration. He attributed the origin of these cavities to the ripening of the tubercles, but believed their augmentation resulted from the distending and irritating effects of the air within the cavity. Hence he thought that by passing a tube into the cavity to admit the escape of air as fast as it entered, a state of repose would be secured, and the walls of the cavity be in a much more favourable position for reuniting. On consulting a friend, the operation was performed; and Dr. Holken, who was one of the consultants, thus expresses his opinion of the propriety of such operations: "The operation recently proposed by making a free external communication through the walls of the chest, with a phthisical cavity of large size, is likely to render the case more curable, provided the extent of the disease present and the predisposition of the patient allow the smallest shadow of hope to remain."

We have almost in these words the gist of the basis on which the operation depends. With modern appliances for the diagnosis of the situation and extent of the disease, with the trained ears of modern physicians, and the cunning hands of modern surgeons, with those antiseptic measures which are the handmaids of modern surgery, we may reasonably hope this operation may be more extensively and successfully employed.

"He Would be a Doctor."

"He would be a Gentleman," might be usefully supplemented by another modern work, "He would be a Doctor." Ambition too often plays sad havoc with mankind, and instances are to be found not only in a three-volume modern novel, but in modern life.

In our profession it is instanced by the desire of men to place the initial letters, M.D. after their names, and who are willing to purchase *bogus degrees*. Hence we have agents who procure for their clients at fancy prices those worthless sheets of parchment which men are not ashamed to covet and prize. But we are glad to say one of the fraternity has received a wholesome and healthy check.

The Dean of the Medical Faculty of Tübingen, Germany, has received a letter informing him that there were several candidates for the degree of Doctor of Medicine, who were anxious to obtain the diploma of his University, but who did not feel inclined to risk an examination unless they obtained a guarantee of receiving a doctor's diploma.

The artless agent thus continues:

"I can assure you that all my candidates are properly qualified according to the English law. Several of them have been already in practice for years, and for that reason experience some scruple at submitting to an examination. Each candidate, however, will send you a legalised copy of the diploma in his possession, together with the amount of the usual honorium (*and something extra to be added*). Further, each of my candidates will submit some thesis, or if it should be deemed advisable, would undergo some modified examination of a practical character, *but in the English language*. Clients come to me to be prepared for the examination, and as a rule I can guarantee that such candidates will be possessed of the qualifications required. But for that reason I can send up no candidate unless I am previously assured that the diploma shall be granted to him. Will you have the goodness to take my communication into consideration, and to name the precise sum for which you stipulate."

We have heard of what is termed the "confidence trick." The Dean of Tübingen was equal to the occasion. He has answered the confiding agent by printing and circulating the letter, with the observation that "by giving publicity to this letter, the Faculty trust to be relieved in common with all other Faculties of all other German Universities, of all further solicitations of this character."

George Canning has left us a humorous description of the grief and tears of a student of the University of Göttingen. With a slight change the closing lines may express the feelings of the disappointed candidates.

Sun, Moon, and thou vain World, adieu,
That Deans and Agents are duping in;
We weep that we have been refu—
—sed, and may not hope to see the U—
—niversity of Tübingen.
—niversity of Tübingen.

The Study of Pathology.

A writer in the *Guy's Hospital Gazette* makes some very just animadversions on the teaching of pathology at Guy's, which are equally applicable to the teaching of that important subject at other schools of medicine. Although there are at Guy's, in round numbers, 500 or more *post-mortem* examinations in the year, yet few men are seen evincing the smallest interest in this department. The writer attributes this apathy on the subject to the defective system pursued at our hospitals. Teaching of pathology, he says, should be placed on the same level of importance as systematic medicine or surgery. It should be taught by systematic lectures, and by demonstrations on the dead body. The few lectures that are at present devoted to the subject, is simply a *pro forma* proceeding to satisfy certain examining boards. It is therefore suggested that a course of lectures on general pathology should be given during the winter session—that *post-mortem* rooms should be made more commodious and more convenient than they usually are—that different organs should be handed round in suitable trays or vessels for the inspection and manual examination of every student—that the reports should be dictated at the time of examination by the pathologist—and that attendance in the *post-mortem* rooms be compulsory for an hour on each day that examinations are made, by all students in the three winter and summer sessions.

These suggestions certainly deserve the serious consideration of our medical teachers. We hold, with our contemporary, that no man ought to consider himself qualified to practise his profession unless he is prepared at any moment to make a thorough and satisfactory examination of the dead body, and to pronounce a reliable opinion upon at least the more common changes produced by disease. We have, however, some doubt as to the

propriety of instituting a separate and systematic course of lectures on pathology. Already the courses of lectures and the number of lectures which the student has to attend, are a heavy tax upon his time and attention. Pathological demonstration, however, might be made an essential part of the lectures on the practice of medicine. They would come in very well at the end of the lecture, and if they did trench upon the hour usually devoted to such lectures, it would only be at the expense of information that could be gained as well from books, or from the wards of the hospital, as from the lecturer himself. Were this plan adopted in conjunction with the arrangement which our contemporary suggests with respect to the *post-mortem* rooms, and the compulsory attendance of student, we should probably soon find that pathology was both more generally and more practically studied, and that, too, without adding to the already numerous courses of lectures delivered at our medical schools.

Ship Surgeons.

THE *Australian Medical Journal*, referring to this subject, says—"There was a time when the surgeon of nearly every ship arriving from the old country in Victoria did not go back when that ship returned. In those times very few people went from here to England, so that the absence of a surgeon on board did not very much matter, save to the sailors, and for them the captain generally felt equal to prescribe. Now-a-days it is different. Most ship surgeons go back with the ship; but sometimes it happens that no medical man is going home, and those who are available for the appointment of surgeon, but who have not otherwise any inclination to go to England, very naturally desire to be paid for their services. In such case, then, the ship owner or agent seeks to comply with the provisions of the Act by obtaining some unqualified man, who will go for nothing, and in this search he is generally successful. We have heard of chemists' assistants being so appointed, and University second year students. It is difficult to say how the Immigration Agent is satisfied, and the passengers take their passage in the full belief that the ship carries a 'qualified surgeon.' The moral effect of this system, however, is worse than the actual loss to the profession, for if such appointments are sanctioned and become the rule, it is easy to see how the general value of medical services is lowered."

Phthisis in Australia.

A VALUABLE report has been issued by a committee of the Medical Society of Victoria. It winds up with the following conclusions, based upon carefully collated data.

1st. The mortality from phthisis in Victoria is little more than half of that in England.

2nd. The rate of mortality from phthisis in Victoria has been perceptibly less of late years.

3rd. That rate is especially low among persons under 15 or 20 years of age, and has been very greatly reduced between 1861 and 1871.

4th. The reduction of the mortality among young persons is to be explained by a comparative immunity among those born in the colony.

5th. The apparent increase of mortality among young adults is due to the influx of phthisical persons from abroad.

6th. The uniformity in the rate of mortality over the whole colony for a good many years, is owing to certain insanitary conditions operating especially in Melbourne, since for the rest of the colony the rate was reduced by about one-third between 1861 and 1871.

Action and Uses of Sulphate of Copper.

DRS. LEVI AND BARDUZZI (*Commentario Clinico di Pisa*, quoted by *The Practitioner*) recently undertook some original investigations on this subject, and found that this salt might be given in considerable doses without injury to man or other animals, that it was not only tolerated by the stomach and intestines, but that it increased the activity of the nutritive processes, and that it might truly be called a "recorporant." They consider it excites the gastric secretions, and astringes the secretory tracts and the vessels. They obtained from it very satisfactory results in cases of pellagra, herpes zoster, ecthyma, eczema, nervous cough, pulmonary tubercle, &c., and they strongly recommend its more extended trial in other affections requiring a profound modification of the nutritive functions.

Drops and Minims.

THE differences between these measures has been recently brought under the notice of the Medical Society of Victoria in forcible terms. We quote a few of the most important medicines which differ largely between "Drops" and "Minims," thus :—

Acid. Hydrocyanic Dil. Gtt. xxx., equal to M 60.
Liq. Morphiæ Hydrochlor. Gtt. xxx., only M xx.
Tr. Opii. Gtt. xxx., only M xv.
Tr. Digitalis Gtt. 60, little more than M xxx.
Tr. Aconiti Gtt. 60, only M xxx.

Liebig's Monument.

THE *Allgemeine Zeitung* states that 120,000 marks are subscribed for the Liebig Memorial at Munich, which will suffice for a bronze statue and for a handsome pedestal. The judges of the designs sent in have awarded the first prize of 2,000 marks to Wagmüller, of Munich, and the second, of 1,500 marks, to Bogás, of Berlin.

A Pauper Laudanum Drinker.

UNDER an Act of Parliament a fine of £20, or two months' imprisonment, may be inflicted on any person taking spirits or similar articles to workhouse inmates without permission from the authorities. Under this Act a servant-maid was prosecuted at Birmingham for taking a supply of laudanum to her mother, who resided in the workhouse infirmary, and was a confirmed opium eater. This lady threatened to leave the workhouse and depend for her support on her daughter, unless she was supplied with whisky, laudanum, and tobacco. The daughter was not in a position to support her, and on this compulsion, and after a warning from the master, took her mother a bottle containing 9 ounces of laudanum. This had been purchased from a chemist, who was examined on the second day of the case, when the following episode occurred :—He admitted that the 9 ounces of laudanum taken into

the workhouse were purchased from his shop. He said the prisoner's mother had for many years purchased laudanum at his shop, and, knowing her to be a regular customer, he had a perfect right to supply her with the opiate. The Act of Parliament did not require him to obtain signatures before supplying persons with laudanum who he knew constantly made use of it. We have supplied the prisoner's mother with gallons of laudanum. She takes it regularly. The prisoner was discharged on the ground of her ignorance of the law, her poverty, and the reluctance of the authorities to press the case, which was said to have been brought forward simply as a warning to other offenders.

The Yellow Fever Epidemic.

From latest telegrams we learn that notwithstanding colder weather the fever continues malignant in the country districts, but is decreasing in the towns, except at Vicksburg, where it has again shown itself with renewed virulence, owing to the imprudent return of the refugees who had withdrawn when the fever first made its appearance.

The total number of deaths up to the present time amounts to 2,758 at New Orleans, Memphis 2,469, Vicksburg 790, Greenville 300, Grenada 274, Hollyspring 133, Port Gibson 110, Canton 99, Stickman 95, Brownsville 66, Plaguemine 62, Batonrouge 58, Grand Junction 44, Louisville 36, Pattersonville 33, Morgan City 30, Labadieville 30, Chattanooga 56, and other places 200.

The Government has appointed a commission which will immediately commence to investigate the causes of the epidemic.

Extraordinary Attempt at Strychnia Poisoning.

Last week Mr. Hull held an inquiry at Battersea on the body of Sarah Annie Adams, aged 16. Charlotte Grubb stated that the deceased, with her father and mother, were lodgers in her house. At about 7 o'clock, a.m. witness heard her leave the house to go to her work, but she returned in half-an-hour, and went up to her bedroom. Witness went upstairs, and deceased asked for some water, stating that she had been taken ill. Witness went several times upstairs to see her, but on going to her room at half-past 11, she found the deceased dead. Mr. Howard, surgeon, said he had made a *post-mortem* examination. The heart was soft and diseased, but in the stomach he found a portion of Battle's vermin killer wrapt tightly in a piece of paper. The poison, however, had not been absorbed into the system, and he was of opinion that death was due to the diseased condition of the heart. If the paper had burst and the powder been absorbed into the system, it would have been sufficient to cause death. After some deliberation, the jury returned a verdict of "Death from diseased heart."

We regret to chronicle the demise of Alexander R. Robinson, Esq., M.B., F.R.C.S., who for the past 50 years has occupied the onerous position of Surgeon of the County Infirmary, Armagh. Dr. Robinson gained a host of friends by his amiable disposition; he was kind and good natured to all the poor sufferers under his care from time to time, and who number many thousands.

New Members of the Profession.

According to custom, the Registrar of the General Medical Council has just issued his half-yearly Register of those who, having passed the necessary examinations, have been officially admitted to the ranks of the profession. From an analysis, we find that during the six months from January 1st to July 1st, 391 additions were thus made—of which number 171 were registered with English diplomas alone; 78 with Irish; 110 with Scotch; 1 with a Foreign degree; and 31 with double qualifications in the following proportions—20 with English and Scotch diplomas, 2 with English and Irish, 8 with Irish and Scotch, and 1 with a London and a New York degree. Of those admitted with the diplomas of one division of the Kingdom, the majority held double qualifications, which is an earnest of a higher standard, and an acknowledgment of the value of such qualifications in the battle of life.

Is Syphilis Communicable Through the Milk?

With a view of obtaining facts bearing on this important question, Dr. R. Voss inoculated three prostitutes with the milk expressed from the breast of a syphilitic woman. The first was herself syphilitic, and the result, as was anticipated, was negative. The second was suffering from an attack of urethritis, and no effect followed the experiment. The third was a young girl, sixteen years of age, who had never had syphilis. She entered the hospital September 16th, with urethritis. The milk was injected subcutaneously on the 27th. The immediate result was the formation of an inflammatory swelling, which soon became an abscess, and which was healed October 24th. On the 3rd of November (forty days after the injection), a papular eruption appeared around the point of the injection, and five days later a maculo-papular syphilide appeared on other portions of the body in addition to an adenitis. The patient was at once treated with mercurial inunctions, and all of the syphilitic symptoms rapidly disappeared. From this Dr. Voss considers there can be no question but that syphilis can be communicated by the milk as well as by blood.

The Difficulties of Health Officers.

An apt illustration of the difficulties which beset the medical officer of health in his endeavours to combat with ignorance, prejudice, and disease, is afforded just now at Honiton, Devon. Typhoid fever still exists in the town, and at a meeting of the Town Council, on Saturday week, the proceedings were very animated, in consequence of the present state of affairs. At a previous meeting of the Council it was decided to write to their late medical officer, asking his advice, but he now declined to make any suggestions, as he was sure that if his advice were unpalatable to certain sections of the Council it would not be acted upon; and further, when he gave advice after a similar epidemic last year, he was subject to considerable abuse. An angry discussion followed, and it was decided to advertise for a fresh medical officer, and in the meantime flush the drains with disinfectants. During a discussion on the water supply, which was said to be partly responsible for the fever, some very stormy language was used, but no action to effect an improvement was taken.

A Remedy for Obesity.

Recently Dr. Tarnier has called attention (in the *Am. de la Soc. de Med. de Gand.*, No. iv., 1877), to the success of a milk diet in these cases. He commences by allowing three-fourths the usual food and one litre of milk the first day; one half the usual food and two litres of milk the second day; one fourth the food and three litres of milk the third day; and thereafter four litres of milk daily and nothing else. Often, however, it is better to allow a small proportion of the usual food each day, to prevent the patient becoming tired of the milk. Should diarrhœa set in, the milk should be suspended for a while, and then resumed. The treatment may be continued until the fat is reduced. Dr. Tarnier claims that this treatment is always successful, and entails no danger whatever.

Composition of the Pancreatic Juice.

Th. Defresne (*Répertoire de Pharmacie*) has separated three different ferments from the pancreatic juice, each of which has different functions and properties :—

Amylopsine, which converts starch into sugar.

Steapsine, which splits up fats.

Myopsine, which dissolves albumen.

Adulteration in Paris.

At a recent session the Municipal Council of Paris voted a sum to defray the expenses of a laboratory for the detection of adulteration in articles of food. How different is this from the attitude of the Liberal Government of England, which, when in power, did its utmost to prevent the detection and punishment of adulteration !

Extension of Yellow Fever.

The Local Government Board of England has issued a circular to the port sanitary authorities calling attention to the necessity for precautions against the possible introduction of yellow fever from New Orleans.

There were but 4 deaths from small-pox in London last week, and 6 in Dublin. No other death from this disease was reported in any other part of the United Kingdom; altogether the mortality from all causes is much lower than the average.

CLINICAL TEACHING; OR, THE CHOICE OF A HOSPITAL.

Students are frequently induced to attend certain hospitals for the purpose of receiving what is called by pupils "good value;" others attend those institutions because some of the hospital staff are connected with them by family ties, and it is hoped may prove useful to the pupil when he is qualified; others, again, fresh from school, being utterly innocent of medical affairs, are recommended, on their arrival in town, to attend some particular hospital, by an old school-fellow, or casual acquaintance. It matters very little where the pupil studies if the hospital he has elected to attend has a proper teaching staff; if the attached physicians and surgeons endeavour to teach the students under their immediate care something new and practical every morning he goes through the wards. A great deal, we are willing to admit, depends on the pupil himself. He must not be idle or slothful, but from the very first morning he attends he must make up his mind to be in earnest about it. He must early realise the idea that there is an active and passive mode of walking an hospital; for actively engaged he can learn much; passively engaged he generally learns nothing. If the pupil has a certain duty to perform, each member of a hospital staff has a still greater one.

We have frequently deplored how unfortunately students are sometimes situated, owing to the dearth of proper clinical instruction, for we have often seen a large class going round with hospital physicians and surgeons, and during the whole time no instruction of any real value was imparted by the teacher. The student had to fish out his information as best he could. We maintain that no physician or surgeon should be appointed to a hospital that receives students for clinical instruction who does not intend, as a matter of imperative duty, to teach and impart information to the student. Some senior members of the hospital staff think that this duty should be left to the junior members. From this we entirely dissent, for the experience of lengthened private and hospital practice must give a man great power and resource in imparting information to young students, who are, as a rule most sagacious, and can always tell you, after a very few days, whether Mr. So-and-So can "give value" or not. If these gentlemen would only tell the student something, and not pass from bed to bed in the hospital ward with an apparent cool indifference, exchanging at distant intervals a word or so with the dresser or resident pupil, they would add to their own popularity as well as increase the efficiency of the institution.

The tendency there is in some institutions to increase the gulf which separates the class of students from the staff is in our opinion entirely wrong; it is bad for both parties. The student at once thinks that the surgeon or physician has no interest whatever in his welfare, instead of being, as he ought to be, his friend, counsellor, and guide; while the surgeon or physician, on the other hand, by his distant or high-and-mighty manner, allows the greater part of his influence to be entirely lost. We would therefore impress on senior hospital teachers that they ought to do their best to remember what they were required to know when they were students themselves, and not adopt the silent system, or relieve themselves by saying, "This, gentlemen, is an ulcer, or a case of consumption," without telling or explaining the causes, varieties, and treatment of such kind. This we take as an example. Many others of course could be adduced to prove the utility of the advice.

The pupil, again, must learn to be practical; to begin with bandaging, he ought to bandage over and over again until he can satisfy his teacher as to his neatness, utility, and quickness. Nearly everything can be done, and done well, by application and repetition, and the sooner the fresh pupil begins the task of trying to make himself practical the better; and he must remember that he has to prosecute his medical studies by attending lectures at a school of medicine, where he will get an idea of the theory and perhaps of the pathology of disease, but the practice and the power of counteracting disease and suffering will be learnt by the constant attendance at the bedside of the patient in the hospital. We, therefore, urge on all fresh students the necessity of first choosing a hospital of repute, and secondly of attending it with the utmost punctuality.

Correspondence.

A NEW RULE AT THE BLACKBURN AND EAST LANCASHIRE INFIRMARY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The following is an extract from the "Rules for the Government of the Blackburn and East Lancashire Infirmary," just printed and circulated :—"58. No gentleman

shall be considered eligible for the office of physician or surgeon who has not received a diploma from one of the Incorporated Colleges of the United Kingdom."

Such a rule as this needs little comment. It is a glaring absurdity. It is an unpardonable insult to University graduates. It is a great and palpable mistake; otherwise it reflects much discredit on him who suggested or framed it—the more so if it emanated from a medical source.

The portals of our Infirmary are now absolutely closed against all University graduates who have not a diploma from an incorporated college. A graduate of Dublin, London, Oxford, or any other place, has no business here, however great may be his honours or his name. The licentiates of the Glasgow faculty, however, are henceforth welcome candidates, and as a good number—quite enough of the sort, I assure you—have taken up their abode here, I expect hereafter our hospital staff will be mainly, if not wholly, composed of the licentiates of that *élite* body. And lest the foregoing may look rather fabulous, I shall just send you a copy of the Rule, if only for curiosity. Fancy to what the noble profession (?) is likely to come here! What a goal awaits it! *But what of the inmates of the Infirmary?*—an institution, I believe, over 60 beds, and a house-surgeon paid £100 a year, indoor. Are they to have the worst advice procurable when the best can be obtained on the same terms—namely, *gratis*. I am aware that there are some first-rate men licentiates of the Glasgow Faculty, but are we on that account to infer a universal from a particular proposition? I do not rail at any man particularly on account of his diploma, but when with that parchment we invariably find, and wholly so in Blackburn, an utter want of capacity and evident lack of medical, not to say mental, training, then, indeed, I think there exists a true excuse for complaint by men who prefer to cultivate their minds rather than their bodies and their clothes.

Hitherto the Blackburn Infirmary has been favoured with a good and respectable medical and surgical staff, but henceforward the converse is to be the case. Retrogression is the rule to be observed, and should any one attempt to suggest progression, he had better be on the alert for the rattle of a "clogg." You may not be aware that in Lancashire it is not a matter of surprise to see a man an operative one year, and three or four years afterwards not only driving his pair with livery, but also a number of some, or perhaps all, of the governing committees in his town; hence the expression, "Once shoes, twice cloggs"—an expression, by the way, as true as it is forcible. What can we expect from a board composed of such men? I am certain that they consider, or at least have been influenced to believe, that an incorporated college is far superior to any university, and further, that there is a clique of low-class medical practitioners at the originating of the rule referred to—a clique composed of men whom I trust the present honorary staff will never condescend to meet on an equal footing.

Although I have been a good deal exasperated at what I have been referring, as all must be who have the interest not only of the profession, but what is more, that of the sick poor also at heart, yet in writing the foregoing I have not invoked passion to supply the place of reason, but by endeavouring to supplant the former by the latter, I hope to have drawn your attention calmly to a dangerous grievance, and I cannot refrain from the hope that our Infirmary Committee may be induced to reflect that

"'Tis good to have a giant's strength,
But tyrranous to use it like a giant."

I am truly,

Blackburn, 7th Sept., 1878. CORRESPONDENT.

ON THE INFLUENCE OF BURIAL CLUBS IN AUGMENTING THE MORTALITY OF CHILDREN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Can there be any difference of opinion on the subject of infant death assurance in the face of the facts we have? Dr. Bartlett justly condemns the payment of money, as it holds out a premium not only for deaths but for crime. The *Standard* and other journals are going over ground taken up by me 34 years ago. An experience of many years amongst a certain class of my countrymen has painfully convinced me of the apathy with which the death of a child is received. This feeling is evinced even at the present day, and I have heard but too often such expressions as—"Oh! doctor, never mind, the child is going to a better place;" "He is better off; his life will only be one of misery and hard work," These words sprung from indifference apart from any pecuniary interest in the child's death. Is there not danger of crime, when you graft upon such apathy and indifference a positive premium? Conscience, we know, is a very flexible article. It may be absent, or it may be smothered, especially when there is money at stake. "Quid non mortalia pectora cogis auri sacra fames." Crime is of too many kinds; sins may be of many kinds, and I mention two—sins of commission and omission—to show by what an easy process conscience may be calmed in cases of infant insurance.

A child is insured by a very simple process. Soon after it is born it is entered on the books of a burial club; or, if the parents are moderately speculative, in more than one club. The outlay is not very great. For the investment to be profitable the child must die. This end may be secured by direct crime by *commission;* or it may be brought about indirectly by carelessness, needless and heedless exposure, by delay in sending for medical advice, &c., and by other similar *omissions*. When the child is dead, the father or mother may console themselves with the thought that it has gone to a better place, that it is happy and free from the cares and troubles of this world, that it is provided for. Whilst at the same time another consoling feature enters in, that they are also provided with funds to pay for its burial, and with a balance either to invest or to spend in drink during the waking and funeral. Can such things be? Is it possible that men or women trade on their children's lives? Are paternal and maternal instincts lower than those of the brutes? I believe the laws of God, or of Nature, and those of man are but too often violated in this respect. I could quote numberless cases where I have been called to see children in a moribund state, the object being for me to give a death-club certificate. I have asked why I was not sent for sooner, and have had some reply to the effect that the child did not seem so unwell, &c. I ask whether other practitioners can furnish similar testimony? I have always refused to give a certificate, though this has had no effect, as the child has been buried, and the insurance money paid.

As I have said, this is an old subject revived; and in proof of it, I refer to the evidence of the Rev. Mr. Clay, in the "Appendix to the First Report of the Commissioners of Inquiry into the Sanitary State of Large Towns and Populous Districts." Mr. Chadwick, whose efforts in the cause of humanity are so widely known and so deserving of praise, has also directed attention to the evil. There must be a remedy, but it must necessarily be a just one, for the rights of parents must be respected, and some provision for *decent* interment is necessary. It seems to me worthy of special legislative action.

We have members interested in social questions—*e. g.*, Mr. Plimsoll has advocated the claims of those who go down to the sea in ships; the Hon. James Stansfeld is devoting his energies to the repeal of the Contagious Diseases Acts. Might I suggest to the latter gentleman to turn his talents to a much more useful, necessary, and pressing question—viz., the protection of infant life.

Yours faithfully,

AN OLD PRACTITIONER.

London, Sept. 14th, 1878.

Literature.

FORENSIC MEDICINE. (*a*)

FORENSIC MEDICINE has hitherto had an interest for the professional expert rather than for the individual practitioner, who may or may not be called upon to act as a scientific witness. Some recently published lectures by the Professor of Medical Jurisprudence in the University of Aberdeen supply more than one definite and evident want. Though written primarily for Scottish practitioners, these lectures take a comprehensive view of the whole subject,

(*a*) "Lectures on Medical Jurisprudence." By Dr. Ogston and Dr. A. Ogston, jun., Aberdeen. London: J. & A. Churchill. 1878.

and cannot fail to interest all students of medico-legal medicine. The arrangement of the book is note-worthy. The preface is short and explicit; the table of contents, a *prècis*, as it should be, of the work; each lecture is headed by a digest of the points on which it treats. An appendix of various forms of medico-legal reports; and a comprehensive list of authorities in forensic medicine, with a well-arranged index, conclude the work. The lectures are divided into forty-five well-arranged chapters. The language employed is at once pleasant, clear, precise, and instructive; affirmative, without being too dogmatic. The instruction given is the result of an extensive and ripe experience in Scotch medico-legal procedures, compared, when necessary, with those of other nations. Moreover, the author conveys his knowledge in a readable form, and herein we conceive he has supplied a great want. The terse, dry, and, to many minds, the uninteresting nature of the information conveyed in the ordinary text-books on medical jurisprudence, requires to be divested of much, which, though necessary information, can be readily obtained from other sources; so that where so much information has to be conveyed it will be understood and conceded, that the author has wisely substituted for ponderous chapters on special toxicology a short, explicit lecture on general toxicology. We regard these lectures as supplying a higher form of text-book on the subject of forensic medicine, which, by virtue of their literary as well as medico-legal merits, will encourage many, who, for want of such inducement, have hitherto ignored the subject, to a fuller study of medical jurisprudence.

Another valuable feature in the lectures is the *résumé* given of the criminal institutions in Scotland, as compared with those of England, the Colonies, the United States, France, and Germany. This is a valuable contribution to what may be termed International Medical Jurisprudence—a step in the right direction, towards the addition of much that is wanting, as well as towards the subtraction of much that is at present incongruous in medico-legal procedure. Respecting, for instance, the administration of oaths in Scotland, as compared with England, the author writes:—"In Scotland the form of swearing, the administration of oaths being entrusted only to the judge, is much more solemn and impressive than the brief and flippant fashion of imposing this obligation by a police officer, or crier, in an English court."

The remarks on medical evidence throughout are judicious and practical, and Dr. Ogston points out what cannot be too forcibly dwelt upon, for it is a principle underlying the whole question of medical jurisprudence—viz., that the medical man as an expert is practically a scientific witness, and being such, and such only, he must carefully refrain from exercising the prerogative of a judge. The law requires medical evidence to aid, not to direct, its decisions. This teaching is so sensible that we are tempted to quote the dictum of an old Hospital Lecturer on forensic medicine:—"The duty of a medical expert is to state facts, and if called upon he should be prepared to explain them."

While space forbids a critical exposition of this work, we trust that enough has been written to direct attention to these valuable scientific Lectures on Medical Jurisprudence, which will well repay perusal and careful study.

ON SOME FORMS OF EXTEMPORANEOUS CONVEYANCES FOR SICK AND WOUNDED IN PEACE AND WAR. (a)

We have perused this pamphlet with very much pleasure, for we believe in every line some practical instruction may be gained. It appears the address was delivered at the earnest request of the members of the "Order of St. John of Jerusalem in England," a body of persons whose great mission seems to be the work of doing good in relieving the sick and suffering. On this particular occasion they requested that the address might be directed to the subject of the transport of sick and wounded in peace and war, and we certainly congratulate them in making such a good choice in selecting Surgeon-Major Porter, Assistant Professor of Military Surgery, Army Medical School, Netley, and Honorary Associate of the Order, to deliver the address. No one, we believe, was more competent to undertake the task, being, as we know, one of the most practical medical officers in the British Army, and author of the "Surgeon's Pocket-Book."

We think the subject a very important one, for its utility may arise just as frequently in civil life as in military campaigns. The author says at page 1, "Its importance and efficiency, in a military point, not alone involves the interest of the sick and wounded, but strategic plans may be promoted or opposed according as the work is done well or ill, and, as has been observed by a distinguished authority, 'the tone of moral feeling and degree of confidence among troops, and the preservation of due order in the ranks, are influenced by it. In civil life, in factories, mills, collieries, mines, and other similar works where accidents are not infrequent, confidence is given to those employed by the establishment of some means of conveyance whereby those who may become injured shall receive immediate surgical aid and attention.'"

At page 2, the author, when speaking of extemporary expedients, says: "Regular means of transport not being always available, it occurs that such articles as may be found at the scene of an engagement or accident must be utilised, the circumstances and peculiarities of each position determining the forms of the apparatus which may be employed; it is impossible to determine upon any one form which shall be equally serviceable under all circumstances. How many examples might I not quote even from late campaigns and expeditions where extemporised transports proved of the greatest service."

We find the author divides the subject under four different heads. He says at page 6, "Extemporised transports may be divided into (1) means for assisting sick or wounded by supporting them with the hands of bearers or some appliance; (2) the construction of hand-litters; (3) the adoption of general service waggons and country carts, of railway carriages or vans, of river or sea-going vessels; (4) the construction of horse-litters."

Under these different heads we find the matter carefully and practically described, and we recommend all interested in the subject to procure this pamphlet.

(a) "On Some Forms of Extemporaneous Conveyances for Sick and Wounded in Peace and War." Read before the General Assembly of Members of the Order of St. John of Jerusalem in England, June 24th, 1878. By Surgeon-Major J. H. Porter, Assistant Professor of Military Surgery, Army Medical School, Netley; Honorary Associate of the Order. London: Harrison & Sons, St. Martin's Lane, Printers in Ordinary to Her Majesty. 1878.

Novelties.

A NEW VENTILATING WATERPROOF

Has just been introduced to the notice of the profession by Messrs. Bartrum and Harvey, of Gresham Street, London. Hitherto, the great objection to waterproof garments has been the want of ventilation, and the feeling of lassitude which attends the wearer after an hour's encasement in caochouc. This serious drawback appears now to have been overcome by the use of a very thin lining, which whilst not adding to the weight of the garment, ensures thorough ventilation by perforation at the shoulders and armpits. Having subjected the material from which these garments are made to the usual tests, we are in a position to affirm its impermeable character. The inventor also claims for it, that its value is not affected by climate or weather—the vulcanising being effected on a new principle. Of this, we are unable to express an opinion, as the invention is of too recent date for experience in this direction.

JOHNSTON'S FLUID BEEF.

Soon after receiving a sample of this fluid beef we had a good opportunity of putting its value to the test of actual experience. We had under our care several children who were suffering from very severe attacks of whooping-cough, and whose appetites were so bad, and digestion so weak that it was difficult to get them to take sufficient amount of nourishment. In the meantime a tin of Johnston's Fluid Beef having been sent to us, we were induced to give it to

our little patients, and we must confess that the trial was a very satisfactory one. It was given sometimes in the form of soup, sometimes spread on bread-and-butter; but in whichever way it was given it was taken when other kinds of food were refused; it was well borne by the stomach, and appeared to furnish so much nourishment that there can be little doubt it contains a large quantity of the most nutritious elements of food.

NOTICES TO CORRESPONDENTS.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

DR. BROWNE'S communication shall receive attention.

DR. R.—The book has been already given out for review; we will, however, ascertain if it has been prepared, and return your analysis if not required.

DR. M.—Many thanks, you will observe we have utilised the information.

FELLOWSHIP.—The book has not yet been sent us; we believe it will not be out for a week or so.

OBSTETRICAL SOCIETY OF LONDON.—This evening (Wednesday), at 8 o'clock, Specimens—Fleshy Mole, by Dr. Godson. Paper—Dr. Herman, "Remarks on the Treatment of Pregnancy complicated with Cancer of the Genital Canal."

LABYRINTH.—There are two pamphlets published on the "Telephone," one by Ward & Lock, the other by Sampson Low, & Co., at 1s. each, and one on the "Phonograph" by the London Stereoscopic Company at 1s. There is nothing yet in the "Microphone" or "Phonlidoscope" beyond articles in newspapers that we know of. There is a work published by Baillière, Tindall, & Cox which will probably answer your other requirement of "A Movable Model of the Ear." We do not know the exact price, but think it is only a few shillings.

NEED OF MEDICAL MEN IN THE TRANSVAAL REPUBLIC.

ON this subject we recently published a statement of a correspondent of the *Globe* as follows:—"Medical men are much wanted out here. A force of 400 mounted volunteers had to patrol a large extent of country near King William's Town, without a doctor accompanying them. At various towns in the Transvaal there are splendid openings for a practice. All doctors coming out here should be able to make upwards of £1,000 per annum the first few years. Their work would consist mainly in riding long distances to visit farmers' families. Large numbers of the Boers come immense distances to the towns of the Transvaal to consult a doctor."

[Having received many inquiries on this subject we have satisfied ourselves that the statement comes from a thoroughly reliable source, but we are unable to give further details, the author not being in a position to communicate directly with the press on the subject.—ED.]

DR. MARY WALKER.—"This restless little spirit has done more to bring derision and reproach on female physicians than all the women-haters of the other sex collectively. Her whole life seems to have been devoted to a heroic support of the great principle of—pantaloons. No one ever thinks of Dr. Mary Walker without an imaginary glance of the eye towards her feet. Her head is never thought of. Her stepping out will be an era in female progress. If she could be induced to retire into a convent it might be a blessing to the church, and it certainly would be a great benefit to the cause of female education."—*Pacific Medical Journal.*

MEDICAL WITNESSES' FEES.

1. How is a medical officer to obtain remuneration for attending court in sanitary prosecutions under the new Act?

2. Who is the person responsible for making a return of the names of persons interred in a burying ground to the district registrar of deaths?

[1. In Section 258 of the Act provision is made that the medical officer of health is to be remunerated for giving evidence in court at sanitary prosecutions at a rate to be approved by the Local Government Board. In the Act of 1874 there was no provision of this kind, and this was felt to be a great hardship. The Section is as follows:—

"Every officer of a sanitary authority shall attend and assist in any prosecution instituted by such authority on receipt of an order from such authority so to attend: provided always, that if a medical officer of the sanitary authority shall so attend and assist, he shall be entitled to remuneration from the sanitary authority at such rate as the Local Government Board shall approve, unless it shall have been agreed that the duty of affording such attendance and assistance shall be included in his salary, or that his whole time shall be occupied in the discharge of the duties of his office; and such payment shall be deemed to be expenses incurred by the sanitary authority under this Act, and may be recovered as part of the costs of the prosecution."

The plain reading of this is that the medical officer must apply to the sanitary authority for payment, and must produce the order under which he attended. The Board of Guardians will then be obliged to vote suitable remuneration, which will be subject to the revision of the Local Government Board, and will, we presume, vary according to the circumstances of such particular case. No case has yet arisen, and the Local Government Board has not suggested any fee in its recent circular.

2. In Section 191 of the Act provision is made that a return containing the name, address, date, and cause of death of every person who shall have been interred in each burial ground shall be made to the Registrar of Deaths for the district in which the death took place, which will provide for a more complete registration of deaths than has hitherto existed. The return is to be made "by some officer appointed by the (Burial) Board to do that duty," who is afterwards in same Section designated "the Clerk, or Secretary, or Registrar," and provision is made that he shall be paid by the sanitary authority.—ED.]

A MAN WHO BURST.—In the *Vierteljahrsschrift für Geoichtliche Medicin* for July Dr. Bremuse gives an account of a man who literally burst, split his diaphragm in two, and died, from four plates of potato-soup, "numerous" cups of tea and milk, followed by a large dose of bicarbonate of soda to aid digestion! His stomach swelled enormously, and tore the diaphragm on the right side, causing immediate death. The case is probably unique.

BOOKS AND PAMPHLETS RECEIVED.

St. Thomas's Hospital Reports. Vol. VIII.

A Manual of Therapeutics. Parts I., II. By Richard Hughes, L.R.C.P. London: Leath & Rose.

Anatomical Outlines. Part II. By Arthur Hensman. London: Longmans, Green, & Co.

De l'Absorption de Certains Gaz. Par le Dr. Casse, M.D. Bruxelles

The Sight and How to Preserve it. By H. C. Angell, M.D. London: Hardwicke & Bogue.

The Public Health (Ireland) Act, 1878.

The Antipyretic Treatment of Specific Fevers. By W. T. Gairdner, M.D.

The Influence of Posture on Women. By J. H. Aveling, M.D. London: J. & A. Churchill.

APPOINTMENTS.

COOMBE, J. B., M.D., L.R.C.P.Ed., Senior House Surgeon to the Macclesfield General Infirmary.

CROSS, F. R., F.R.C.S.E., Lecturer on Anatomy at the Bristol Medical School, and Surgeon to the Out-patients of the Infirmary.

ELLIS, T. S., M.R.C.S.E., a Surgeon to the Ophthalmic Department of the Gloucester General Infirmary.

ELLIS, W. A., L.R.C.P.L., M.R.C.S.E., Resident Medical Officer to the Western Dispensary, Westminster.

GRANT, J. D., M.B., C.M., M.R.C.S.E., Surgical Registrar and Pathologist to the Central London Throat and Ear Hospital.

GRAYSON, F. D., M.R.C.S.E., Medical Officer for the Rayleigh District of the Rochford Union, Essex.

HAMILTON, F. G., M.R.C.S.E., Extra Assistant Surgeon to the Central London Throat and Ear Hospital.

HANDFORD, H., M.B., M.R.C.S., Medical Tutor at Queen's College, Birmingham.

Births.

BATE.—Sept. 25, at 2 Northumberland Houses, Hackney, the wife of G. Paddock Bate, M.D., of a daughter.

MOORE.—Sept. 23, at Pembroke Dock, South Wales, the wife of Fleet-Surgeon George Moore, M.D., R.N., of a daughter.

PLETTS.—Sept. 24, at Ryde, Isle of Wight, the wife of J. Mapham Pletts, M.D., of a daughter.

Marriages.

HARTFORD—BOWEN.—Sept. 21, at St. Thomas's Church, Dublin, Henry W. Hartford, L.K.Q.C.P.I., L.R.C.S.I., &c., Christ Church, Hants, to Dora Anna, only daughter of the late Herbert Curtis Bowen, 29th Bengal Native Infantry, H.E.I.C.S.

PALMER—HARTFORD.—Sept. 19, at St. Paul's Church, Portarlington, Queen's co., Joseph Mansergh Palmer, M.D., L.R.C.S.I., &c., to Georgina Belinda, daughter of Augustus Hartford, J.P., Rose Court, Portarlington.

WHITE—EDDEN.—Sept. 19, at Neuchatel, Switzerland, Richard White, M.D., co. Cork, to Harriet E. Raye, eldest daughter of the late J. W. Edden, J.P., B.L., co. Cork.

Deaths.

ALBURY.—Sept. 23, at Lime Place, Higher Broughton, Manchester, William John Albury, L.R.C.P.Ed., aged 42.

BURROUGHS.—Sept. 16, at Clifton, John Beames Burroughs, F.R.C.S., aged 72.

CLARK.—Sept. 12, at Birkheads Lodge, Wray Park, Reigate, Fredk. Cheesman Clark, M.R.C.S.E., aged 28.

COLQUHOUN.—Sept. 24, at The Anchorage, Bothwell, Hugh Colquhoun, M.D., aged 76.

HAIGH.—Sept. 7, at Scarborough, Henry William Haigh, F.R.C.P.E., aged 44.

MITCHELL.—Sept. 11, at Kingston, Surrey, Samuel Mitchell, M.R.C.S., aged 83.

PARKER.—Sept. 17, at Cavan, William H. Parker, L.K.Q.C.P.I.

PURCELL.—Sept. 23, at 71 Harcourt Street, Dublin, Geoffrey C. Purcell, Staff Surgeon A.M.D.

RATHBORNE.—Sept. 12, at Virginia, co. Cavan, Charles Atkinson Rathborne, M.D., R.N.

ROBINSON.—Sept. 26, at Armagh, Alexander Robinson, M.B., F.R.C.S., for 50 years Surgeon of the Armagh County Infirmary, aged 79.

SMITH.—Sept. 7, at Kilburn, George Roche Smith, M.R.C.S.E., late Surgeon to the 7th Hussars and 2nd Queen's Royals, aged 75.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 9, 1878.

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ON OZONE IN RELATION TO HEALTH. (a)

By HY. DAY, M.D., F.R.C.P. Lond.,

Physician to the County of Stafford Infirmary.

"SINCE the state of life necessitates the state of death, and since the functions of life are productive of decay, it becomes evident that in the scheme of Nature there must exist the means of breaking up all effete and noxious compounds, the resultants of decay, into either their original elements or into other innocuous compounds fitted again to serve and subserve the purpose of vitalised matter. The best agent—perhaps the only agent—suited to the performance of such a duty is that all-prevading elementary gas, which Priestley (its discoverer) called vital air—a gas now universally known under the name of oxygen, and found to be present in our atmosphere to the extent of one part in five. Oxygen, you are aware, is essential to everything that lives, but in addition to, and beyond this, it enacts the important part of Nature's greatest scavenger, by effecting those very decompositions the necessity for which I have just referred to. It appears that, under certain conditions, this gas has the power of combining with itself, or speaking more correctly, I believe, of existing in a condensed form. So condensed, we recognise it under the name of ozone, the name having been given to it in consequence of its possessing a very disagreeable odour. It is in this condensed condition that oxygen (ozone) appears to exercise the intensity of its action in a manner so remarkable that I have chosen it, and its relation to health and disease, as the subject of the present address."

The speaker then traced the history of the discovery of ozone step by step to Schonbein, who held the opinion that ozone resulted from the action of electricity on oxygen, to Odling, who started the theory that ozone was condensed oxygen, and to Soret, who abundantly confirmed by experiments the correctness of the theory. There were various methods of producing ozone, one of which was the discharge of the spark through oxygen gas. What was called the physiological (or more correctly) the pathological action of ozone had been well studied. He said:—

"If a warm-blooded animal be placed in a glass chamber and subjected to a stream of ozonised air, the oxygen of the air having been ozonised to the 12th part, and the influence of carbonic acid being entirely excluded, special phenomena are quickly displayed. The first sign or symptom is an irritability of the mucous surface of the nostrils and of the conjunctivæ; there is often free secretion of saliva, and even profuse sweating in those animals that exhibit sweating. There is also thirst and dryness of tongue and nostrils. These symptoms are succeeded by great rapidity of respiration, and soon by violent action of the heart. When the chest is listened to (auscultated) in this stage there is always dry bronchial breathing, and a whistling sound as in the first or preliminary stage of acute bronchitis in the human subject. The effect of the ozone being sustained, cough manifests itself, followed by secretion of frothy fluid from the bronchial surface. This is equivalent to the congestive stage of bronchitis. Finally, there is lividity of the skin of the nose, nostrils, and lips, great coldness of the surface, gasping respiration, jactitation, and death—the death being often sudden. This may be said to resemble, in a very perfect manner, the exudative stage of bronchitis. This order of symptoms or phenomena has been observed by all experimentalists.

"It was, some time since, pointed out with particular care by Dr. Richardson, and my own experiments, some of which Dr. Richardson witnessed, were attended with corresponding results. The morbid appearances presented after death from ozone in warm-blooded animals are principally confined to the respiratory passages. If

(a) An address delivered before the Sanitary Institute of Great Britain and Ireland at Stafford, on Thursday, October 3rd.

an animal be killed during the first stage, the bronchial membrane will be found to be dry, deeply congested at spots, the lung structure being ecchymosed, and both sides of the heart full of blood. In the second stage the whole lung is congested, the bronchial surface being red, the right side of the heart engorged, the left side of the heart empty. In the third stage the lungs are also intensely engorged, the bronchial surface paler, and filled with frothy fluid, the right side of the heart full, the left side empty. In cases where animals are removed from the chamber at the beginning of the second stage, and after some exposure to the air, subsequently die, the morbid anatomy is rather that of pneumonia than bronchitis. In one experiment that I performed, the stage of hepatisation (that is solidification) was so distinctly marked that I could not have recognised it, by the lung itself from hepatisation of the lung in the human subject after pneumonia. These experiments certainly seem entitled to be received as evidence in favour of the idea that ozone may possibly be provocative of certain epidemics. I mean of catarrh, bronchitis, and the like."

The speaker next referred to experiments by Dr. Moffatt, whose views were the outcome of ten years' continued observations. During the time that Dr. Moffatt was making observations as to the atmospheric conditions under which phosphorescence and the appearance of ozone took place, he noticed that cases were common of apoplexy, epilepsy, vertigo, epistaxis, neuralgia, diarrhœa, with or without cramps, and premature uterine action, immediately before or during ozone periods and periods of phosphorescence, and at the approach of storms and gales, and the issuing of Admiral Fitzroy's caution telegrams. The speaker described the experiments, extending over a period of ten years, and presented them in tabular forms, which were handed to the meeting. He remarked that the tables showed that the quantity of phosphorus oxidised in the air and in our systems depended upon similar atmospheric conditions, viz., the maximum with the equatorial current, and the minimum with the polar current, but said that it did not appear to be clear whether the above disorders, although taking place with the maximum of ozone periods, and the issuing of cautioning telegrams, might not depend on the process by which we are brought under the influence of these conditions, rather than on the gales and ozone itself.

In respect to what ensues when ozone is absent from the air, the speaker said there was a good deal of concurrent testimony as to the connection which existed between the absence of ozone, and epidemic cholera. He quoted observations made in India at fifteen diffesent stations, wnich showed that cholera was at its greatest ascendancy when ozone was either absent from the atmosphere, or at its minimum, that the disease showed a most marked diminution when ozone was registered as increasing, and when at its maximum, the disease ceased altogether, if the maximum continued for any length of time. Experiments at Strasbourg in 1854 and 1855, and others by Dr. Moffatt and Mr. Glaisher pointed in the same direction. The speaker handed in tables showing the atmospheric conditions which prevailed during six months of the cholera epidemic in London, in 1868, and remarks that it was almost impossible to resist the conclusion that there was some connection between epidemic cholera and the absence of ozone.

As to the part that ozone might be capable of playing in preventing or arresting disease, it was necessary to bear in mind its properties. "Soret's experiments," the speaker said, "prove that it is heavier than oxygen; it is also quite insoluble in water, whilst its power is intensely increased beyond that of ordinary oxygen, so that air saturated with it destroys dead organic matter with great rapidity; thick india-rubber tubing is quickly eaten through by it, and all ammoniacal products are speedily decomposed by its action. It is, however, principally, in its chemical character that we must look for its good effect in preventing or arresting disease."

Ozone is a most powerful oxidising disinfectant, and it is so in virtue of possessing the power of resolving and decomposing all animal and vegetable putrescent matter into primitive and innocuous forms. A stream of ozone passed through a mass of black, offensive, and putrescent blood effects a change in it as if by magic; immediately, almost as soon as the operation has commenced, all disagreeable odour is removed, it re-assumes its florid red colour, and coagulation is restored. The products of putrefaction are, as no doubt you are aware, not only favourable to the development of special poison germs, but such products also, by their continued action, prevent the proper oxidation which should go forward in the various tissues of the body, thus causing a predisposition to the action of any poisoned germs to which the body may be exposed. If ozone be diffused through apartments or elsewhere, it not only disinfects, by removing noxious vapours and poison germs, whatever their character may be, but, being itself in the gaseous form, it is inhaled during respiration, and, passing into the blood through the lungs, it oxidises the used-up and effete matters produced during assimilation, and the renewal of the various tissues, thus effecting in no inconsiderable a manner, a certain resistance to their pernicious influence if retained within the human body.

There has been much discussion as to what the precise nature of disease germs may be; but be they in the form of bacteria, or of any other form, ozone is potent for their destruction. . . . . There are other competing disinfectants—such as iodine, chlorine, bromine, &c., but it has always appeared to me that we have in ozone Nature's own provided disinfectant; and, although I admit that artificial states often require the application of means correspondingly artificial, yet by keeping on Nature's lines, and using the very means she herself makes use of for the maintenance of life, the continuance of health, and for rendering innocuous the products of the functions of life, we are more likely to effectually attain the object in view than by making use of any other means whatever. The always and everywhere present oxygen needs no expensive process for its production, while its conversion into its most active condition, in the shape of ozone, may be arrived at by means so simple, and so inexpensive, that on these grounds, if on no other, it stands, at least in my estimation, as the best, the safest, and the least objectionable of all disinfectants. Lastly, ozone admits of being administered as a remedy for disease, and is, indeed, so administered in the form of ozonised oil, ozonised ether, and ozonised water. Here it ranks with remedies containing chlorine, bromine, and iodine. Whether in any respect it may, as a remedy, prove to have greater advantages than any, or all, of these agents, must be arrived at by determining whether it will do what the others cannot do. This, of course, can only be clearly and decisively made out by applying to it the test of an inductive philosophy—a rigid exclusion of all that is ineffective.

THE MECHANICAL SYSTEM OF UTERINE PATHOLOGY.

By GRAILY HEWITT, M.D. Lond. F.R.C.P.,
President of the Harveian Society, &c., &c.

LECTURE II.—(*Concluded.*)

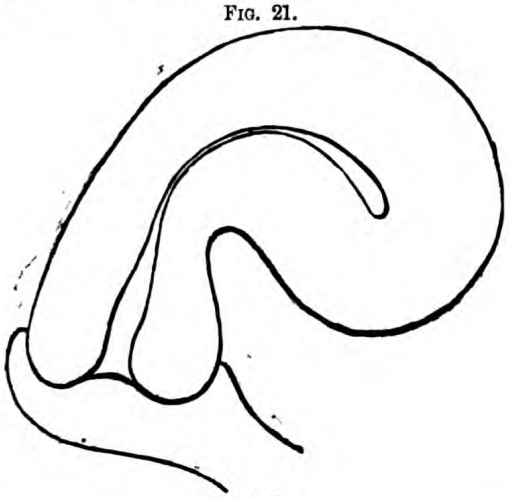
(*Continued from page 265.*)

Functional Disorders of the Uterus.

1. *Dysmenorrhœa.*—One of the important functions of the uterus is *menstruation*. How far, and in what way, is alteration of the shape of the uterus likely to disturb this function? Regard simply the physical conditions essential to the due performance of the function. A certain quantity of fluid containing minute shreds of broken down membrane has to be discharged at each catamenial period from the cavity of the body of the uterus. It has to pass through an aperture—the internal os uteri—which, in

the natural state, is about one-eighth of an inch in diameter. This aperture is the central and smallest part of the uterine canal. The canal at its situation is surrounded by the firm, resisting, fibro-muscular tissues of the uterus, the uterine walls being at that situation, as already remarked, rather thinner than elsewhere. In the ordinary course of things, the menstrual products pass through this narrow aperture slowly, but continuously, the size of the passage being sufficient to drain the uterine cavity, and discharge the fluid as fast as it is poured out from the lining of the body of the uterus.

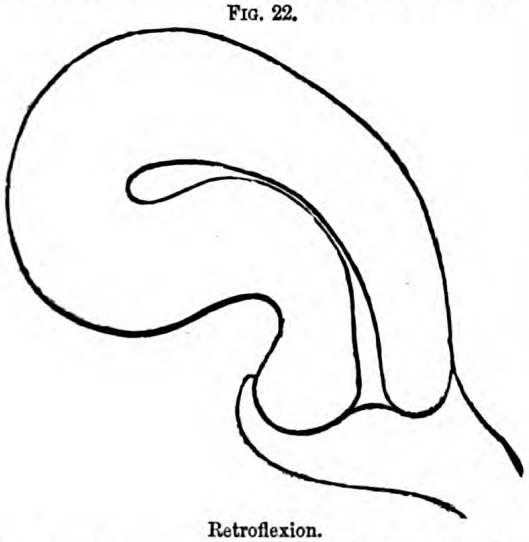
FIG. 21.



Anteflexion.

The patency of a tube is greatest when it is completely circular in shape. Flatten the tube, and you at once diminish its calibre. Carry the flattening process far enough, and you extinguish the tube altogether. These are truisms, and I almost apologise to you for stating them. The question is: Have they, or have they not, an application to the uterine tube, and what is the effect of change of shape of the uterus in impairing the patency of this tube? It so happens that the internal os uteri—the narrowest part of the tube—is coincident with the middle of the uterus, the situation at which in cases of flexion-distortion, the bend is most usually found to occur. The physical relations of the parts are such that a certain flattening of the canal is inevitable when the uterus is bent at this situation. The flattening occurs from before backwards. It varies in degree, according to the degree of the flexion and other circumstances, and it is demon-

FIG. 22.



Retroflexion.

strable, from anatomical considerations alone, that flattening and consequent impairment of the patency of the canal must inevitably occur when the uterus is decidedly flexed, and thus distorted. This is so obviously true that it seems almost unnecessary to insist upon it. In Figs. 21 and 22, representing respectively anteflexion and retroflexion, the manner in which the uterine tube becomes compressed is rendered evident.

But we may go a step further. It is probable that during menstruation the internal os uteri is capable of becoming to a certain extent dilated so as to more readily allow of the escape of menstrual products. It is believed by some that the internal os uteri has a regular sphinteric action, expanding and contracting according to circumstances. It seems probable that in a state of perfect health no such expansion is required to allow of escape of menstrual products; but it is quite certain that such expansion is required if the menstrual *débris* be unnaturally solid or bulky; and it is quite possible that the internal os does undergo expansion to a certain extent, even in less abnormal cases. But I would direct attention to the fact that, if the uterus be decidedly bent, such expansion of the internal os must be very materially interfered with. The tissues around the internal os are necessarily compressed and rendered harder and more resisting by the mere fact of the existence of the bend. The flexion occasions not merely a flattening of the canal, but a condensation of the uterine tissues in the neighbourhood, such as would directly and forcibly resist any expansion and dilatation of the tube. Other important changes are observed at this situation in consequence of the presence of flexion, but they will be considered later on. The patency of the uterine tube, under ordinary circumstances, is, in short, dependent on the uterus preserving its proper form, and thus allowing the canal to remain circular in shape.

[The practical closure of the uterine tube by an acute flexion was here illustrated by means of a model of a section of the uterus made in sponge, and six times the normal length of the organ. By bending the model section the closure of the canal which thereby ensues was rendered evident.]

The connection between obstructed and painful menstruation and constriction or narrowing of the internal os uteri is one which has been forcing itself on professional attention for some time. But the subject has been imperfectly understood. Stricture of the internal os uteri has been very frequently assumed to be present when the canal was simply very much bent at that point. The condensation and hardening not unfrequently present around the narrow portion is undoubtedly often great in long-standing cases, and a veritable stricture not seldom exists. But at first it is not so, the canal admitting of easy passage of the sound if the point be only directed properly and in conformity to the bend of the uterus which is present. All cases of dysmenorrhœa are not due to flexion, but the vast majority of them come under this category. There are a few in which the canal is congenitally narrow, or in which obstruction exists at other situations, or in which the obstruction is due to some other condition—a small fibroid tumour growing so as to compress the canal for instance; but these cases are rare.

The truth of the foregoing statements regarding dysmenorrhœa rests on evidence which seems to be quite unassailable. Clinical facts are most thoroughly and entirely in accordance with this view. Let individual cases be tested, let the uterus be carefully examined, and it will be found that marked dysmenorrhœa will, unless in a very few and exceptional cases, be found associated with undoubted flexion of the uterus. The proof of the connection between the two things—the flexion and the obstruction—is of the most convincing kind. Relieve or remove the flexion, and the pain and difficulty disappear. It is true that this may not be enough to completely cure the patient when the canal has been distorted some time, and further changes have occurred; but this effect, in the majority of cases, is very striking. Why do we find that many cases of dysmenorrhœa are relieved by simple observance of the recumbent position during the period? Simply because the existing flexion is thereby somewhat

diminished, the canal is a little straightened, and the escape of the uterine contents is thus rendered more easy. The pain which accompanies difficult menstruation is due to the existence of an impediment to the escape of the fluid. This doctine is not in accordance with the older teaching on the subject. It is a mechanical view of the matter, and it is unquestionably the true one. Having given this explanation of the matter in the first edition of my work on "Diseases of Women," published in 1863, it is satisfactory to find that this view has been steadily gaining adoption of late years. The pain appears to be partly due to the distension of the uterine cavity, causing compression and tension, and congestion of the body of the uterus, but chiefly to actual muscular contraction of the uterus; in fact, to a "pain" similar to those witnessed in parturition, though on a smaller scale. The body of the uterus contracts, and in the end generally succeeds in expelling its contents. In so doing, the internal os uteri must become dilated, in order to allow of the passage of the fluid or *débris* of membranes or clots. In cases of flexion, when the malady is not of very long duration, the contraction of the uterus seems to have a straightening effect on the uterus, and when this occurs the canal is thereby opened to a certain extent, and the uterine contents escape. But in severe or long-standing cases the circumstances are such that the uterus has no power of straightening itself, and then we find that the process of emptying the uterus is a very slow one; the pains recur from time to time with little relief, and the catamenial period is both protracted and painful.

In cases of the latter description, a frequent phenomenon is the abrupt cessation of the flow for a certain time—a few hours or longer—after which the pain and discharge again recur. A further phenomenon, traceable to the same cause, is a certain dilatoriness in the appearance of the discharge. The fluid observed at first is very slight in amount, or there may be none at all for the first day or two, during which time, however, pains are more or less frequent; also a protraction of the period, together with alteration in the character of the discharge from red to brown, and later on to a still lighter discharge, evidencing that the retained contents of the uterus are now mixed with a fluid of a non-sanguinolent character.

2. *Sanious or Purulent Leucorrhœa from Menstrual Retention.*—Finally the period quite ends. But in a certain number of cases other effects of the retention present themselves during the inter-catamenial intervals. Here we come upon a class of facts of the greatest interest and importance from a clinical point of view—facts which deserve minute and particular attention.

There are a certain number of cases occurring not very rarely, in which during the inter-catamenial intervals there are observed from time to time, perhaps once in two or three days, and generally particularly during the week or ten days immediately following catamenial cessation, discharges of a puriform character coming on suddenly, lasting for a brief period only, and then ceasing. A puriform leucorrhœa occurring in gushes is an accurate description of what is observed. This occurrence is due to the existence of chronic flexion of the uterus. It arises from mperfect emptying of the uterus. At the close of the period something is still left. This unevacuated fluid undergoes changes resulting in its conversion into the puriform fluid. The uterus becomes distended with this accumulation. It is increased by the addition of further fluid of a watery character poured out by the lining of the uterus, and when distension reaches a certain point, it is expelled. That is to say, it is partly expelled, but after a time further distension occurs, followed by a fresh expulsion. I have observed many cases of this kind—in fact, the occurrence of puriform leucorrhœa coming away in gushes is by itself almost diagnostic of the existence of a chronic flexion of the uterus, and during an experience of some years, this sign has proved of great value. Patients suffering from this affection sometimes describe what they term little abscesses bursting from time to time. In certain rare cases the retained uterine contents are actually offensive to the smell, the fluid having become putrescent before it is discharged.

The condition of the lining of the uterus in these cases of chronic flexion leading to retention and decomposition of the catamenial fluid is peculiar. The uterus is naturally irritated, the lining membrane secretes more fluid than usual. There is, in short, what is termed endometritis. But the view expressed above as to the process actually going on in cases of endometritis is very different from that usually entertained. It is, nevertheless, sustained by facts, and it will be found that if provision be made for the free escape of this retained irritating fluid the endometritis will cease.

A very important further effect follows in a considerable proportion of these chronic cases of flexion with retention of uterine secretion; I mean dilatation of the uterine cavity and hypertrophy of the uterine walls. My friend, Dr. John Williams, has directed attention to the circumstance that we are too apt to forget that the uterus is a hollow muscle liable to become hypertrophied like other hollow muscles when the organ is called upon to exercise an unwonted degree of action. Thus the existence of necessity for increased expulsive action will necessarily have a tendency to increase the thickness of the uterine wall. It is a fact that there is evidence of excessive muscular action in cases of dysmenorrhœa, and it is also a fact that in cases where the inter-catamenial discharges above mentioned occur, the body of the uterus is unnaturally large. The physical effect of the distension of the uterus in enlarging its cavity must also not be forgotten; the uterine cavity becomes thus increased in dimension.

3. *Menorrhagia.*—It happens not seldom in these cases of uterine distension and retention that the quantity of blood poured out at each catamenial period is very excessive. In fact menorrhagia is observed. This menorrhagia has, in most instances, a mechanical origin. Menorrhagia does not, of course, arise solely in cases of uterine flexion—there are other causes unquestionably; but, nevertheless, chronic flexions and severe menorrhagia are not rarely associated as cause and effect. Cases of this kind usually go on from bad to worse; the period becomes gradually longer and longer, the quantity of blood lost greater and greater; the uterus, perhaps, succeeds in expelling its contents, but, becoming more and more enlarged, the surface from which blood is poured out is proportionately increased in area. (See Fig. 23.) The drain affects in time the general health, and this, in its turn, affects the nutrition of the uterus. Consequently it may become hypertrophied, loose, and wanting in tonicity. The blood, more and more watery in character, oozes out more readily as the weakness increases, and other evidences of prostration necessarily show themselves.

Thus a decided flexion of the uterus may cause—First, slight dysmenorrhœa; secondly, dysmenorrhœa, with retention and intermittent discharges; next, purulent intermittent discharges; and, concurrently, or still later on, severe menorrhagia may be added. The order thus indicated is by no means always closely observed.

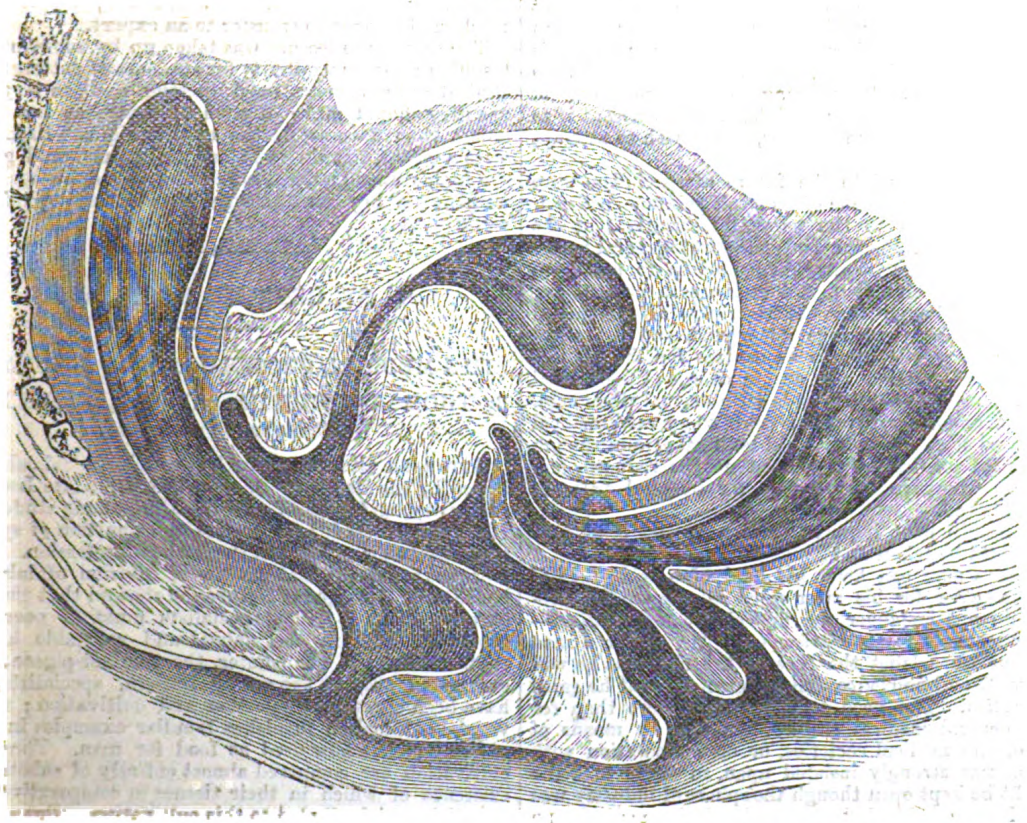
The presence of clots in cases of menorrhagia is sometimes noticed. Sometimes such clots are formed in the vagina, but more generally they originate in the cavity of the uterus. Retention of blood is, of course, the first event in such cases; the blood so retained becomes clotted, and has finally to be expelled. The passage of the clot through this narrow internal os uteri necessarily occasions much pain. The dysmenorrhœa is most severe in those cases where clots have to be got rid of, and the pain is sometimes of a most agonising character. In some cases the clot never is expelled as such, but becomes broken up. Probably some of the cases where a sanious leucorrhœa is observed for a few days after the regular period is over are cases of this kind; the clots retained break down, and the *débris* are gradually, but slowly, expelled.

It must be further remarked that the difficulty experienced by the uterus in relieving itself of the retained products in cases such as above described is materially increased by the dependent position of the pouch containing

the fluid. When the patient is upright, and the body of the uterus strongly bent forwards or backwards, the action of gravity is opposed to the evacuation of the uterine contents. (See Figs. 23 and 18.) Thus, in the retort-shaped uterus, the enlarged pouch hangs downwards, forwards, or backwards, as the case may be, and the fluid must move really upwards, in order to pass through the internal os uteri, where the obstruction which exists further adds to the difficulty. The double difficulty of moving upwards in a direction opposed to the action of gravity and moving round a corner presents itself under such circumstances. Clinical observation of these cases offers convincing proofs of the operation of these natural laws. Thus it may be found that in a case of anteflexion, with purulent retention, the discharge is free and continuous so long as the patient remains in bed, but on rising in the morning it suddenly ceases, appearing only in gushes at intervals during the day, and on lying down again at night a further comparatively free and continuous escape of fluid occurs. What is this but the result of the action of the laws of gravity? In the upright position the flexion is intensified, the aperture of the internal os more closed, the pouch of retained fluid

nal os uteri, in disturbing in various ways the function of menstruation commend themselves on what may be termed *à priori* grounds. But I have to remark concerning them that they are really generalisations from many carefully observed cases. The facts came first, and I attempt now simply to render an explanation of them. The above explanation is fully in accordance with what is readily observed and observable. But I may add that in the course of treating these maladies opportunities are ever presenting themselves for observing the behaviour of the uterus under varying circumstances. The effect of treatment is often useful in conveying information as to the nature of the disease. Thus, when dysmenorrhœa disappears on straightening the uterus, it is natural to conclude that this pre-existing flexion had much to do with the difficulty experienced. When we find that a troublesome leucorrhœa undergoes immediate mitigation on so altering the shape of the uterus that its contents can escape, it is not extraordinary that there should be a disposition to connect the leucorrhœa and the uterine distortion as effect and cause. The effect of treatment is, in fact, a sufficient answer, even if there were no other, to those who would

FIG. 23.



Showing the third stage of anteflexion with disteusion of cavity and thickness of uterine walls, such as may be found in cases of chronic menorrhagia and leucorrhœa occurring in gushes.

in a hanging dependent position. Place the patient in the horizontal position and gravity no longer opposes, to so considerable an extent at least, the escape of the retained contents. The further analysis of these cases into such as are benefited by the prone position for retroflexion, and by the dorsal position for anteflexion, is made for us by the facts occurring in actual cases. For the evacuation is rendered more easy in retroflexion cases by the prone position, and the reverse in anteflexion, for obvious reasons.

The foregoing considerations regarding the effect of alteration of shape, and consequent narrowing of the inter-

ignore the existence of an intimate connection between uterine distortion and these various effects.

Undoubtedly all cases of dysmenorrhœa, all cases of leucorrhœa, all cases of menorrhagia, are not included in the description above given. It is not intended that they should be. Dysmenorrhœa, leucorrhœa, and menorrhagia are occasionally traceable, certainly dependent, indeed, on other alterations andconditions of the uterus or other organs, and flexions of this organ are not chargeable with these symptoms in all cases. But in a very large majority of cases uterine distortion can be truthfully arraigned as the prime mover and originator of them.

ABSTRACTS OF THE INTRODUCTORY LECTURES

Delivered October 1st, at the Opening of

THE LONDON MEDICAL COLLEGES.

ST. THOMAS'S HOSPITAL.

ON SPECIALISM.

By EDWARD NETTLESHIP, F.R.C.S.,
Ophthalmic Surgeon to the Hospital.

THE lecture was devoted to specialism in medicine, chiefly as illustrated by ophthalmic surgery. Three stages might be recognised in medical specialism—the *first, or empirical stage*, based on the need for special dexterity in certain operations; the *second, or encyclopædic*, in which the practice of eye surgery was joined with general surgery, and the special branches of practice were in the hands of the best surgeons of the day, who were but seldom specialists (16th, 17th, and 18th centuries). The continued action of the causes which produced this stage have led, in the last half-century, to a great increase of specialism and specialists; the progress of knowledge and multiplication of resources having made it impossible for any but men of the highest ability to cultivate thoroughly the whole field of modern medicine (third stage). However much we may regret this modern sub-division of labour, as fostering narrow habits and exclusive views, and as tending to an over-estimate of the importance of trivial complaints, we must accept it as an essential condition for most of us, if we wish to attempt thorough work.

Some points in regard to the future of specialism were then touched upon, and some of its weak points mentioned. Attention was called to the parallel institutions of the special *hospitals*, and special *departments* at general hospitals. The special departments having arisen to meet the needs of medical education, will increase in importance. But the lecturer thought that the usefulness of the special hospitals would slowly change its ground, and in the end be lessened; they will remain as centres for the highest special work, where those who are in charge of the special departments may work side by side with mutual advantage. If the special and general hospitals could co-operate, medical education and scientific work would both gain; and though the number of medical workers need not be reduced, any tendency to excessive competition for hospital patients would be checked.

Mr. Nettleship next inquired how a special branch of practice should be taken up?

The longer a man can keep his hold of a wide field of practice the better for his after value as a specialist, provided he do not endanger the first object of specialism—thorough adeptness in its intricacies. The earlier a man becomes a pure specialist the greater the risk that he will lose in *breadth* of knowledge and judgment, what he gains by *concentration*. The need for specialists more than for others of general medical culture, whether by means of reading, of the medical societies, or of co-operation with colleagues, was strongly insisted upon, in order that the mind might be kept open though the sphere of industry was narrow. It was held that the work of the medical man contains more humanising influences than the every-day work of almost any other occupation, and that *general* culture (however attractive) was, on this account, less imperative for ordinary medical men and ordinary specialists than the need of trying to keep up in some degree with the march of their own profession.

Pluralism in medical appointments was for specialists one of the most effectual checks to isolation and narrowness, always provided that the whole strength be not taken up in the mere routine of the work. And, as Mr. Nettleship here pointed out, although specialism will certainly increase, yet there are many degrees of specialism; and it by no means follows, in the case at any rate of the less intricate special branches, that a man who acquires reputation for some one class of maladies need relinquish the charge of other cases. Routine was an enemy very carefully to be guarded against, and one to whose attacks the specialist is particularly open, because his work is very limited in area, and his responsibility (compared to that of the general physician and surgeon) light.

Another morbid tendency of specialism was to rely too much on local treatment, and especially to drift into the needless employment of strong local remedies, needing skilful use, when weaker ones applied by the patient would do as well.

Mr. Nettleship deprecated the performance of serious and delicate operations on the eye by those whose opportunities of treating eye cases and of habitually handling the eye were few and far between. Though eye operations often looked easy, were soon over, and involved no risk to life, the margin allowable for harmless error in their performance was very narrow. But it was the duty of all students who could possibly afford the time to learn the use of the ophthalmoscope (and of other special aids to diagnosis), the use of which could never lead to anything but good for the patient. Such instruments of research were, however, whether employed for the elucidation of general or of merely local disease, always to be used in general practice as accessories to, not as substitutes for, the more ordinary means of diagnosis.

In regard to the more difficult parts of the special subjects, students who are only able to give a short time to their study should aim less at knowing how to cure a particular case than at learning how to distinguish serious from trivial cases—cases which they may when in general practice safely treat—from those which they ought unhesitatingly and at once to transfer to an expert.

The rest of the lecture was taken up by some remarks on teaching: the impossibility for students of getting too much clinical and demonstrational teaching, and the very sparing use they should make of such teaching, as has no other object than success in the examinations. Examinations were a means, not the end; and no man should go in for the higher examinations, unless he found he could do so without risking the thoroughness of his hospital clinical work.

ST. GEORGE'S HOSPITAL.

THE MEDICAL PROFESSION AND SPECIALISM.

By THOMAS WHIPHAM, M.B. Oxon., F.R.C.P. Lond.,
Physician to the Hospital.

AFTER an allusion to the loss which the School had sustained by the death of Dr. Noad, F.R.S., late Lecturer on Chemistry, and that of two most promising students, Dr. Whipham proceeded to discuss the question of specialism as it affects the public and the medical profession. Starting with the argument that the law of division of labour acts beneficially throughout Nature, he showed that the natural outcome of it is, that specialists must of necessity be produced, both in the animal and vegetable kingdom; that, for instsnce, the pointer, the tumbler-pigeon, and the greyhound are, as shown by Darwin, specialists, which have been created by selection and cultivation; while the vegetable kingdom furnishes familiar examples in the case of many plants now used as food for man. These under cultivation are composed almost entirely of substance, the existence of which in their tissues in comparatively small quantities originally led to this cultivation. But while congratulating man on the great modifications he had effected in the works of Nature for his own benefit, the lecturer proceeded to consider the disadvantages which might result from this development of one particular characteristic in the plant or the animal, and showed, first, that man greatly increased his responsibility thereby; and, secondly, that in some cases the result of this induced specialism was to render an animal, such as the greyhound, incapable of independent existence; the dog thus modified being deprived of the one sense by which it can obtain its food under its natural conditions—viz., the sense of smell. Turning from the lower animals to man, Dr. Whipham raised the question as to whether man in his treatment of himself was not falling into a similar error. Is man so prosecuting the culture of his own brain that some one or more of its attributes are brought into special prominence, while others of equal importance are neglected? Is the tendency of medical

education directed now-a-days unduly to the encouragment of specialists? It must be granted that man's intellect is finite, and that human knowledge is now so extensive that a thorough acquaintance with but few subjects only is attainable, and that man, therefore, must to a certain extent be a specialism. But it was argued that man should strive to render his knowledge as comprehensive as possible, and that he is not justified in setting any definite limit to his studies, especially in the early part of his career. The question of the bearing of specialism on the public was briefly treated, and it was shown that although the public doubtless derived great good at the hands of specialists, yet that if the system be much further extended, the public will suffer, owing to the fact that they will be in the hands of men who study a part instead of the whole, the result of which must be imperfect knowledge, even of the part. If specialism is tolerable in any profession, however, it is particularly so in medicine, in which so many collateral sciences play important parts; but it was strongly urged that no one is qualified to become a specialist until, after years of patient study, he has obtained a thorough and accurate knowledge of all the various branches of his profession, and without which he imposes upon the public and deceives himself by thus limiting the bounds of his work. The adoption of a speciality should be the outcome of an extensive knowledge of medicine and surgery, and not recklessly taken up with as a means of obtaining knowledge on a limited subject, or with a view of pecuniary gain. This power of obtaining, in the first instance, knowledge sufficient to justify them in contracting their field of labour is conferred on but few; it follows, therefore, that specialties, if they are to exist at all, should be confined to those few. The adoption of specialism as a means solely of pecuniary gain was condemned, as degrading alike to the profession and to the individual.

One reason for congratulation the lecturer indicated in conclusion—viz., that the modern method of training the young is chiefly concerned in educating them on truly scientific principles; that it is sending forth men who have learned to think as well as to work—men by whose unfailing labours we hope eventually to banish from our vocabulary such synonyms for ignorance as catalytic action and vital force.

CHARING CROSS HOSPITAL.

THE DIFFICULTIES AND PLEASURES OF MEDICAL STUDIES.

By J. PEARSON IRVINE, M.D., M.R.C.P. Lond.,
Assistant Physician to the Hospital.

THE difficulties which the study of medicine offered having been referred to by the lecturer at the opening of his address, he went on to speak of the pleasures of study, and said that even the mastering of dry details, such as anatomy and botany, might be made an object of interest. The difficulties of accumulating such details became sources of pleasure, provided that the student regarded the facts as stores from which his developing reasoning forces would draw in time all the more and more freely. Sometimes, indeed, this difficulty became absolutely dangerous by its attractions, for the brilliant man is apt to be run away, so to speak, by his imagination, and this to the neglect of facts. The difficulties of the student are well illustrated by the labours of the old masters in medicine. They knew that facts are the food of the busy intellect, and looked upon them as permanently subservient to its exercise. The student of medicine will find the difficulties of his study such as bring delights if he follows this example, and remembers that every fact he attains has a meaning and a purpose, and fits him to become an original thinker and worker, and the more and more fit to practise his future profession. It is impossible to conceive that anyone could find no attractions in the study of medicine, and it is certainly true that the miserable medical student and the gloomy practitioner are not very common, possibly because they find in difficulties their truest and most noble of pleasures. In referring to one difficulty in particular met with in the study of medicine—viz., the multiplicity of subjects—the lecturer said that this difficulty was not without its brighter side. It would be now absurd to attempt to teach the science and art of medicine without division into branches, but this division has not been made to specialise medicine—a careful examination of the system of medical study shows that reformers must have had a constant desire to make subject depend upon subject, and be in constant fear lest changes should interrupt that harmonious blending which is necessary to make a student a sound practitioner. The steady working student quickly sees the interdependence of the different branches, and at once his mind begins to enlarge and his reasoning powers improve. Science, in short, is a social qualification which is a great element of success, and the fact that it is so is satisfactory in one sense, for it proves that the medical profession has risen in the esteem of the educated world, and that the public demand that its members should be educated gentlemen. A student is taught that there is something in the study of medicine beyond a mere routine of questions and answers, something beyond a beaten track, something which points to near or congenial roads. He condemned the system of "cramming," and warned his hearers against drifting into a special line of study, to the neglect of their subjects generally, besides developing "specialties" which no man is fit to practise without a general knowledge of his profession, and which all with such knowledge are perfectly fit to practise.

Clinical Records.

LIMERICK UNION HOSPITAL.

Strumous Disease of the Right Fore-arm.

(Under care of Dr. RUSSELL.)

PATRICK GRIFFIN, æt. 16, has been an inmate of this hospital for the past three years, suffering from strumous disease of the right forearm. From within four inches of elbow forwards, the arm was one mass of sores; there was no power of motion in fingers or thumb. Moreover, the boy's face presented a frightful appearance, it being one vast cicatrix from previous disease.

The disease of forearm had been going on for more than three years, and during that time, every attempt to bring about healthy action had been tried, and found useless. Under these circumstances, I proposed amputation as the only thing likely to improve his condition. The patient, after a while, consented. On 16th ult., I removed it by Teale's flaps, ligatured ulnar and radial arteries, twisted smaller ones, inserted interrupted sutures, the flaps fitted very closely together; lint steeped in carbolic lotion (1 in 20) being applied, a roller bandage was placed over all.

The greater part of the wound healed by the first intention, the ligatures came away on the 10th day. I discharged him on 2nd inst. with a very useful stump, the cicatrix being well behind, out of the reach of pressure.

This case clearly shows that operations performed on strumous persons are just as likely to heal as those performed on persons not the subjects of constitutional disease.

THE favourable death-rate was again maintained in the principal cities of the United Kingdom last week. The mortality per 1,000 of the population was 20 in London, 20 in Edinburgh, 21 in Glasgow, and 29 in Dublin. The lowest rate in the large towns of the second category was reached at Portsmouth with 15 per 1,000; the highest at Norwich with 28.

THE mortality from the principal diseases of the zymotic class is much below the average of the past ten years. Small-pox appears to be almost stamped out in London, where only 2 deaths occurred last week. There were 9 deaths in Dublin from the same cause, but not one in any other part of the kingdom.

Translations.

ON THE PROTECTION OF INFANT LIFE, HOSPITALS, AND CRECHES.

Report presented by Dr. MARJOLIN *to the International Congress of Medicine and Hygiene, Paris,* 1878.

Translated by THOS. M. DOLAN, L.R.C.P. Ed.,
Physician to the Halifax Fever Hospital, and Medical Officer to the Halifax Union Infirmaries.

A CONGRESS, having for its principal aim the study of all questions relating to the preservation of health, and the existence of man, cannot fail of being interested in a subject which, for some years, particularly in France, has excited the gravest attention. We propose dealing with the excessive mortality of newly-born children, with the numerous crimes committed against infants, and the necessity for the re-establishment of "Tours" as a palliative measure.

Few questions, either in moral or political economy, have caused such ardent discussion amongst men of the greatest eminence. Some persist in maintaining that the "tour" is an immoral and dangerous institution, basing their opinions on speculative considerations apart from its practical working, and forgetting that before reforming the morals of Society they have a more urgent duty to discharge. Humanity cries out to us to assist the poor little abandoned creatures, to protect them from death or the bad example amongst which they may be brought up. With reason, then, so many demand the restoration of the "tour." The Senate has taken into consideration the demand of Dr. Brochard, who has so zealously advocated the measure.

It is often asked how a mother can be so unnatural as to abandon her child, when even the weakest animal puts forth all its intelligence and courage to protect its little ones? The animal, knowing neither misery or shame, with the instinct of maternal love unaltered, rises to the level of the most noble human sentiment.

Whatever may be the misery, shame, or debauchery which prompts the woman to forget the most sacred of duties, Society should remember this fact—that too often she is the first cause, by her bad example, and by her indifference to the spread of education amongst the masses. In place, then, of showing herself hard and severe to those who have fallen, Society should redouble her zeal and charity in aid of those who suffer; to rehabilitate them before themselves and the world, and to seek every means of preventing sin and crime. Otherwise she is responsible. I may say, if we rely upon the State or administration no result will follow; for the accomplishment of any benefit each one must put himself resolutely to the task.

If we study the publications on the assistance rendered to abandoned children we shall see that their education, and often even their adoption, has been the work of private benevolence. Administrative charity only begins when the ardour of private charity becomes weak, and then we find rules springing up and multiplying which, arresting all the emotions of the heart, have always as a basis ethics and economy; a convenient excuse for the egoists who, having no other anxiety but saving, show themselves so often indifferent to the most cruel suffering.

If we compare the first epochs of Christianity with the present day we shall see a difference between the times. Then there was ardent charity, which, without inquiring the origin of a child, at once adopted it. No precious time was lost in inquiries, at the risk of compromising the existence of a poor being who has already suffered. It provided for all its wants, and hence, in a moral point of view, it furnishes us with an example, whilst, on the hygienic side it teaches us some excellent lessons. Thus, in the year 315 Constantine, desiring to prevent infanticide and the abandonment of children—common crimes in ancient times—promulgated a law the terms of which are too touching to be omitted. "If a father or mother brings you a child whom their indigence prevents from rearing, your duty is to procure nourishment and clothing for it without delay, for the wants of a child just born cannot be put off. The public money and my own will contribute to this expense."

By this edict Constantine shows us that participation which the State and private initiative should take in the relief of misery. He adds example to precept, and recommends before all to render necessary aid, "because the wants of a child just born cannot be put off." Let the economists and modern moralists meditate on these words, which are the best reply to all their theories.

The advent of Christianity was certainly the epoch of deliverance and salvation for abandoned children. It is useless to recall to mind the sad lot reserved for children born weak or deformed; the poor little beings were exposed or sacrificed. Humanity gained by the laws promulgated by Justinian concerning foundling hospitals, as well as by the different decisions of the councils to preserve from death abandoned children. In 1787 a priest of Milan, by the name of Datheus, established a charity for foundlings—an ideal one of its kind, for not only did it combine the best hygienic conditions, but it provided for the child's education and instruction until it was fit to earn its own living. The deed for the establishment of this house is so curious that I copy it from the Abbé Gaillard.

"Adultery is committed, but the fruit of it is not produced; before receiving baptism the child is devoted to death. We would not see such horrors if we had an asylum to conceal the traces of their shameful crimes. In consequence, I, Datheus, for the salvation of my soul and that of my citizens, ordain that the house I have purchased, contiguous to the church, shall be devoted to the reception of abandoned children. Nurses shall be procured; a trade taught to them when of age; and they shall be free from servitude and free to depart whenever they please."

I am not aware whether our adversaries know this fact, but in any case I recommend it to their attention. It is a beautiful model of charity. The presence of a nurse fulfils a most indispensable condition of hygiene for the life of the child; and a good education and a profession afford the best preservative against vice.

What do we ask for at the present day? The very same thing, viz., the re-establishment of the "tour," with secrecy, and in acting thus we are best defending the interests of morality and humanity and of the country.

Some have said that, "when foundlings do not die they have only a miserable existence, and in place of serving society they are a charge, if not a danger. Population increases sufficiently even when it diminishes. *Laissez faire, laissez passer, laissez mourir*" (*L'Economiste Francaise*, Oct. 13, 1877).

Although the historical portion has been treated with much care in all inquiries, and recently in the remarkable Report of M. Berenger, it may be useful to place under the eyes of the reader some ancient documents to prove how much true charity is superior to the economic measures proposed at the present day. But between a science only based on figures open to dispute, and the grandest of virtues, there is happily no possible contest. Charity must gain the day, because she alone is moral; because she alone understands the true interests of society; and because, a stranger to all administrative and political discussions, she has but one object—to do good. In many towns, as Milan, the good example has been followed of educating all unfortunate and abandoned children, without inquiry as to their origin, and, dating, from the twelfth century, "tours" were established at Marseilles, Montpelier, Bordeaux, Rome, Venice, and Florence. Paris had the Hospice du Saint Esprit, devoted to orphans. In 1445 restrictive measures were

introduced by the act of a King irreproachable in character, Charles VIII., who, in the interests of morality, forbade the reception of children born in wedlock. If we desire to learn the result of these restrictive measures, we must read the historians who have left us the sad relation of the lot of these children. Some were sold to mountebanks or mendicants, and those who escaped premature death went to swell the numbers of our malefactors and "filles perdues." Such were the effects of a measure passed in the name of morality. At the present day we have not the frightful spectacles of children mutilated to excite public commiseration, but we have *en revanche* to grieve over the number of infanticides and abortions. The time has come to endeavour to diminish the number of these crimes, which are a disgrace and danger to society.

How long were these miseries and torments prolonged? History tells us for nearly two centuries, until a man, truly humane, proved to the world by his acts that it was better to succour those who suffered, in place of always invoking morality and economy. This man—or, rather, this saint—went into the streets and alleys collecting the abandoned children; his time was too precious to inquire who they were or where they came from; he took them and carried them in haste to the home he had established for their reception and education.

In place of disinteresting society in their lot, and of asking to what good it was to trouble about these beings without a home, he addressed the powerful of his age, and by his ardent words carried conviction to their hearts, and induced them to aid in the creation of a hospital for abandoned children—one of the noblest works of modern beneficence.

If St. Vincent of Paul could revisit us at the present time, he would probably be told that he compromised morality, favoured laxity of morals, and ruined the State; but this humble priest was none the less a type of the most perfect charity, and the services he has rendered to his country and humanity were greater than those of the men who by their pressure and unhappy influence closed the "Tours."

For the full consideration of this great and difficult question, it is important to call to mind how it has been regarded at different epochs. In 1670 Louis XIV. was so fully impressed with the utility of this institution that he ranked it among the hospitals. He did not consider alone the duty of Christian charity; as a politician, he grasped the immense utility it would be for the State to save so many children, and the terms of his edict prove this in the most positive manner:—"And considering how advantageous the preservation of these children may be, since some may become soldiers and serve in our armies, others artisans, or inhabitants of the colonies we may establish for the good of the commerce of our kingdom, we grant them by our letters patent £8,000 yearly."

Let us compare this edict with this decree of 1811. Is it not remarkable to notice that, with an interval of 150 years, two men of high intelligence should regard as moral and useful an institution which some persons during the last fifty years have endeavoured to destroy and to cry down? They represent the "tours" as ruinous and contrary to morality, though the demand for their re-establishment has no other objects but humanity, morality, and the interest of our country. Unfortunately, the hospice for foundlings became filled with abandoned children, many of whom were the result of legitimate union, and thus they became a serious expense to the Government, and Necker, in 1784, pointed this out to the king; however, with his great intelligence, he recognised the utility and the necessity of the "tours," and in place of demanding their suppression, he added that it was necessary to endeavour to save so many innocent victims.

These words, from a man whose authority in matters of finance cannot be disputed, are the best response to those who maintain that the "tour" is a ruinous institution to a State; still more these words are those of a man cognisant of the laws of humanity, and anxious to respect them.

The Revolution arrived, foundlings became the children of their country; in the midst of disorder, however, and with the desire to prevent abortion and infanticide, succour was offered to every *fille mère* who declared her pregnancy (Law, 28 June, 1793). Singular privilege, which few women ventured to claim; so true is it that those who commit a fault still preserve some modesty which we must respect. From overlooking this trait of the human heart, the system of inquiry as to abandoned children has had such unhappy consequences.

We have now arrived at the decree of 1811, which has been for half a century the object of the most passionate attacks from persons who will not receive any information from those who, by their ministry or profession, best know the moral or physical defects of society. We ask, was this act so immoral and so contrary to the interests of the country as to deserve abrogation without legal decision? On the contrary, it was the result of a conception both humane and politic, and M. Berenger tells us in his Report, "the Emperor was dominated by a superior consideration, viz., to assure, even at great sacrifice, the existence and education of a number of children who might be devoted to death or vice, and thus to preserve for the country a portion of its natural defenders."

The Emperor foresaw from the experience of the past, that by decreeing the legality of the "tour," the number of abandoned children would increase, and as he decreed to prevent this abuse, he imposed the obligation of military service, hoping by this measure to prevent many mothers sending their children to the foundling hospitals.

(To be continued.)

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 9, 1878.

THE INTRODUCTORIES.

IF, as many would lead us to believe, the introductory lecture is to be given up, it will not be without some opposition in favour of a time-honoured practice. At the

majority of both the London and Provincial Schools of Medicine lectures have been delivered, the very scope and character of which show that they should not be discontinued without due consideration. It has been said that they are invariably dry and monotonous discourses, that every year they go over the same ground, and that they are either loaded with matter that is irrelevant to the occasion on which they are delivered, or of advice which, while unnecessary as regards industrious students, will be wholly thrown away upon those who are idly and frivolously disposed. That there is some truth in cynical remarks like these is, nevertheless, no adequate reason why these lectures should be discontinued. Their very title justifies the propriety of giving them, and furnishes them with a *raison d'être* which cannot be easily removed. The only precaution which should, in our opinion, be taken is that they should as far as possible fulfil the object for which they are delivered, and not be made the vehicle of matter that is more interesting to the lay reader than to the student. This time we cannot say that the interests of the pupils have been so ignored by the several lecturers as they have been on former occasions, and if the advice and suggestions advanced were duly attended to, the student would, at the end of his curriculum, find himself well prepared, not only for his pass examinations, but also for entering upon the practice of his profession.

It is, however, difficult for an introductory lecturer to keep exactly to his text. Some little digression from the ordinary path of tutorial exhortation must be allowed, and consequently we may generally divide the subject matter of these lectures into that which more directly concerns the pupil, and that which is chiefly interesting to the general reader.

With regard to the former, we may remark that no sounder or more needed advice was given to students than that proffered by Mr. Macnamara in the course of his lecture. "You might," he says, "perhaps cultivate the sciences elsewhere, but in London there is an accumulation of hospitals, and, from its central position and enormous population, a highly distinguished set of physicians and surgeons to attend the patients in these hospitals, which afford students unrivalled opportunities of learning the practice of their profession. I wish I could impress on you the fact that the work which is carried on in the wards and out-patient department of a hospital should, during the next three years, receive by far the greatest amount of your care and attention; in fact, you can never recover advantages lost now of learning the real work of your life in a hospital like this, where you can study disease at the patient's bedside, aided by men thoroughly conversant with its various phases."

It is unfortunately true that the wards of our hospitals are too much neglected by students, but we have always thought that for this neglect they are not alone to blame. So long as attendance upon long courses of lectures are insisted upon by our examining boards, so long will the student's time and attention be diverted from the wards to the lecture room, from subjects which he can only well learn at a hospital, to subjects which he can learn as well at home. Apropos of this question of over-lecturing, over-examination, and over-theoretical knowledge, the remarks of Dr. Farquharson should not be forgotten. He hoped that one of his successors in the chair would soon be able to congratulate his audience on some limit being put to the area of examinations, as recommended by the Medical Council, and that a thorough comprehension of well-defined principles would be preferred to the feeble smattering over the whole range of knowledge which is the result of the present system . . . . . Culture and general information will matter little if we cannot do something for out-patients, and if we cannot show him that we take a real interest in his case. . . . . Now in order to acquire a real working knowledge of our profession, ward work is of first importance, and time must be made for this at all hazards; for here we see types of disease, and learn the true principles of diagnosis and treatment. It is undoubtedly a defect in the London system of medical education that no facilities exist, as in connection with the Edinburgh dispensaries, for seeing patients at their own homes. This is, after all, the best preparation for private practice, and probably the out-patient department is the nearest substitute which we can offer here."

We have always spoken in favour of athletic exercises, provided they are kept within due bounds, and are systematically conducted. We are therefore glad that they did not escape the attention of Dr. Farquharson. Perhaps, however, he went too far in saying to medical students, "a too exclusive devotion to mental training will only make you narrow-chested, if possibly broad-minded, dyspeptics, unable to take your proper place in the race for life for lack of physical power, and breaking down early from a sheer wearing out of an ill-developed and ill-exercised machinery."

We doubt whether a student's health often breaks down from over study, and we are afraid that other and very different causes too frequently tend to undermine his health and render him, either morally or physically, unfit to practise his profession.

Among the subjects of more general interest than those appertaining to the education and duties of the medical students, the most remarkable is the one to which Mr. Macnamara made particular reference, and on which he could speak from a large experience. We allude to the very interesting remarks he made on the relation which subsisted between European medical practitioners and the natives of India. As his observations on this point will be found in the abstract of his lecture reported in our last issue, all we need say now is that recent and even current events in India invest those observations with a peculiar interest, and make us hope that the civilising influences from our sway in the East are not attended with the disadvantages he speaks of to such an extent as he would lead us to suppose.

It was only natural that Drs. Edis and Nettleship should say something in behalf of those special departments of medicine with which they are respectively associated. Dr. Edis drew particular attention to the neglect of obstetric medicine, to the manner in which this art was ignored by the College of Surgeons and the Medical Council, and the absence of any distinct obstetric board or centre of education. But the most suggestive remarks were those he made in reference to preventive medicine, as applied to parturition and the diseases of women and

children. These are well worthy of the serious attention of the profession, as his suggestions, if they could be practically and generally carried out, would open out a new field of hygienic and preventive medicine. He very justly observed that the triumph of modern surgery was its conservatism, that of medicine, its preventive aspect, and not until midwifery has been placed on a corresponding footing could we expect to reap the advantages that an intelligent consideration of the question would ensure. If only we were entrusted with the management of the pregnant woman, many a case of serious uterine mischief would be discovered and remedied before the evil had been allowed to go on to a dangerous extent. Retroversion of the gravid uterus, miscarriages, extra-uterine gestation, and several other diseases or accidents incidental to the puerperal state, might be prevented or more easily remedied if taken in time. We must now draw these remarks to a close, but before doing so we cannot refrain from noticing a very just observation made by Mr. Nettleship in the course of a lecture that was chiefly devoted to specialism in medicine, especially as illustrated by ophthalmic surgery. "Another morbid tendency of specialism," he said, "was to rely too much on local treatment, and especially to drift into the needless employment of strong local remedies needing skilful use, when weaker ones would do as well." There can be no doubt that this is a very common failing of special practice, and an error which specialists cannot too carefully avoid. Too great reliance upon local remedies, to the neglect of proper constitutional remedies, is more likely to be the fault of those who restrict their practice to one disease, than of those who are in the habit of treating most of the maladies to which the human frame is liable, who have daily experience of the complications and associations of disease, and who are, therefore, by the very exigencies of their calling, often more competent to take a comprehensive view of disease than the specialist himself.

THE TWENTIETH CLAUSE IN THE REPORT OF LORD CRANBORNE'S COMMITTEE.

In a recent number we commented shortly on the Report of Lord Cranborne's Committee, and ever desirous of giving credit where it is due, we remarked on the favourable character of many of the recommendations, put forward in the published reports of the Committee's labours.

It is with all the more regret, therefore, we feel compelled to animadvert in the strongest terms on Clause 20, if the report which we feel assured will, in the event of its becoming embodied, as at present framed, in the forthcoming warrant prove injurious to the scheme. Stripped of verbiage, clause 20 may be nakedly construed as a barefaced suggestion, to render the ten years' *fiasco* a less pressing evil, by attempting to fill up existing and future vacancies from colonial and other sources; the men themselves virtually receiving their appointment from the Director-General of the time being, *sans* examination, and with only the clinging faith and humble truthfulness of the nominee and protégé as a recommendation.

That this is a consummation devoutly wished for by the Army Medical wire-pullers we feel assured; an opinion is said to have been expressed by one of the *Dei ex machinâ*, that the existing army surgeons must give place to men obtained in a different manner, before the whole of the departmental case can be got to run smoothly in the grooves marked out for it by a superior intelligence. The judicious working of Clause 20 will supply men of a stamp unlikely to cause much expenditure of departmental oil in the lubrication of its movements, and the machine may be trusted to go a fair pace on ordinary occasions, though consuming very indifferent fuel.

Now the indifferent quality of the medical supply for our army, once this proposed abolition of competitive examination becomes *un fait accompli*, is certain, and to be deplored. The suggestion to have one half the men enter through the competitive portal, we look upon as mere dust thrown into the public eyes, and as certain not to remain in force over one examination. In fact, the suggestion carries its own germ of disintegration, no one will be fool enough to undergo a special examination when a nomination can be easily procured, and when, were he to pass a brilliant examination, he would be in no better position than the Director-General's *cadet* fresh from the Australian bush, the Canadian backwoods, or the purlieus of our large cities.

It is to prevent, if possible, the Department from sinking again into the slough, and becoming indeed a refuge for the destitute, that we feel compelled to expose the blot in the Committee's report; believing as we do that in this respect we are in unison with the profession at large and the lay public.

We are convinced that it is not a desirable consummation to entrust our soldiers' lives to the *omnium gatherum* of the British and Colonial Schools, with the sole safeguard of a fallible Director-General's warranty. The Department, which the fostering care of many eminent men has made successful in improving the health and lessening the death-rate of the British soldier, ought not now to be swamped with men whom it would be flattering to call mediocre.

We are asked to accept this ruthless change of front as an earnest of the desire of the Committee to establish a department renowned alike for economy, efficiency, high medical attainments, and improved social status. *Credat Judæus.*

IDIOPATHIC OR PERNICIOUS ANÆMIA.

Although this rare and fatal form of anæmia was described nearly forty years ago, and has recently attracted a good deal of attention, there are many who are not aware of its existence, or who are but imperfectly acquainted with its general characters and clinical history. Five or six years ago we were called to a case of this disease, in which an eminent physician, who was called in consultation, was so far from recognising its nature as to give a favourable prognosis. Our patient was a young married lady who had, previously to her illness, enjoyed pretty good health. She soon began to complain of great languor and debility. She also lost her usual colour, became pale, was low spirited, had no energy either of mind or body,

and at last became so weak that she was obliged to take to her bed. Neither could we nor the physician above-referred to discover any cause which could account for her remarkably weak and anæmic condition. She soon afterwards died, and on a post-mortem examination the brain and all the other organs of the body were found in a very anæmic, but otherwise healthy, state.

Considering, therefore, the little that is known respecting this rare but fatal affection, we shall draw the attention of the reader to a valuable contribution to its history and clinical aspects which appears from the pen of Dr. Fred. Taylor in the last issue of "Guy's Hospital Reports." It is a curious but significant fact that Biermer has been recently describing under the name of progressive pernicious anæmia, this disease as a new malady; but Dr. Taylor very conclusively shows that it was recognised and very accurately described by Addison nearly forty years ago, and that since then it has been more or less constantly under the notice of the profession in England. Dr. Quain, for instance, states that he had many years ago a case in the person of a young man. Bright and Addison were consulted, and the latter at once pronounced upon the fatal nature of the disease, at the same time bringing to the recollection of Bright a similar case on which they had previously met. Again, Dr. Addison, in his work on supra-renal disease, distinctly states that it was whilst seeking in vain the cause of this form of anæmia that he "stumbled" upon the disease of the supra-renal capsules with which his name is so generally associated. "For a long time," he says, "I had from time to time met with a very remarkable form of general anæmia occurring without any discoverable cause whatever, cases in which there had been no previous loss of blood, no exhausting diarrhœa, no chlorosis or purpura, no renal, splenic, miasmic, glandular, strumous, or malignant disease. Accordingly, in speaking of this form in clinical lecture, I perhaps, with little propriety, applied the term, idiopathic, to distinguish it from cases in which there existed more or less evidence of the usual causes of the anæmic state. The disease presented in every instance the same general character, pursued a similar course, and with scarcely a single exception, was followed after a variable period by the same fatal results." Addison then goes on to describe the symptoms, such as pallor, languor, breathlessness, and other symptoms of anæmia, stating further that on examining the bodies of such patients after death he failed to find any organic lesion which could be personally assigned as an adequate cause of such serious consequences. In 1849 Dr. Addison read a paper on the disease before the South London Medical Society. In "Guy's Hospital Reports" for the year 1855 it was alluded to by Dr. Wilks as a well recognised and established form of disease; and in the same "Reports" for 1857, Dr. Wilks gives several cases which had been under the care of the physicians to the hospital, who had accepted the term idiopathic anæmia as denominating a well recognised affection. In the "Pathological Transactions" for the year 1857, Dr. Bristowe describes the case of a young man who died with extreme anæmia where no organic disease was found after death. In 1862, a case occurred under the care of Dr. Habershon, and was published by him under the head of "Idiopathic Anæmia" in the *Lancet* of the following year. Two cases occurred in 1868 and 1870 respectively, under the care of Dr. Wilks, and were diagnosed as "Idiopathic Anæmia." Since that time nine or ten other cases have been admitted into the wards of Guy's Hospital, and are fully reported in Dr. Taylor's paper. In all, Dr. Taylor cites twenty-three cases, a careful perusal of which will give the reader a good idea of the general character and clinical history of this obscure and fatal disease. Thus it will be found that all the cases were characterised by most of those symptoms that are noticed in ordinary anæmia. There was great and progressively increasing languor and debility, with indisposition to any kind of exertion, either of mind or body, tendency to giddiness and faintness, palpitation of the heart, breathlessness on the least exertion, loss of appetite, thirst, sickness or actual vomiting, pains in some part of the body, constipation of the bowels, and sometimes diarrhœa, frequently epistaxis or some other form of hæmorrhage, irregularity or excessive quantity of the catamenia or amenorrhœa, or tendency to abortion with severe hæmorrhage. There was, in most of the cases, great pallor of the countenance which was often of a lemon-yellow tint, conjunctivæ of a pearly appearance, and sometimes tinged yellow, emaciation, or a flabby condition of the muscles, or a waxy condition of the general surface without emaciation, and in most cases an œdematous state of the ankle.

We forgot to mention that in the case which came under our own observation, there was a remarkable prominence of the eye-balls, and we find that in Dr. Taylor's fifteenth case the same symptom was observed. Sickness or vomiting, and some form of hæmorrhage, are very common symptoms of idiopathic or pernicious anæmia. Hæmorrhage of some kind or other, especially epistaxis, was present in a third of the cases to which we are now referring, and vomiting in about the same proportion. A hæmic murmur was, in many cases, heard at the base of the heart, and the urine was of low specific gravity, but generally contained little or no albumen.

With regard to the post-mortem examinations of the cases cited by Dr. Taylor, it cannot be said that any appearances have been found that can throw any light upon the nature of the disease. In all the cases there was a remarkable anæmic condition of all the viscera. There was also, in many cases, well-marked fatty degeneration of the heart, and less frequently a fatty condition of the liver and kidneys. In other respects, all the organs of the body were in a healthy state. The liver, kidneys, stomach, spleen, supra-renal capsules were, with the exceptions above-mentioned, always found in a normal condition. Cases 15 and 16, however, were both somewhat complicated, the one with great enlargement of the spleen and a temporary leucocytosis; the other with slight albuminuria, acute endocarditis, and general enlargement of the abdominal organs. It is on record, observes Dr. Taylor, that in each instance the probability of the case being one of idiopathic anæmia was discussed before death. But the large size of the spleen in Case 15 would make one hesitate to set it down as a typical example of idiopathic anæmia; while, in the other case, Bright's disease had probably a share in it. In both cases, however, the intensity of the anæmia was greater than could be accounted for by the lesion found; while, on the other hand, the heart presented the condition commonly present in the idiopathic disease.

Notes on Current Topics.

Superannuation of Poor-Law Medical Officers in Ireland.

At a special meeting of the Board of Guardians of the Magherafelt Union, held recently, it was resolved to allow Dr. Maxwell, who had been medical officer of the Moneymore Dispensary District for forty-five years, and who, from ill-health and advanced age, was obliged to resign, a superannuation of two-thirds of his income, amounting to £86 13s. 8d., exclusive of vaccination and registration fees, his yearly salary having been £130 per annum.

An order was subsequently received from the Local Government Board, approving and confirming the resolution, notwithstanding which a notice of motion was put forward by a member of the Board of Guardians, that he would move, "That the resolution of the 18th of July last be rescinded, and that Dr. Maxwell does not get his superannuation allowance, as it comes off the Union at large."

Subsequently, this member brought forward his motion, and, although it was plainly told him that the Local Government Board has sent in a sealed order of sanction and approval of Dr. Maxwell's superannuation allowance; still, the previous resolution was rescinded.

This speaks volumes. What is to become of the medical officers of unions, if, after having toiled and worked, as in the present instance, through a period of nearly half a century, and being worn out in the public service, they are to have no compensation, no retiring allowance for the remaining portion of their lives? This is a glaring specimen of the working of the law as at present constituted, altogether in the power and under the control of the Poor-law Guardians. It is imperative that it should be in the hands of the executive, and that the medical officers of unions should be paid by the Government, at least, the one-half, as is done, while they are enjoying their salaries.

There is some sure compensation for all holding civil and military appointments, and surely the medical men are not the least useful and worthy of consideration; no men run greater risks in the cause of humanity, or are more exposed from the nature of their arduous duties, to exposure of cold, infection, and the various ills of life, with very insufficient means to enable them to make provision for themselves, and very probably, a large family.

Medical Agents.

We are often asked to give publicity to cases of swindling in the purchase of practices, and though the victims have our sympathy, yet as the law of libel has to be considered, we are unable to expose the sharpers.

We are told of instances of the following kind:—

A. advertises in the usual way a practice worth £1,000, premium £700.

B. is attracted by the advertisement and, after examining the books, purchases it. But after a time he finds that, in place of making £1,000 a year, he does not receive £100, and discovers that the books have been "doctored." He has redress at law, but this is not always satisfactory, as the seller of the practice may not be found, or when pressed for the money pleads insolvency. Sometimes half the premium is returned.

There is great discretion required in the sale and purchase of practices. Medical men are, unfortunately, as a rule, bad business men and bad financiers, though there are some clever ones who are able to trade upon this weakness. As several correspondents have lately written to us on this subject we would certainly advise before purchasing, a consultation with a medical agent, whose business it is to estimate the value of practices.

Keighley and the Vaccination Acts.

At the meeting of the Keighley Board of Guardians lately the clerk read a letter from the Local Government Board, pointing out that the law with regard to vaccination was not being carried out as it ought to be, and asking what steps the guardians proposed to take to remedy it. Enclosed was an abstract of the returns for the last three years, from which it appeared that in Keighley there had been 3,404 births, of whom only 1,082 had been successfully vaccinated, while 1,210 were unaccounted for. It was resolved that the vaccination officers should be paid by fee, at the rate of sixpence for each successful vaccination, and that an answer to that effect should be forwarded.

There is every reason to believe that this neglect of vaccination is not confined to Keighley, although perhaps not to the extent above indicated. It must not be wondered at if small-pox should prove very fatal and spread with great rapidity in districts where only a third of the children are successfully vaccinated. With regard to the suggestion made by the Keighley Board of Guardians, it may be said that the remuneration of the vaccination officer according to the number of successful vaccinations will make them all the more interested in seeing that the Vaccination Acts are duly carried out; but we doubt whether the fee of sixpence will be sufficient temptation to induce them to perform their duties in a proper and systematic manner.

Turpentine Vapour Baths in Rheumatism.

Bremond *fils*, in a pamphlet on this subject (*Centralblatt f. d. Med. Wiss.*, No. 8, 1878, and *Practitioner*, Sept., 1878), recommends, in cases of chronic rheumatic or gouty disease, the employment of these baths, which may be administered by placing the body of the patient in a wooden chest, the head remaining free. Into this chest the vapour of water is conducted, loaded with a fine spray of oil of turpentine. The temperature of this vapour bath is 40°-45° C., and the time during which a patient may be exposed to it is about fifteen minutes.

We do not question the efficacy of these baths, but would ask Dr. Bremond to which of the ingredients he would attribute the good effects obtained from them—the aqueous vapour itself, or the turpentine with which it is impregnated? The therapeutic value of vapour baths in the treatment of rheumatism is generally acknowledged and is easily accounted for, and it is quite possible that the hot vapour, and not the turpentine, was the active agent in the cure of the cases in which these baths

were tried. Before we can draw any conclusions respecting the efficacy of medicated vapours, we must first gauge the value of the simple vapour of water used under circumstances which will exclude as far as possible any fallacy that might vitiate the conclusions drawn from its employment. Unfortunately, this precaution is seldom adopted, and hence we are constantly having therapeutical records and observations that are comparatively of little value, and which are, therefore, soon neglected and forgotten.

"The Prescribing Chemist Again."

UNDER the above heading our able contemporary, the *Students' Journal and Hospital Gazette*, makes some very just remarks on an inquest that was recently held by Dr, Hardwicke as to the death of a youth, æt. 18, who died while under the care of a chemist, and from a disease which appeared to have been brought on by excessive bathing. The deceased had paid the chemist two or three visits, and as he was getting worse instead of better, his father suggested that a doctor should be sent for, when the chemist (Evans) said in reply, "No, I do not see any fear of anything." He was then very prostrate, but was taking medicine Mr. Evans had supplied. He got worse, and on Sunday morning his father went for Mr. Thompson, but when the latter arrived the lad was dead. A *post-mortem* examination revealed an abscess of the internal ear with effusion into the base of the brain, and there can be no doubt that the disease was caused by prolonged immersion and constant diving in cold water. Whether, however, his life might have been preserved had he been under the care of a regular practitioner is not the question. For a chemist to persist in treating a case of this sort, in spite of the expressed wish of the deceased's father, was certainly a flagrant instance of illicit practice, and we should not be surprised if we heard of this case again, notwithstanding the jury so far forgot their duty to society as to altogether ignore the censurable part which the chemist played in the case.

Lambeth Degrees.

ARCHBISHOP TAIT, while he intends to dispense doctorates as before at his will and pleasure, has determined that his degree of M.A. is from December next to be a matter of examination. The standard is to be that of "honour examinations in the Universities." There is to be due choice of subjects, among which, however, Greek and Latin are not to be compulsory, though English literature is. To qualify for examination, formal testimonials required for University matriculation, with the addition of a certificate from the Bishop of the diocese whence the candidates come, are required. As the *Daily News* puts it, "the Archbishop has evidently determined to make himself into a university with all the paraphernalia which the modern conception of such a body requires." *Nature* observes that both the London Examining Board (commonly called the London University) and Owens College are to be congratulated on the publicity now given to this singular system of granting degrees. This last grotesque thing calling itself a university will either make the power of granting degrees, and degrees themselves ridiculous, or direct attention to the whole subject.

Vomiting of Pregnancy.

WE are informed by the *Lyon Médical* for April, 1878, that Dr. Lubelsky, of Warsaw, has added another to the many means that have been recommended for the cure of this troublesome affection. On the first appearance of the vomiting, or even of the nausea which usually precedes it, he employs Richardson's spray apparatus to direct a douche of atomised ether on the epigastric region, and on the corresponding part of the vertebral column; this is continued 3-5 minutes, or even a longer time if the patient bears it well, and may be repeated every three hours. In obstinate cases chloroform and ether are used alternately. The success of this method of treatment is said to be constant and complete. M. L. adds that the same remedies are equally efficacious in chorea and in attacks of asthma and whooping-cough.

Morphia Poisoning Treated with Atropia Hypodermically.

As the treatment of opium poisoning by belladonna is just now attracting a good deal of attention, it is as well to keep our eye upon any cases in which the latter drug, or its alkaloid atropia, appear to have been successfully employed. In the *Cincinnati Lancet* Dr. Shipman records a case in which some morphia was given to a child, æt. 6, in mistake for quinine, and in which complete narcotism had taken place before the mistake was discovered. Atropia was administed by hypodermic injection. In less than twenty minutes a marked effect was produced on the pupil. This, with frequent injections of strong coffee per rectum, constituted the treatment, and in twenty-four hours after the poisonous dose had been taken, Dr. Shipman had the pleasure of seeing the little patient out of danger.

Treatment of Nocturnal Enuresis.

DR. KELP, says *La Presse Medicale*, has treated this rebellious affection very successfully with the hypodermic injection of the nitrate of strychnia. The salt was injected in the neighbourhood of the sacrum; and on one occasion a small dose was sufficient to arrest the disease for a time. When it returned, the injection was repeated. His last case was that of a young woman, æt. 18, who was troubled with this affection every night for several months after an attack of scarlet fever, and in spite of every precaution she took to prevent its occurrence. The first injection of strychnia procured for her some rest for several nights. This treatment was continued until the cure was complete. The patient was otherwise strong and in good health, and had never suffered from the affection before.

The Royal Zoological Society of Ireland

IT is well known that the Royal Zoological Society of Ireland has long enjoyed a notable pre-eminence in the successful breeding of lions, which have been uniformly brought to perfection in all respects, while the animals bred elsewhere have been affected with cleft palate and other diseases of arrested development. The Council of the Society attribute this success to the fact that while in other menageries the animals are fed on legs of beef, of which they could only gnaw but not crush the bones, in the Society's Gardens they are fed—to a certain extent

—on goats, of which the entire carcase, bones and all, is consumed.

The New Charter of the Irish College of Physicians.

At a special meeting of the College, held on Wednesday, October 2, a letter from the Lords Justices of Ireland, enclosing the copy of a draft charter as settled by the law officers of the Crown, was read. The draft charter, having been read, was unanimously approved by the College. The charter includes the following provisions, long wished for by the College, viz.:—1. The right of voting for President, Fellows, and officers by ballot, a majority of votes to decide the question. 2. The institution of a grade of Members intermediate between the Fellows and Licentiates. 3. The right of appointing additional examiners besides the Censors of the College. 4. The power to accept the resignation of any Fellow, Member, or Licentiate. The proposed charter also provides that the existing licentiates may become members of the College without fee or examination, if they comply with the rules laid down by the College to regulate the election of members.

The Mortality of Dublin.

The death-rate of the "second city in the Empire," which, on a remission of the small-pox epidemic, had fallen below its usual amount, has again risen to its normal standard of unhealthiness. Its amount, even when least, was considerably above that of London, Edinburgh, and Glasgow. In the week ending September 28, the latest for which we have official figures, the mortality had again increased to an excessive amount. The death-rate was 28·9 per 1,000 of the population, being nearly 30 per cent. greater than that for same week of London (19·8), Edinburgh (21·1), or Glasgow (20·3). To account for this terrible mortality, the Public Health Committee of the Corporation can find none of its habitual excuses. The weather has been fine, the chest diseases not numerous, the accidents few. The loss of life is due, admittedly, to dirt diseases, which pursue their march unchecked in presence of the helpless incapacity of the corporation authorities. The loss of life, the destitution of families, and the money loss involved in the withdrawal of labour from the community, which this rate of mortality involves, are perhaps, hardly appreciated. The population of the Dublin Registration District is 314,666. If 28·9 per 1,000 of these die, the loss of life estimated upon this week's rate would be (nearly) 9,420 per annum. If the same population resided in London, the loss of life would be 6,280. So that the Dublin people pay for the insalubrity of their city, a toll of 3,140 lives a year. We must leave to others the task of calculating the number of paupers which the loss of 3,140 lives annually places upon the rates, and the amount of wealth sacrificed by the loss of the labour of those amongst that number who are, or are likely to be, bread-earners.

We are not generalising the exceptional mortality of one week. The death-rate is always and permanently largely in excess of that of the most unhealthy manufacturing towns in England. It is so, we firmly believe, in consequence of the complete incapability of the sanitary organisation of the city. There is, in fact, nothing worthy of the name, and Dublin is very much in the position of a crowd huddled together without any care for the requirements of their health. Its citizens have good water, but nothing else—no proper sewerage—no efficient ventilation—no midden-cleaning arrangements—no control of building. The system is chaos, and the result decimation.

Unprofessional Conduct.

A coroner's inquest has been lately held at Freemantle, Hampshire, which has excited much interest in that town, and in connection with which the conduct of one of the medical witnesses was open to very grave objections. It appears that the deceased suffered from heart disease and a severe attack of angina pectoris, for which his ordinary medical attendant, Dr. Godfrey, administered some medicine which he thought most likely to relieve the sufferings of his patient. Subsequently, however, another doctor was called in, who, judging from the evidence, which is very fully reported in the *Hampshire Advertiser*, seeems to have thought that the medicine administered by Dr. Godfrey was of an improper description, and that it had accelerated the death of the deceased. At all events he went so far as to seal up the bottle containing the remainder of the medicine, which he fancied smelt strongly of chlorodyne, and to hand it over to a police constable with the request that an inquest might be held. The widow of the deceased also swore that this gentleman told her that Dr. Godfrey had given her husband a double dose of chlorodyne, and that he (Dr. Godfrey) was a scoundrel, and ought to be transported for giving the man such medicine. We do not for a moment believe that any respectable practitioner would use such language. Dr. Morris denied having said anything of the kind, and it is to be hoped that the widow "was in error" when she made such a compromising statement. He admitted, however, that he had sealed up the bottle, which the police-constable deposed to having received, and to have given to Dr. Drayman. The latter gentleman made the post-mortem examination, and also found that the medicine contained no chlorodyne or anything that could have accelerated the death of the deceased. Altogether the conduct of Dr. Morris appears to have been such as to give some countenance to the various rumours that were circulated, and which, unless contradicted, were calculated to damage the professional character of Dr. Godfrey. Both Dr. Godfrey's solicitor and the coroner, concurred in saying that an imputation of a very grave character had been made against Dr. Godfrey, and that this imputation was in a great measure to be attributed to the behavior of Dr. Morris, who, they said, "originated the inquiry!"

It is a very disagreeable task for us to have to comment upon a case like this. Fortunately, we need say but little. The facts speak for themselves. Everyone knows that a man may die of angina pectoris soon after, or in the very act of taking a dose of medicine; and for a brother practitioner to come in under such circumstances, seal up the bottle containing the medicine, and send it off to a police

constable, was so unprofessional and so defamatory on his part, that we can scarcely find terms strong enough to express the impropriety of his conduct. He could scarcely have done more had he suspected the patient to have been wilfully poisoned ; and had he even thought that an error of judgment had accelerated the man's death, he might have screened the professional character of his brother practitioner rather than have exposed him to such imputations as were subsequently made against him. We need scarcely say that the jury completely exonerated Dr. Godfrey from all blame ; and we sincerely sympathise with him for the annoyance, the trouble, and the expense, in which, through no fault of his own, this inquiry has involved him.

Necessity for Phosphates in Diet.

By experiments on young animals, M. Lehmann has shown that a diet containing an inadequate amount of phosphate materially affects the skeleton. In the case of a young pig, which was fed for 126 days on potatoes alone, rachitis was the result of this defective diet. Other young pigs from the same stock were fed the same time on potatoes, soaked flesh, meal, and phosphate in addition, and their skeleton was of a normal character. It was found, however, that there were considerable differences in these animals, according to the nature of the phosphates given : for two of the animals, fed with phosphate of potassium, had more porous and specifically lighter bones than other pigs fed with this salt in combination with phosphate and carbonate of calcium.

The Cause of Leukemia.

In the *Deutsches Archiv. fur Klinische Medlcin*, Aug. 20, 1878, Dr. Naumann has an article setting forth the grounds for believing that leukemia takes its origin in a disturbance of the functions of the liver, consisting in an overloading of the blood with albumen and its derivative forms, which do not undergo normal changes in the liver, especially the transformation into fat. From this theoretical discussion he advances the suggestion that, from the known effects of phosphorus on the hepatic functions, it is possible that this drug may prove curative in leukemic cases ; and in view of the notoriously intractable character of the disease, it is worth a trial.

The Metric System.

Among the resolutions passed by the International Congress on Weights, Measures, and Coins, which has just been brought to a close in Paris, is one deploring that England, Russia, and the United States, still hold so much aloof from the metric system, and expressing an opinion that the Governments of those countries should be solicited to "give effect as early as possible to an act of progress so eminently useful to science, commerce, and international relations, as the adoption of the metric system would be."

Strychnia Poisoning.

J. W. Holland, M.B., reports in the *Louisville Med. News*, a case of strychnia poisoning, in which the subject took five grains in four ounces of whisky ; had clonic spasms of muscles generally, loss of volitional power over limbs, and pulse of 120. A mustard emetic emptied the stomach, and he was given bromide of potassium and chloral, was liberally chloroformed, and ultimately recovered.

Medical Society of London.

The subject for the award of the Fothergillian Gold Medal, value twenty guineas, for competition in March, 1879, is, "General Paralysis of the Insane ;" for March, 1880, "The Pathology and Treatment of Dysmenorrhœa."

Hodel's Head.

Virchow, we believe, asked for the head of Hödel. His request was refused. Murderers' skulls are becoming rare. In England it seems that we cannot now even obtain casts of our criminals, if the following be correct :—

"Mr. Cross has thought it advisable to give directions that the practice of allowing casts to be taken of the heads of condemned criminals, should be discontinued.—A. J. O. Liddell."

The object of this decision it is difficult to even guess at. It surely cannot be to arrest the study of comparative phrenology or craniology. We are fast drifting into a sentimental cycle, in which a false humanity plays too important a part. It would not surprise us to hear that a society was established to suppress the practice of dissection, so that our schools of medicine would then be rendered virtually useless.

The annual rates of mortality, according to the most recent weekly official returns, in Calcutta were 29, Bombay 36, Madras 40 ; Paris 22 ; Geneva 14 ; Brussels 20 ; Amsterdam 21, Rotterdam 24, The Hague 23 ; Copenhagen, 24 ; Stockholm 22 ; St. Petersburgh 34 ; Berlin 31, Hamburg 29, Dresden 26, Breslau 27, Munich 36; Vienna 21, Buda-Pesth 42 ; Rome 24, Turin 21, Venice 2 ; Alexandria 43 ; New York 27, Brooklyn 22, Philadelphia 18, and Baltimore 21.

A prize of 10,000 francs, founded by Dr. Guinard, has been awarded in Belgium to M. Melsens, for his discovery of the effects of iodide of potassium as a means of removing poisonous metals, such as mercury, lead, &c., from the body. He had already previously received the Montyon prize from the French Académie des Sciences.

Literature.

HAVILAND'S GEOGRAPHY OF HEART DISEASE, CANCER, AND PHTHISIS. (a)

This is a worthy record of honest labour in a little-cultivated field. It illustrates anew the many-sidedness of medical studies, and shows that valuable practical information may be derived from unexpected sources.

Mr. Haviland points out with clearness the character and effects of the different winds which affect the country.

(a) "Haviland's Geography of Heart Disease, Cancer, and Phthisis." London : Smith, Elder, & Co. 1875.

The influence of rivers, estuaries, &c., upon the access of sea-winds to the interior is indicated. Discussing the distribution of heart disease and dropsy, the author says, that "the low mortality in two-thirds of the coastal divisions (of the registration divisions) is suggestive that proximity to the sea coast and the winds directly received from the ocean, may influence the causes of heart disease." It seems from the statistics given that the mortality is highest in the midland counties, which are least exposed to sea breezes. Incidentally, Mr. Haviland points out forcibly the fallacies that pervade the vital statistics of most watering places. He shows that erroneous impressions of salubrity may be conveyed when large and healthy rural districts are grouped with unhealthy urban districts, the result being a small or moderate rate of mortality for the whole; while, if the death-rate of the urban portion of the district alone were furnished, some apparently healthy watering places would prove to be mere whitened sepulchres.

Having shown that heart disease prevails in districts which are but imperfectly flushed with breezes, Mr. Haviland expresses the opinion that the great majority of heart disease cases in our country have their origin in rheumatism. Renal disease has not the prominent position assigned to it that might be anticipated.

The next section of the work is devoted to an inquiry into the "Geographical Distribution of Cancer in Females." Between the years 1851 and 1861, 60,196 persons died of cancer in England and Wales, the mean population then being, in round numbers, 19,000,000. Of these, 42,137 were females and 18,059 males. The great preponderance of females over males is well known, and is reasonably attributed to the presence in females of organs which are specially liable to be attacked with cancer—the breasts and uterus.

Viewed geographically, it is found that the mortality from cancer is greatest in flat and easily flooded districts. It is curious that the mortality from cancer is highest where the general mortality is lowest; thus, the mortality from all causes is greatest in the North-western district, but that arising from cancer is least. We must point out here that there is some risk of running into error if we attribute the comparative immunity from cancer in any district to geographical causes alone; for, before arriving at such a conclusion, it is necessary that we should inquire whether the general mortality among *children* in the favoured districts is excessive. This is essential, because it appears that cancer is but little fatal in childhood in comparison, that is, with adult age. Now it so happens that the North-western division includes Lancashire and Cheshire—manufacturing districts which enjoy an unenviable notoriety for excessive mortality among infants and children. If, therefore, this possible source of error were eliminated, it is probable that no great inequality in respect of cancer mortality would be discovered between the different districts.

In corroboration, it is worthy of mention that when referring to the metropolis, Mr. Haviland shows that the low cancer mortality districts are chiefly situate in the East-end, where, in fact, the general and, doubtless, infantile mortality is highest. The greater the number of individuals who grow up the more, proportionally, will there be to die of cancer, for cancer is eminently a disease of adults.

We desire not to be misunderstood in making these comments. We do not say that Mr. Haviland is altogether in error, but merely point out certain sources of fallacy which should be eliminated before his conclusions are implicitly accepted.

It may be that the aphorism Mr. Haviland propounds is strictly true—viz., that "Cancer does not thrive on a high and dry soil," but it needs fuller justification than it at present commands. We cordially join in the worthy aspirations of the author that we may, by studying the geographical distribution of disease, learn how to "prevent many unnecessary diseases and a great amount of premature death," and we earnestly thank him for his valuable contributions to so desirable an end. If Mr. Haviland have not taught us the whole and complete truth respecting the geographical distribution of cancer, he has made a very valuable contribution thereto, and one which will always deserve respectful consideration.

The third section of the work is devoted to the "Consideration of the Geographical Distribution of Phthisis in Females." It is known that this distribution is almost the converse of that which obtains in heart diseases and dropsy, and differs remarkably from that of cancer.

In this connection it is important to bear in mind the conclusions arrived at by Dr. Buchanan respecting the influence of dampness upon the production of phthisis. Dr. Buchanan pretty conclusively showed that dampness of soil coincides with high mortality from phthisis. Mr. Haviland's researches, to a considerable extent, support Dr. Buchanan's conclusions. It is obvious, however, that there are still unknown factors in the etiology of phthisis, but investigations such as Dr. Buchanan, Dr. Bowditch, of America, and Mr. Haviland have undertaken will do much to throw light upon present obscurities.

Mr. Haviland's excellent work is furnished with three fine maps illustrating, respectively, the "Geographical Distribution of Heart Disease, Cancer, and Phthisis."

In concluding this brief review of an admirable pioneer work, we would cordially recommend it to the profession as original, highly suggestive, and instructive. It deserves to be read and studied by every practitioner of medicine as well as by health officers.

DISEASES OF THE CHEST. (a)

THE present volume is the third of a series intended to be annual, with the previous numbers of which our readers are, no doubt, well acquainted. It is to be regretted that they will no longer be annual, but will appear only occasionally, whenever sufficient material may accumulate.

The Reports are collected from all parts of the world, and are not limited to disease, anatomy, physiology, and therapeutics obtaining a fair share of space; nor are they confined strictly to chest disease, the general morbid tendencies and physical characteristics, especially of regions but little known, being treated in a very valuable manner.

The first Report is from the hand of Prof. William Anderson, of Yeddo, Japan. It contains much that is interesting as to the nature of the country and habits of the people. Acute rheumatism and scarlet fever are almost unknown, and hence organic, cardiac, and renal affections are proportionately rare. Hæmic murmurs are, however, very common. So, too, are all forms of catarrhal disease and pneumonia. The latter, however, presents itself as a lower type than that of the acute pneumonia with which we in England are acquainted, being, indeed, more comparable to the pneumonia we are familiar with as a complication of acute febrile disease. The frequency of catarrhal disease is no doubt due to the faulty construction of the houses, which are draughty by day, and almost without ventilation by night. Phthisis is extremely common, and from Dr. Anderson's observations as to the character of the country round Yeddo, to which his Report mainly applies, it would seem probable that natural drainage must be very faulty.

Mr. Jamieson, of Shanghai, gives the Report for China. Cardiac diseases here also are uncommon, but here, unlike Japan, acute chest diseases and phthisis are very rare. Chronic bronchitis is common enough, and phthisis, when it does occur, is very chronic in its course. Ague is very common, and thus appears to bear out the idea that there is some kind of antagonism between phthisis and ague. Much of the freedom of the Chinese from disease is no doubt due to their regular and abstemious habits.

Next in the list comes the Report from British Kaffraria, by Mr. Charles Egan. Though brief, it is exact and statis-

(a) "Reports on Diseases of the Chest." By Dr. Dobell. Vol. iii. 1877.

tical, and is evidently the result of much systematic labour. Meteorological statistics for the last five years are given from daily observations made by the author himself. The seasonal variations are but small, but the diurnal is often considerable ; the winter is dry. Mr. Egan is of opinion that, though an excellent health resort for phthisical cases of very short duration, the manner of life is too rough for invalids far advanced in disease. For incipient cases camp life would, he considers, be most beneficial.

The report from Australia consists mainly of a *résumé* of a paper by Dr. Singleton, of Victoria, in refutation of a paper by Dr. Thompson, in which the latter attempts to prove that phthisis is common in Victoria.

Spain, if we may credit Dr. Jelly, of Madrid, can hardly be a nice location for a scientific medical man. *Post-mortem* examinations are utterly unattainable, and the population are grossly ignorant and superstitious on all matters of hygiene. In spite of the excellent climate, phthisis is extremely common, the vicious habits of life common amongst the younger men, making syphilitic and other cachexiæ, hereditary and acquired, almost universal.

The next Report is that of Italy, by Dr. Wachltuch. This and the remaining Reports consist of abstracts of the principle monographs of the past year. In the anatomical section of the Report mention is made of the discovery of striped muscular fibre in the auriculo-ventricular valves. This will perhaps account for an old observation of Onimus, that if the finger be passed into the auriculo-ventricular opening during systole it will be felt to be grasped.

In clinical medicine we receive from Dr. Annelli a no doubt important hint for the treatment of hæmoptysis, that it should be *antiseptic* as well as hæmostatic, with a view to preventing any evil during the absorption of the effused blood.

Dr. Cantilena states that the pulsus paradoxus is pathognomonic of the extension of pericarditis to the cellular tissue of the mediastinum. In the Report from Austria, however, Dr. Petrina points out that the same symptom may be caused by the consolidation of the mediastinal glands by sarcomatous or other new growth. And Dr. Riegel, of Berlin, in the German Report, shows that more or less of the paradox pulse may be found in healthy young people.

Some successful cases of electrolysis in thoracic aneurism are recorded.

Dr. Franchi remarks on the freedom from phthisis in the case of criers, public singers, &c., and suggests "respiratory gymnastics" as a prophylactic measure.

The Report of Russia is edited by the same hand as that of Italy, and contains some important matter.

Dr. Hænisch has tabulated the signs of incipient phthisis, and sets much importance on the position of the clavicle, which, in health, has its acromial end higher than the sternal. Where the apex is infiltrated it will be found to be horizontal, or with its acromial end the lower.

Dr. Amburger describes a novel method of ascertaining the mobility of the first rib in phthisis, which he states often becomes fixed by extension of inflammation causing perichondritis, and hence ossification. If the hands be clasped behind the back and stretched downwards, it will be found the (first rib remains movable) that the radial pulse will be stopped during each deep inspiration. It is very probable that fixation of the first rib may serve as a sign of phthisis ; but it is to be doubted that this is often due to ossification of the cartilage of the first rib, as Dr. Reginald Thompson, the pathologist of the Brompton Consumption Hospital, states that he has in no instance been obliged to use the saw in opening the thorax during the past year.

Drs. Setzerich and Sanier consider that they have proved whooping-cough to be of parasitic origin. The latter has named the fungus, "camprodium citri."

Dr. Nicolar Bruner claims to have cured spasmodic asthma by the use of the continuous current applied along the course of the pneumogastrics.

From America we have an excellent contrasted treatment of croup and diphtheria. Elsewhere we have the theory advanced that croup is but a symptom, and not a substantive disease. If the latter be the case, Dr. W. E. Stewart has, to say the least of it, made out a very strong case in favour of a mistaken notion.

An instrument has been invented by Dr. Ed. Holden, consisting of a tube through which the patient breathes, which has the effect of much intensifying all respiratory sounds. This he calls a resonator.

The Report of Dr. de Fonmartin, for France, is long and important, occupying more than a quarter of the whole volume. Our space will hardly permit us to do justice to the large amount of valuable matter it contains.

Dr. Onimus, as a result of some recent experiments, advances a theory which, if established, will considerably upset our present ideas of nervous action. He believes that all supposed instances of inhibitory nerve force have resulted from nerves becoming functionally deranged by the use of a too frequently interrupted current.

Anent the causation of tubular breathing, an interesting experiment was made by MM. A. Boudet and A. Chauveau, on a pneumonic horse. Tubular breathing was found to be due to increased conductivity of the lung tissue. Vesicular breathing, on the other hand, was found to originate in the lung itself.

M. Guéneau de Mussy contributes a new method of auscultation, which he terms plurimetric. It consists in listening on one side of the chest while the opposite side is percussed. If the structures through which the sounds are transmitted are of uniform character, whether normal lung, or uniformly consolidated, a vibratory metallic note will be heard. If, however, structures of varying character, as lung and liver, intervene, the note will be higher pitched, and of a more vibratory character.

A fact of some medico-legal importance is noticed by Dr. Gélle, viz., the tympanic cavity of a fœtus at term is filled with a gelatinous fluid. If a child have breathed for an hour or two, the tympanum will be found to contain air.

In the case of children, M. Tripier considers chloroform safer than ether. Ethylic bromide is recommended by M. Rabuteau as preferable to chloroform, as being safer and less caustic, while anæsthesia may be more rapidly produced and recovered from.

The reports of the United Kingdom having for the most part already appeared in periodical medical literature, is unavoidably somewhat "stale news." It is ably edited by Drs. Shingleton, Smith, and R. Wharny. Dr. Sanger, of Vienna, edits the Report for Austria and Hungary. Dr. Wucherkandl has made some observations as to the trabeculæ of the heart's inner surface, and considers that systematic observations should be instituted with a view of connecting certain abnormal sounds with the various conditions of these structures.

In this and the Report of Germany, various observations tend to show that the false vocal cords have been very falsely named. Dr. Jeleneffy relates the case of a girl who was able after a time to speak by means of the false cords, the true having been entirely lost. Dr. Schaffer describes a case in which one vocal cord was lost, where the false cord was seen to act as a substitute ; and Prof. Rudinger, in the case of a decapitated man, succeeded in producing movements of the false cords by the means of galvanism. Prof. Klebs believes that he has proved goître to be due to the drinking of water containing naviculæa. Dr. Sanger edits also the Report of Germany. Considering the amount of scientific work done in Germany, it appears somewhat short and incomplete ; but little particularly noticeable is recorded. This completes the present volume, which will, we are sure, well repay purchase and careful perusal.

Correspondence.

IS A UTERINE BRUIT A SIGN OF LIFE AFTER CESSATION OF THE FŒTAL HEART ?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—On Saturday, the 23rd ult., I was called to see Mrs. R. in her third confinement, a thin, hardy woman, aged 42, a laundress, living in this locality. Owing to deformity of the pelvis craniotomy had to be performed on the two former occasions. The first time by myself, and on the second I had assistance. On examination I found the os dilated the size of a crown. Head presenting. Was told labour was on since the evening previous; that the membranes ruptured, and the water was drivelling away for a few days previous. Could hear the fœtal heart strong and distinct. Saw her again in the evening. No improvement, though labour was strong during the day. Gave her a draught of liq. chloral, and told her friends that nothing could save her but an operation as before, but that I could not do it as long as the child was alive. Saw her next day. No improvement. Could hear fœtal heart strong and distinct. Called in the evening, and then could not hear the fœtal heart. The patient sunk a good deal during the day. Had severe vomiting of a coffee ground colour. Could not bear a teaspoonful of any sort of fluid in the stomach. No labour. The tongue was quite brown. The pulse was wiry and 120. Extremities getting cold, and great tenderness *over abdomen*. I told her husband that I would operate, as the child was dead, and that it rested with him what doctor he would call in. A neighbouring practitioner was accordingly sent for, and arrived after a few hours.

I told him the history of the case, and that it was my opinion that the child was dead, as the fœtal heart, which was strong and audible all through, could no longer be heard, yet he held *that a uterine murmur which was present* was a sign of life, and in tall talk proclaimed to all present that the child was alive, and that he could not think of damning his soul by agreeing to kill a living child. Though I was quite certain of the contrary, yet I hesitated to operate, as I knew it would be published about the country that I had killed a living child. Dr. T. Johnston was then sent for, and arrived at five o'clock next morning. He seemed to agree with the practitioner that this uterine bruit was a sign of life, yet he agreed with me that craniotomy should be at once performed, as the woman was dying. Accordingly we operated, and after a long time succeeded in delivery, the patient being senseless and raving during the time. Placenta was at once removed and stimulants given. We agreed to see her next day at two o'clock, the gentleman in question being very particular as to the hour, when I remarked there was no fear, I thought that either Dr. J. or myself was going to deprive him of any honour that was due to him, and that I was determined to lay the whole case before the profession. I stopped with her for some time and she gradually sank, became speechless and pulseless in spite of every effort that was made to rally her. Being engaged on duty I left, believing she could not survive many minutes, and was surprised to hear next day that Mrs. R. was alive, and that the practitioner to whom I have referred had taken full charge of my patient. I am sure, Sir, that you and the entire profession (from the present able Master of the Rotundo to the youngest tyro in midwifery) will agree with me that a uterine murmur is not of the slightest value as diagnostic of fœtal life. Nay, that it can be heard where pregnancy does not exist, and I will leave you and the profession to form an opinion of the professional etiquette.

I am, Sir, truly yours,

Kilcooley, Oct. 4th, 1878. P. P. BURKE.

ABUSE OF DISPENSARY RELIEF.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—If the daily papers might transfer your leading article of the 2nd inst. to their columns, they would confer a favour on the overworked and underpaid dispensary medical officer. It is considered no degradation whatever to either middle-class farmers, or well-paid mechanics, whose income is certainly as much and often more than what the doctor has from the dispensary, to apply for and obtain gratuitous medical relief. I am certain some parties think they have a right to it on the ground of being ratepayers. Now there is nothing stated in the medical relief ticket to disabuse them of this belief. The Scarlet-runners are headed "tickets for attendance at patient's home." Could not the Local Government Board be induced to substitute the word *pauper* for *patient*, and then there would be no doubt whatever as to the kind of persons for whom medical relief tickets are intended. In this case it would be well "to call a spade a spade."

Yours truly,

A DISPENSARY HACK.

Novelties.

OZOKERINE.

AMONG the various pharmaceutical novelties that are, from time to time, introduced to the notice of the profession, there are few simple ointments or bases for ointments that can be said to have a great or wide reputation among medical men. A few weeks back, however, we received from Messrs. Corbyn, Stacey, and Co., a sample of their Ozokerine, and judging from the experience we have had of it, we should say that it is a better emollient application than we have met with for some time. It is a refined and highly purified production from earth wax, and has been used largely in our hospitals as a dressing and emollient. It is a soft, crystalline, semi-solid preparation, of a yellowish colour, without any disagreeable odour, and may be conveniently applied to the diseased surface either alone, or spread upon lint, or in combination with other ointments. We have found it a clear and soothing application in some open sores, ulcers, eczematous and other eruptions that have recently come under our care, and we have little doubt that it will take a high position among our pharmaceutical preparations, either by itself, or as a basis for other ointments.

THEVENOTS PREPARATIONS.

THE ingenuity and cleverness of pharmaceutists would seem to be taxed to the uttermost in the effort to mitigate the discomforts of medicine-taking, and to bring nauseous drugs within the reach of invalids with delicate stomachs. With the invention of tasteless pills, an invaluable change in this direction was achieved, and, so far as pills are concerned, and the medicines which can be compounded in pill masses, no further improvement is possible. But there are many agents as valuable as those which enter into the composition of pills, which cannot be administered in this way, and it is a severe test of the pharmaceutic art, to bring them into such a state that they can be swallowed without the unpleasant taste and nausea which, in many cases, make their employment impossible. This, Monsieur C. Thevenot, of the Société de Pharmacie, of Paris, has attempted, and the specimens of his results which we have seen, enable us to say that he has been successful in the effort. The globules are, in fact, gum capsules of the size of comfits, quite hard, but, at the same time, readily soluble. They are made up in great variety, and enclose the most unmanagable drugs in use in medicine. For instance, we have cod-liver oil, essence of turpentine, creosotic oil, ethereal chloroform, apiol, bromide of camphor, copaiba, valerianate of quinine, and many other of the medicines most nauseous in taste, made perfectly palatable and easy of administration, while many other of the ordinary drugs are similarly enclosed for convenience of carriage.

We find that the envelope dissolves very readily, and the enclosed medicine is in a readily assimilable form.

Messrs. Edge and Co. (Thevenot's agents for this kingdom) also send us the "Kipo Cartridge"—a pocket armamentarium for the dressing of wounds. The cartridge is about 4 inches long, and ¾ inch diameter, and in this small space, contains everything which is usually necessary in emergency, There is—1. A compress for staunching blood. 2. A piece of kipo plaster. 3. A bandage 4 feet long. 4. A piece of tape same length. 5. A small bottle of ammonia for stings or venomous bites. 6. Waxed thread. 7. Seven surgical pins. The cartridge cannot be broken, and may be carried in any pocket without the least encumbrance. The idea is excellent, and the cartridge itself worthy of a place in every surgeon's bag.

Medical News.

Memorial Hospital for Incurables.—On Saturday last a hospital for incurables, built and endowed at the sole cost of Mrs. William Gibbs, of Tyntesfield, Somerset, in memory of her husband, was formally opened. There was a special dedication service in the chapel, which lies between the four wards. The building stands on a platform cut out of one of the lower portions of the hill overlooking the Cheddar Vale. There are, besides the two wards for men and two for women, a community-room for the sisters in charge, a refectory, a dispensary, and so forth. The chapel is the feature on which the greatest pains has been lavished. The fittings are of oak and walnut throughout. The colour on the walls, ceiling, and window, is most harmonious. An organ by Bevington, is placed in a recess on the north side of the chapel. There is a mortuary to the north, a chaplain's house to the south-east, and a lodge to the south, making with itself a most picturesque group of buildings, the warm red colouring of which adds to the beauty of the landscape.

Death from Hydrophobia.—An inquest was held on Saturday last at Guy's Hospital, touching the death of a man named Thos. Riches, of Lee, Kent, who was admitted into the hospital suffering from hydrophobia, alleged to have been caused by the bite of a dog received two years previously. Dr. Chittenden, of Lee, was called in after the man had been ill one day, and he pronounced it to be a case of hydrophobia beyond medical aid. One of the house physicians also stated that the symptoms could only be traced to the bite of some rabid animal. The jury found a verdict of death from hydrophobia.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

The Affghan War.—A facetious correspondent suggests as a simple method of solving the Affghan difficulty "to change Shere Ali into *Chére Ally*," thus metamorphosing a foe into a friend. This is an old joke, though new to our correspondent.

An Aggrieved One should write to the Secretary of the College, who will doubtless put him on the right track so as to avoid disappointment in future.

A Neighbouring Practitioner should make his neighbour a present of the little vest-pocket companion entitled, "Rules of Medical Etiquette," of which he appears to stand greatly in need. We are sorry we cannot assist our correspondent, as it is not a case for publicity, one rather of gentlemanly feeling.

The following epitaph was written by a Dr. Godfrey, who died in Dublin in 1755:—

EPITAPHIUM CHYMICUM.

Here lieth to *digest*, *macerate*, and *amalgamate* into clay,
In Batneo Arenæ,
Stratum super Stratum
The *Residuum*, *Terra damnata* and *Caput Mortuum*,
Of BOYLE GODFREY, Chymist and M.D.
A man who in this Earthly Laboratory pursued various
Processes to obtain *Arcanum Vitæ*,
or the Secret to Live;
Also *Aurum Vitæ*,
or the art of getting rather than making Gold.
Alchymist-like, all his Labour and *Projection*,
as *Mercury* in the Fire, *Evaporated* in *Fume* when he
Dissolved to his first principles.
He *departed* as poor
as the last drops of an *Alembic*; for Riches are not
poured on the *Adepts* of this world.
Though fond of News, he carefully avoided the
Fermentation, *Effervescence*, and *Decrepitation* of this
life. Full seventy years his *Exalted Essence*
was *hermetically* sealed in its *Terrene Matrass*; but the
Radical Moisture being *exhausted*, the *Elixir Vitæ* spent,
And *exsiccate* to a *Cuticle*, he could not *suspend*
longer in his *Vehicle*, but *precipi ated Gradatim*, *per Campanam*, to his original dust.
May that light, brighter than *Bolognian Phosphorus*,
Preserve him from the *Athanor*, *Empyreuma*, and *Reverberatory Furnace* of the other world,
Depurate him from the *Fæces* and *Scoria* of this,
Highly *Rectify* and *Volatilise* his *æthereal* spirit,
Bring it over the *Helm* of the *Retort* of this Globe, place
in a proper *Recipient* or *Crystalline* orb,
Among the elect of the *Flowers of Benjamin*; never
to be *saturated* till the General *Resuscitation*, *Leflagration*, *Calcination*, and *Sublimation* of all things.

Science Made Easy.—Friend to Scientific Authority: "Doctor, how is a man to tell a mushroom from a toadstool?" Scientific Authority: "By eating it: if you live, it is a mushroom; if you die, it is a toadstool."

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Elements of Dental Materia Medica. By J. Stocken, L.D.S. London: J. & A. Churchill.

Handbook of the Diagnosis of Skin Diseases. By R. Liveing, M.D. London: Longmans, Green, & Co.

The Annual Report of the United States Marine Hospital Service. By J. M. Woodworth, M.D.

A Conspectus of the Different Forms of Phthisis. By R. Park, M.D. Chicago.

Three Fatal Cases under Battey's Operation. By G. J. Englemann, M.D.

Clinical Manual for the Study of Medical Cases. By J. Finlayson, M.D. London: Smith, Elder, & Co.

Studies on the Laws of Life. By Nathan Allen, M.D.

The Prevention of Disease, Insanity, and Crime. By Nathan Allen, M.D.

The Good and Evil Influence of Tobacco.

VACANCIES.

Cavan Union, Armagh Dispensary.—Medical Officer. Salary, £80. Election, Oct. 18.

County Infirmary, Armagh.—Surgeon to the Institution.

Hospital for Sick Children, Great Ormond Street.—Medical Registrar; an honorarium of 50 guineas attached. Applications to the Secretary.

Lancaster Union.—Medical Officer for the Southern District. Salary, £45, with fees extra. Applications to the Clerk of the Union, Lancaster.

North Eastern Hospital for Children.—House Surgeon. Salary, £100. Applications to the Secretary at the City Offices, 27 Clement's Lane, E.C.

Royal Hospital for Diseases of the Chest, City Road.—House Physician. An allowance of £80 per annum in lieu of board. Applications to the Secretary.

Salop Infirmary, Shrewsbury.—Resident House Surgeon. Salary, £100, with board. Applications addressed to the Board of Directors not later than Oct. 12.

APPOINTMENTS.

Beverley, W. H., L.R.C.P.L., M.R.C.S.E., House Surgeon to the Cumberland Infirmary, Carlisle.

Brown, W. J., M.B., L.R.C.S.I., House Surgeon and Secretary to the Hartlepools Hospital.

Canton, T. P., L.R.C.S.I., L.K.Q.C.P.I., Resident Medical Officer to Mercer's Hospital, Dublin.

Cross, F. R., M.R.C.S., Assistant Surgeon to the Royal Infirmary, Bristol.

Duncan, A. G., M.B., C.M., L.R.C.P.Ed., Medical Officer for the Emley and Flockton Districts of the Wakefield Union.

Howard, J., L.K.Q.C.P.I., M.R.C.S.E., Medical Officer for the Altofts District of the Wakefield Union.

Hyatt, J. T., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Batcombe District of the Shepton Mallet Union.

Ingle, R. N., M.D., F.R.C.S.E, L.R.C.P.L., Medical Officer for the No. 3 District of the Cambridge Union.

Leeson, J. R., M.B., C.M., M.R.C.S.E., a Demonstrator of Anatomy at St. Thomas's Hospital.

Musgrave, Mr. R. V., Resident Surgeon to the Royal Sea-Bathing Infirmary, Margate.

Raverty, H., L.R.C.S.I., &c., Medical Officer to the Rathmichael Dispensary, Rathdown Union.

Tamplin, C. H., M.R.C.S.E., Surgical Registrar to the National Orthopædic Hospital.

Young, R., M.D., Physician to the Newcastle-on-Tyne Dispensary.

Births.

Lucey.—Oct. 1, at Ben Rhydding, Wharfedale, the wife of Wm. Cubitt Lucey, M.D., of a son.

Maurice.—Oct. 3, at Marlborough, the wife of J. Blake Maurice, F.R.C.S., of a daughter.

Deaths.

Borthwick.—Sept. 29, at Dumfries, Alexander Borthwick, M.D.

Branwell.—Sept. 23, at Montpelier Place, Brighton, Richard Branwell, M.R.C.S.E.

Burgess.—Sept. 21, at Glastonbury, John Henry Burgess, Surgeon, aged 88.

Campbell.—Sept. 27, at Richmond Grove, Manchester, Wm. Blackadder Campbell, Surgeon.

Farr.—Oct. 2, at Dunstable, Bedfordshire, Frederick Farr, M.R.C.S., suddenly, aged 56.

Galt.—Sept. 27, at Ashton-under-Lyne, John Galt, F.R.C.S.E., &c., aged 68.

Jephcott.—Sept. 29, at Foregate Street, Chester, Samuel Thomas Jephcott, M.D., aged 50.

Phillips.—Sept. 29, at Balleygawley, co. Tyrone, Samuel Phillips, M.D., aged 59.

Rix.—Oct. 1, at St. Neot's, Joseph Rix, M.D., aged 74.

Sherman.—Oct. 3, at his residence in Rotherham, F. J. Sherman, M.D., F.R.S.E., in his 81st year.

Watson.—Sept. 27, at Langley House, Slough, James Watson, M.D., F.R.S.E., of Circus, Bath, aged 86.

Young.—Sept. 22, at Clyde Street, Helensburgh, Gavin Young, L.D.S., R.C.S.E.

IRISH POOR-LAW INTELLIGENCE.

THE HEALTH OF IRELAND FOR THE QUARTER ENDING JUNE 30, 1878.

Abstract of the Registrar-General's Return.

DURING the quarter ended 30th June last, there were registered in the 796 registrars' districts in Ireland 36,634 births—27·4 in every estimated 1,000 of the population—and 26,900 deaths, representing an annual mortality of 20·1 per 1,000

In England, during the same quarter, the birth-rate represented was 36·9 in every 1,000, and the mortality 20·8 per 1,000.

The birth-rate in Ireland is under, and the death-rate over, the average for the second quarter of the last five years. Deaths from the principal zymotic diseases are, collectively, more numerous than for several quarters past: they represent an annual rate of 2·3 per 1,000 persons.

The increased mortality is mainly owing to the wet, broken weather.

The number of workhouse inmates and the number of persons receiving out-door relief considerably exceed those for the June quarter of last year; they are also in excess of the average numbers for the second quarter of the ten years 1868-1877.

BIRTHS.

The births registered during the quarter amounted to 36,634, being equal to an annual ratio of 27·4 per 1,000 of the estimated population. The average rate of births registered during the corresponding quarter of the last five years was 28·6 per 1,000.

The respective rates for the four provinces last quarter are—Leinster, 26·9 per 1,000 persons; Munster, 30·0; Ulster, 26·7; and Connaught, 25·4.

The county birth-rates range from 22·8 per 1,000, the rate for the Queen's County, to 35·9 per 1,000 in Kerry. Between these, the five highest are, Antrim, 31·0 per 1,000; Dublin, 39·4; Limerick, 30·3; Cork, 29·5; and Clare, 29·0: and the five lowest—Wicklow, 23·4 per 1,000; Donegal. 23·6; Westmeath, 24 0; Tyrone, 24·2; and Mayo, 24·3.

DEATHS.

The deaths registered during the quarter amount to 26,900, affording an annual ratio of 20·1 per 1,000 of the estimated population, against an average rate of 19·0 per 1,000 for the corresponding quarter of the last five years.

The death-rate in Leinster was 23·1 per 1,000, in Munster 20·6, in Ulster 19·3, and in Connaught 16·4.

The extremes of the county rates are 15·1 per 1,000 in Mayo, and 27·5 per 1,000 in Dublin. Of the intermediate rates the five highest are—Waterford, 26·1 per 1,000; Carlow, 25·6; Wexford, 25·5; Kilkenny, 23·9; and Tipperary, 22·2: and the five lowest, Clare, 15·6; Galway, 16·1; Leitrim, 16·3; Donegal, 17·2; and Sligo, 17·3 per 1,000.

The deaths of nine persons stated to have been aged 100 years or upwards were registered during the quarter, viz., two at 101 years; one each at 102, 104, and 105; two at 106; one at 110.

HEALTH OF THE PEOPLE.

The quarter may be described as an unhe althy one The wet, changeable weather which marked the greater portion of it led to a prevalence of pulmonary diseases unusual for the June quarter of the year. Measles and whooping-cough, especially the former, prevailed in many places, and although neither disease was of a malignant nature, still, owing to the lung complications the mortality from both causes was very heavy, especially amongst the badly housed and ill-protected poorer classes. The deaths from fever also were more numerous than for many previous quarters, while small-pox was general and fatal in Dublin, and caused a few deaths in other parts of the country.

Sanitary improvements are reported by several registrars, but, as usual, the absence of any attempt at amelioration in this respect is deplored by many more.

The Registrar of Belfast, No. 9 District, remarks:—"As regards sanitary matters, the tone of public opinion in this place is greatly improved. A number of houses have been erected recently which are models of what workers' houses ought to be." The remarks of the Registrar of Belfast, No. 10 District, are also satisfactory. He says:—"The people are getting wonderfully alive to the necessity of observing sanitary regulations;" and he records the success of the measures he adopted to check the spread of scarlatina, six very malignant cases of which occurred in the beginning of June.

The Registrar of Naas and Curragh District, Naas Union, who in the previous quarter complained of defective sewerage, now writes:—"The sanitary arrangements are still in the same condition as when I last reported." Twelve months since, the Registrar of Annamoe District, Rathdrum Union, referred to complaints as to the scarcity of water in Roundwood, but it would seem that as yet there has not been any improvement in this respect. The Registrar of Granard District, Granard Union, says that the utility of his suggested changes is acknowledged, but they have not been carried out. He adds, "According to my experience, the sanitary officer who desires to avoid stirring up a nest of hornets, should do as little as possible in the way of sanitary improvements." The Registrar of Street District, in the same Union, remarks that, "owing to the area of taxation being so small, sanitary work, as regards sewers and pumps, comes heavy on the ratepayers of small towns; and we must be content, unless in very bad cases, to do the work little by little."

There was a sudden outbreak of typhoid fever in Killala. The Registrar says there can be no doubt that it arose "from some impurity in the water supply of the town, from defective drainage."

The Registrar of Ullid district, Waterford Union, re-

ports :—"The sanitary condition of Mooncoin is far from satisfactory. There are a number of cabins grouped together which are unfit for human beings to live in; there are open gutters, containing liquid filth, in front of those dwellings, at each side of the public street."

Diseases.—The ratio of deaths returned by the Registrars as having resulted from the principal zymotic diseases (small-pox, measles, scarlet fever, diphtheria, whooping-cough, fever, diarrhœa, and simple cholera) is 3,016, or 11·2 per cent of the total deaths registered, and 56·4 in every 100,000 of the population. This number is 810 over the deaths from the same causes in the corresponding quarter of 1877, and 592 over the average mortality for the second quarter of the three years 1875 to 1877.

Small-pox.—The deaths from small-pox registered during the quarter number 272, of which all but 30 occured in the province of Leinster; 3 were in the province of Munster (2 in Limerick and 1 in Tipperary); 22 in Ulster, of which 19 occurred in Belfast, and 3 in the county of Cavan; and 5 in Connaught, including 2 each in the Unions of Galway and Sligo, and 1 in Claremorris Union. The deaths in the province of Leinster were thus distributed :—In the two Dublin Unions 216 (56 in the North and in 160 in the South); 6 in each of the following Unions:—Celbridge, Rathdown, and Shillelagh; and 1 each in Dunshauglin, Naas, Rathdrum, Delvin, Abbeyleix, Athy, Parsonstown, and Enniscorthy Unions. In addition to the localities in which deaths from small-pox occurred, there are a few in which the disease appeared but did not prove fatal. Several registrars attribute the appearance of small-pox in their districts to the infection having been brought from Dublin; thus, the Registrar of Kiltegan District, Baltinglass Union, says that the three cases of mild small-pox in his district were "caused by bringing clothes out of a pawn-office in Dublin;" the Registrar of Delvin District, referring to a death from this disease, states that the deceased person had been under treatment for fever in one of the metropolitan hospitals, and that "he actually brought the disease home with him from the Dublin hospital;" and the Registrar of Ullid District, Waterford Union, says "there were three cases of small-pox during the quarter, which were removed to hospital, where they recovered. It was imported into the district by one of the family, who got the disease in Dublin, travelled home by train while suffering under it, when the other members of his family got ill. It was solely confined to this family." The Registrar of Swords District, Balrothery Union, refers to some cases in his district, and adds, "By re-vaccination, and such suitable precautions, the disease was happily checked from further progress." The Registrar of Oulart District, Enniscorthy Union, says, "I have taken all precautions to prevent the spread of the disease; but the guardians refused me an order to have the clothes and wearing apparel burned, stating that such a course was not necessary."

Measles.—During the last nine months 2,100 deaths from measles and its complications have been registered in Ireland, viz.:—553 in the December quarter of last year, 865 in the succeeding three months, and 682 in the quarter now ended; of this last number, 232 occurred in the registration province of Leinster, 228 in Munster, 73 in Ulster, and 89 in Connaught. As in the preceding quarter, most of the deaths were caused by the pulmonary and other complications of the disease. From the remarks of several registrars it would appear that, heavy though the mortality is, it is small in proportion to the number of cases of the disease. In Newry, No. 2 District, of 44 deaths amongst persons under 60 years of age, 12 were caused by measles; in Dundalk District it caused 21 of 85 deaths under 60, the disease "terminating fatally in consequence of bronchitis and pneumonia, induced by exposure in cold and comfortless dwellings during the prevalence of the damp and cold easterly winds of May;" in Kells Union, where 13 deaths from measles were registered in the March quarter, there were 15 deaths recorded last quarter, the number from all causes amongst persons under 60 being 71; in Arklow District, Rathdrum Union, of 47 deaths of persons under 60 as many as 23 resulted from measles; in Ballyleague District, Roscommon Union, it caused 23 of 39 deaths under 60; in Tullow District, Carlow Union, 21 of 51; in Emly District, Tipperary Union, 24 of 31—the Registrar, referring to the serious cases of the disease, says, "Insufficient house-room and overcrowding destroyed, in most instances, the small chances which these patients had of recovery." In Ballaghaderreen District, Castlereagh Union, 12 of 38; in Pilltown District, Carrick-on-Suir Union, 5 of 21, whooping-cough causing 3; in Clogheen Union 27 of 102; in Dungarvan District 23 of 81; in Enniscorthy, No. 2 District, Enniscorthy Union, 23 of 69; in Clonroche District, in the same union, 10 of 13; in Middleton, No. 1 District, Middleton Union, 10 of 42—the Registrar refers to certain "tasters," or "kind of timber half-moon," over the beds of the poor, which, he says, render "the already fœtid air doubly killing"; in Michelstown District, Michelstown Union, 19 of 59; in Kilmeaden District, Waterford Union, 6 of 11; and in Ardmore District, Youghal Union, 6 of 17. The Registrar of the last-named district, in which there were also 4 deaths from whooping-cough and 1 from diphtheria, animadverts in strong terms upon the administration to children suffering from measles of "a noxious compound called 'Crooke,'" which causes violent diarrhœa. This nostrum, it appears, consists of a "mixture of porter, sulphur, and —horrible to relate—of the excrement of the sheep collected in the fields."

Scarlet Fever.—The deaths from this disease, although 10 in excess of the number in the preceding quarter, compare very favourably with the average mortality for some years past; they amount to 188, viz., 40 in Leinster, 43 in Munster, 76 in Ulster, and 29 in Connaught. One-half of the deaths from scarlet fever in Leinster occurred in the two Dublin Unions; one-half of those in Munster were in the Listowel Union, where the deaths from this cause formed 20 per cent. of the deaths of persons under 60 years of age; 34 of the 76 deaths in Ulster occurred in Belfast Union, and 16 in Lisburn, 6 of the deaths in the latter union having been in Bailylesson District, where the disease "prevailed through almost the entire district with very varying severity;" and of the 29 deaths in Connaught, 6 were in Strokestown Union, and 5 in Newport Union, in which 10 deaths from this disease were registered in the preceding quarter.

Diphtheria.—Sixty-nine deaths from this disease were registered, viz. :—18 in Leinster, 14 in Munster, 30 in Ulster, and 7 in Connaught.

Whooping-cough.—The deaths from whooping-cough are much above the average; they amount to 547, being 106 over the number in the preceding quarter, and 139 more than the average for the second quarter of the last five years. One hundred deaths or nearly one-fifth of the total occurred in the two Dublin Unions, 144 in other parts of the province of Leinster, 132 in Munster (including 46 in the county of Cork and 52 in Waterford); 80 in Ulster, and 91 in Connaught.

Fever.—There were 805 deaths from the several forms of continued fever returned, being 87 over the average number in the second quarter of the last three years; they were distributed as follows :—in the province of Leinster, 214; in Munster, 228, in Ulster, 225; and in Connaught, 137. The registrar of Drumshaire District, Manorhamilton Union, remarks, "There were 13 cases of enteric fever in the beginning of this quarter in one townland, caused, no doubt, by the action of heat and rain on manure heaps, which were being disturbed for agricultural purposes; in each case the person suffering had been engaged spreading manure. I am glad to say that, from prompt measures being taken, there was no spread of the the disease." The registrar of Castleisland District, Tralee Union, where 6 of the 30 deaths registered resulted from fever, says—"Fever has been epidemic in the district for the past six months. It first appeared in the overcrowded, ill-ventilated, and damp dwellings of the labourers, both in

town and country, and spread suddenly by contagion. He indeed would be a true benefactor to his race who would be the means of introducing into the country decent, suitable, and healthy cottages for the labouring classes." The registrar of Castlemaine District, in the same Union, states that the disease was "chiefly caused by want of cleanliness and keeping of cattle and pigs in the dwelling-houses;" he adds: "I have known instances where the beds being on the ground, the patients in typhus and the pigs slept side by side." The registrar of Tralee No. 1 District also refers to the prevalence of fever; he says, "in the town it appears to be chiefly due to a want of proper drainage and an insufficient water supply," but it seems there is a prospect of these defects being remedied.

Diarrhœa.—The deaths attributed to diarrhœa are somewhat in excess of the average mortality for the June quarter; they number 446, of which 97 occurred in Leinster, 153 in Munster, 160 in Ulster, and 36 in Connaught.

Simple Cholera.—Seven deaths have been tabulated under this heading, viz.:—4 in the province of Ulster, and 1 each in Leinster, Munster, and Connaught.

Influenza was prevalent in Knocktopher District, Thomastown Union, during April and May; it proved fatal to many old people in the district.

Inquests.—There were 699 inquests reported to the registrars during the quarter, this number being equal to 1 in every 39 of the total deaths registered. In Leinster there was 1 inquest to every 30 deaths registered; in Munster 1 to 35; in Ulster 1 to 46; and in Connaught 1 to 65.

BALLINASLOE UNION.

WINE FOR PAUPERS.

THE Clerk read the minutes, which included the names of the contractors whose tenders had been accepted.

Dr. Brodie—What do you say is the contract for port wine?

The Clerk—13s. 3d. per dozen.

Dr. Brodie—Port wine at 13s. 3d. per dozen!

Mr. Horne—I told the guardians when they were voting for the wine to the house, that they would not like to be customers for it themselves.

Dr. Brodie—Does the doctor allow the use of this wine?

The Clerk—He does not. We get none of it from the contractor.

Dr. Burke, in answer to Dr. Brodie, said he never ordered this wine, and the reason was understood. Anything like port wine could not be supplied at such a figure.

Dr. Brodie—Do you give a substitute?

Dr. Burke—Yes. I give sherry.

Dr. Brodie—What is the sherry per dozen?

The Clerk—13s. 6d.

Mr. Horne—The rule in deciding the contracts is that the lowest tender is accepted.

Dr. Brodie—In Galway, from 30s. to 32s. per dozen is paid for wine. In this union you receive the lowest tender.

Dr. Burke—That is the common practice. The contractors candidly admit good wine could not be given for the prices selected here.

Dr. Brodie—What is the price for whisky?

The Clerk—14s.

Mr. Horne—These articles are given as medicine, and ought to be the best.

Dr. Burke—They ought certainly to be better than they are.

Mr. Horne said the practice of taking the lowest tender for everything had been pushed to such limits that on the last board day he suggested that the guardians should withdraw and allow the clerk to pick out the lowest himself.

The Chairman thought it was the duty of Dr. Burke, if the wine used in the hospital was not of good quality, to bring the matter before the guardians.

Dr. Burke said he had often spoken of the matter, but the contractors could not give better wine at the price.

Mr. Ronaldson—Have you any of the samples of the wine here?

The Clerk—I have not. It was all used by the board in testing (laughter).

Dr. Burke—They used all the wine because it was so very good (laughter).

Mr. Ronaldson—Do you mean to say there is none of the sample wine remaining?

The Clerk—None.

Mr. Ronaldson—I did not think the samples were sent in to be drank by the board, but to be kept as a test in future of the quality of the wine supplied by the contractors.

Dr. Brodie—The samples are for the purpose of checking the quality. It was not proper in the guardians to drink the samples.

BALLINA UNION.

THE USE OF STIMULANTS.

THE Clerk laid before the board returns of stimulants consumed in several surrounding workhouses for which he had applied.

Mr. Dillon proposed that the matter should not further be gone into, but be left in the hands of their medical officer, in whom they had the most perfect confidence.

The Chairman said it would be as well to see the result of the inquiry set on foot.

The Clerk then read the following return showing the amount expended in a year for stimulants in the various hospitals the death-rate, and the average number of paupers in the house:—

Union.	Amount.	Death Rate.	No. in Houses.
Castlebar	£14 1 0	23	—
Dromore W.	27 8 2	29	87
Swinford	30 13 7	64	217
Sligo	44 6 6	60	320
Tubbercurry	97 2 11	25	120
Westport	4 8 5	48	—
Ballina	79 10 0	54	168
Claremorris	81 11 5	30	—

Chairman—As we have all confidence in our medical officer, we must supply him with any quantity he deems necessary.

Mr. Daly—I think an extract of Indian corn and fusel oil cannot be good for sick persons.

A committee was appointed, and it was stated that the pauper nurses consumed the stimulants intended for the patients.

Dr. Nolan said that at the time he had made strict inquiries, and found that all the patients got their liquors as directed by him. He went from bed to bed and asked each, "Did you get such and such, as ordered by me?" and the answer in every case was "Yes, doctor."

Mr. Dillon said that patients sometimes denied having got what the doctor orders, so that they may receive a second supply.

Dr. Nolan—It is impossible that an abuse could exist. I write down my prescriptions. The Master gives out the stimulants to the headnurse, who goes from bed to bed with it, and gives it to each patient. He might state that he had 30 fever patients in twelve months, and not one died in the infirmary, and this he believed was greatly due to the free use of stimulants.

The subject then dropped.

SLIGO UNION.

CERTIFYING FOR OUT-DOOR RELIEF.

READ letter from Dr. Moore as follows:—

Many of the recipients of the out-door relief are real objects of charity, although I could not conscientiously

certify that they are unfit for removal to the workhouse. Should I be urged to visit and certify all those cases, I must, however unwillingly, resign my post of *locum tenens*, my time here being both limited and much occupied; besides these persons do not require my services as a doctor, it being some time since I was asked to visit any of them. Indeed some have never troubled me at all.—Your obedient servant,

AYRES MOORE.

Also the following from Dr. Palmer:—

Sligo, September 10, 1878.

Gentlemen—I have visited each of the above-named people. It will be perceived that there are a number on the list who did not in any case require the attendance of a medical man, and consequently the duty devolved upon me quite outside the pale of the medical officer.

I have the honour further to state that it took up the considerable part of three days to have the list completed, and I beg respectfully to call the attention of the board to the fact that the duty thus devolved upon me does not come under the "General Orders" of the Local Government Board to medical officers of dispensaries. I, therefore, claim remuneration for time, trouble, and expence.—Your obedient servant,

THOMAS DODSON PALMER.

FETHARD DISPENSARY.

A SPECIAL meeting of the committee was held to consider a charge of neglect against Dr. Dempster, for not attending to a red ticket. This committee having fully investigated the charges brought by the R. O., of neglect of duty in not having visited, though two visiting tickets were duly sent to him, consider the charges fully borne out by the evidence brought before them, and that Dr. Dempster's explanation was most unsatisfactory. They request the hon. sec. to forward a copy of this resolution, together with a copy of a certificate of removal in the case, and signed by Dr. Dempster for consideration of the board of guardians. Copy of certificate given by Dr. Dempster—"Margaret Aspel suffering much and requires to be removed to the hospital at Rew Ross, for treatment and nourishment.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING SEPT. 28, 1878.

Total registered deaths in Dublin and suburbs*	...	175
Ten years average of same week	...	150
Decrease of mortality above average	...	25
10 weeks' ratio of deaths Rathmines	24·6	per 1,000
„ „ „ Donnybrook†	18·5	„
„ „ „ Blackrock	11·8	„
„ „ „ Kingstown	22·5	„
„ „ Entire Dublin District	28·9	„
COMPARATIVE RATIOS—London ...	19·8	„
„ „ Glasgow ...	21·1	„
„ „ Edinburgh ...	26·3	„

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Forty-eight deaths from zymotic diseases were registered, being 8 over the average number for the corresponding week of the last ten years; they comprise 22—those of 18 children under 5 years of age and 4 adults—from diarrhœa, 9 from small-pox, 5 from fever (1 typhus and 4 typhoid), 5 from scarlet fever, 4 from whooping-cough, 1 from quinsy, &c.

The deaths from small-pox are 3 over the number registered in the preceding week; 2 are chargeable to the North City Districts, 6 to the South City, and 1 to Donnybrook District. Twenty-five new cases of the disease were admitted into the Dublin hospitals during the week, being 1 more than in the previous week; 25 patients were discharged during the week, 5 died, and 74 remained under treatment on Saturday, being 5 less than the number on Saturday, Sept. 21.

There were 4 cases of ague, and 2 of rheumatic fever in Cork Street Hospital on Saturday last.

Fifteen deaths (children) from convulsions were registered during the week.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, Sept.* 28, 1878; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, SEPTEMBER 28, 1878.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS *registered.*	Total DEATHS *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	29	210	175	34	33	9	...	5	...	4	5	22	11	18	43
BELFAST . .	20,687	182,082	27	130	95	24	14	1	...	6	...	3	4	7	1	1	7
CORK . .	13,816	91,965	21	59	37	6	10	...	1	...	..	1	2	2	...	...	19
LIMERICK .	8,509	44,209	19	35	16	2	3	...	...	2	...	...	...	...	...	...	5
LONDONDERRY .	21,865	30,884	8	13	5	2	1	...	...	...	...	...	...	1	...	...	...
WATERFORD .	17,209	30,626	25	20	16	2	3	...	..	...	...	...	...	1	...	...	10
GALWAY .	21,358	19,692	37	9	14	2	4	3	...	...	...	...	...	...	...	..	5
SLIGO . .	30,835	17,285	15	4	5	...	4	...	...	...	...	...	...	...	...	...	4

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 16, 1878.

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ON THE EVILS, MORAL AND PHYSICAL, LIKELY TO FOLLOW IF PRACTICES INTENDED TO ACT AS CHECKS TO POPULATION, BE NOT STRONGLY DISCOURAGED AND CONDEMNED. (*a*)

By C. H. F. ROUTH, M.D., M.R.C.P. Lond.,

Consulting Physician for Diseases of Women, North London Consumption Hospital, Physician to the Samaritan Hospital for Women and Children.

It has been reserved for the present day to adopt a system of philosophy, falsely so-called, whereby checks to population shall not only be advised, but, what is worse, fully carried out. Such economists would have us believe that they are, after all, only more advanced Malthusians. Such a profession, however, is founded on error. The disciples of Malthus, and his immediate followers, repudiated immorality, and based their doctrines mainly on the following grounds:—

1. The productions for the maintenance of humanity, *i.e*, the means attainable for the support of life, exist in the arithmetical proportion of 1, 2, 3, 4, &c., while generation, *i.e*, the actual power of increase of the human species, exists in the geometrical proportion of 1, 2, 4, 8. Indeed, it is asserted without fear of contradiction, that a quarter of a century will, under favourable circumstances, such as were those of America at its discovery, suffice to double the population of a country. But even under more unfavourable circumstances, the increase of population far exceeds the means of support, and hence it is—

2. That excessive population leads to poverty, distress, and crime, and more especially criminal abortion and infanticide.

3. That over productiveness is injurious to a woman.

To these three recognised influences, which the school of Malthus adopt, the more modern economists have added two more:

(*a*) That poverty and increased fecundity always go together in women;

(*b*) Whereas wealth increases the sexual passion of men.

And so it happens that while Malthus taught we should—

1. Discourage *improvident* marriages;

2. Ameliorate the condition of women;

3. Do all we can to increase the productions for the maintenance of mankind.

The so-styled modern Malthusians have been obliged to add a fourth desideratum:—To provide channels for the increasing sexual passion which shall have other results than those of procreation.

The consideration of each of these points, of themselves, would occupy hours of debate.

In regard to the first, I must remark that the increase of marriages always indicates the greater prosperity of a nation. This fact is incontestibly proved by the returns of the Registrar-general. To arrest these, is therefore to arrest the prosperity of a nation.

2. To ameliorate the condition of women. Upon this point I wholly concur, not indeed with a wish to diminish her fecundity, but because it is one of the noblest attributes of man to help the weaker vessel.

3. As to the wisdom of the third proposition, all must concur. But this, commerce, science, and increased enterprise, must effect.

But it is quite a different thing when we come to consider the two additional dogmas propounded.

4. It is doubtless true, that among the very poor, more children are born than among the rich. But then this comes from other causes—less luxury, less sexual vice less conjugal frauds; but as the children of the indigent

(*a*) Being an address spoken before the Obstetrical Section at Bath of the British Medical Association.

are generally less long lived, they cannot be said to increase population.

The remedy here, is in carrying out firstly, the second proposition.

5. I do not believe it to be true that increased prosperity necessarily increases the sexual passion in the male. Is man, because more civilised, more at ease, and better educated, necessarily more carnal in his appetites? Is increased moral and religious knowledge and deportment, which progressed *pari passu* with civilisation, not rather restraint to all excesses in this direction? I deny, therefore, the fifth proposition *in toto*. But supposing it true—is the remedy proposed either correct or philosophical? Let us see. We are told we must provide for the increased sexual passions, specially of males, channels which shall have other results than those of procreation.

Gentlemen,—It is upon the last point (and then only, upon one side of the question) that I wish to direct your attention to day. For this proposition has two sides to it, and both have been advised and attempted to be supported by argument.

The first side of the question, is that for those classes among whom you discountenance marriage, you shall provide by a system of license and sanitary inspection, clean prostitutes for their use. Hence, those odious contagious diseases acts, about which I shall not further speak to day.

2. You shall recommend artificial means, whereby *ab initio* you will prevent fructification; in other words, advise *sexual fraudulency, conjugal onanism;* and the mischief is that such measures are advised under the garb of humanity, medical science, philosophy, and the like. I look upon the whole transaction as a base and moral crime, against which the whole body of the medical profession should protest with abhorrence and disgust.

The first mention we have of the crime occurs in Gen. xxxviii., 8, 9, 10: "And Judah said unto Onan, go in unto thy brother's wife and marry her, and raise up seed unto thy brother. And Onan knew that the seed should not be his; and it came to pass when he went in unto his brother's wife that he spilled it on the ground lest that he should give seed to his brother. And the thing which he did displeased the Lord, wherefore He slew him also."

And yet our French medical contemporaries, who see so much more of this system than we do, are very condemnatory of this vile habit. Thus, Bourgeois, in his work on the Passions, says: "Conjugal onanism is a real social pest. Every fraud is a choked germ rendered unproductive—an indirect infanticide!" Indeed, for the full development of this crime we must look mainly to France. Great and noble as that nation has been, and I know yet will be, it has tasted deeply of the pleasures of immorality. It can scarcely be otherwise when wholesale crime is licensed and encouraged by the State.

Onan was a criminal and was sorely punished in consequence. But now-a-days science has devised other fraudulent aids. Nor will I dwell upon them; suffice it to say, that Onan's crime is imitated; coverings are used by males, plugs and injections by females, to complete their shame. It is almost defilement even thus cursorily to allude to these vile practices.

It has been reserved, however, for some of our own people to discover a fifth method. In a debate before the Medical Society of London last session on the use of intra-uterine stems, devised originally for uterine diseases, we were credibly informed that they were also used by some ladies of high position, and continually worn by them, with a view to *prevent* conception. Thus often it happens that malicious art perverts good intentions. An instrument calculated, if worn for a time, to dilate a constricted os uteri and the uterine canal, and when removed to place a woman in those conditions most favourable for conception, is thus used for the opposite result. For it is manifest that conception during the time these stems are retained in utero, is well nigh impossible. I do not say it *always* prevents impregnation, because I have known of two cases where conception did occur while the stem was in utero, and pregnancy went on to the full period. But, under ordinary circumstances, such a result would prove, I imagine, of very rare occurrence. Still, there is the fact. To find them placed in proper position, and with this intent, implies the assistance of a person of some skill, and shows to what a degree of degradation some men have fallen. The question naturally then presents itself, "Who put them there?"

There is yet a sixth and baser method practised, of which I have met a few examples; but it is too gross to refer to before you, nor would it serve any useful purpose.

First, let me state that I look upon conjugal onanism as a great moral crime. It is perverting a noble attribute to vicious propensities. It is feeding a lustful impulse, and in the most degrading manner lowering the status of a woman. It is even doing that which an animal actuated solely by instinct would never do. It is destroying in the beginning what, under God's blessing, might have matured into a living soul, and proved a blessing to humanity. Masturbation is mean and bad enough, and much to be reprehended, because it is fostered by a filthy spirit which can no longer control the sexual impulses. But here, at least, there is no partner in his sin, and no pure woman is degraded thereby. Conjugal onanism places both the man and the woman below the instincts of the brute creation.

But, secondly, like all crimes, it cannot be, and it is not, practised with impunity. The effect on the health of both men and women is very injurious. The subject has been fully treated in a very philosophical work written by Bergeret on sexual fraud. It was to be expected that true science and moral worth could not stand by and see a practice almost universally carried out in any country without remonstrance. Written in a true philosophical and inquiring spirit, and among those who are so little ashamed of their vile habits, that they freely confess them, Bergeret had a vast field before him upon which to ground his conclusions. He shows that sexual frauds produce *acute* metritis in the woman, of which disease he details nine cases and two deaths. 2. That conjugal onanism is a frequent cause of chronic metritis, of which he also narrates several cases. 3. Leucorrhœa, as would be primarily suspected, is frequently a result of it. 4. Also menorrhagia and hæmatocele, of which he instances five cases. 5. Eleven cases of hysteralgia and hyperæsthesia of the generative organs are also given. 6. Cancer in an aggravated form, assuming in such examples a galloping character, so rapid is it in its course, of which nine cases are given, is another form of disease which this baneful practice induces. 7. Ovarian dropsy and ovaritis are also commonly produced by the habit. 8. In cases where severe results are not observed, the generative organs become so changed and chronically diseased that absolute sterility results. Lastly, mania leading to suicide and the most repulsive nymphomania, are induced thereby in many cases, of which several examples are given.

Among men, general nervous prostration, mental decay, loss of memory, intense cardiac palpitations, mania, conditions which also lead to suicide, are given as the results of conjugal onanism.

I may say that these opinions are not singular. They are confirmed by several French authors. (*a*) Dr. Mayer in his work on "Conjugal Relations Considered in Relation to Population, Health, and Morality;" Dr. Bourgeois, in his work "On the Passions;" Richard, in his work "On Generation;" all confirm these views. Let me guard myself, however, while yet confirming these opinions. I do not say all and every one of these diseases

(*a*) "Des Fraudes dans l'Accomplissement des Functions Generatifs." Par L. F. G. Bergeret, Médecine-en-Chef de l'Hôpital d'Ardois Imas. Baillière & Fils. 1877.

may not often be produced by other causes, but when they occur in persons who, before they adopted such habits were free from any such complications; when they are met more frequently among conjugal onanists; when they assume a peculiarly severe type in such persons; when the sufferers themselves tell you that they can trace the occurrence of their troubles soon after the adoption of such baneful habits; and, finally, when, in some of these cases, the very moment the habit is abandoned and a pregnancy occurs, all the bad symptoms disappear, and health of body and mind results, *then, and then certainly* I think it would be unphilosophical to deny that the several diseases were produced by these habits. Let it also be borne in mind that in England we have not yet reached that shameless mental perversion which leads men to take credit for their filthy habits, as I have often heard Frenchmen do, and say that they are not so silly as Englishmen in having large families and bringing them up in poverty, but that they understand these things better in France than we do in England; also, that as conjugal onanism is practised very rarely, I believe, in this country, we are not, as professional men, open to receive the confessions of the unfortunate victimised women as the doctors are in France. But if we are raised in our tone of conjugal morality above some of our neighbours, it behoves us, as medical men and moral men, to protest strongly against the ingress among ourselves of habits that can only add to our national shame and must increase the category of our national diseases.

I will, however, go further. These habits are injurious in other ways. 1st. They lead to a diminution of population. 2nd. They produce a deterioration in the physical strength of a race, and they bring about great demoralisation.

1st. They lead to a diminution of population. In a paper read by Broca before the Academy of Sciences, in 1867, he proved that the marriages in France were becoming less productive, and that the women were more diseased. Thus he states that the proportion of births to the number of inhabitants for the following countries was:—

Russia ...	1 in 18 or 19	Prussia	1 in 25
Venetian States	,, ,, 22	England & Switzerl'd	,, 28
Bohemia ...	,, ,, 24	France	,, 33

The same fact is enforced in another way by Bergeret (*op. cit.* p. 214).

At the end of the last century the number of children to a marriage in France was 4 to 5. At the beginning of the present century it was 4·3; to-day it is only 2·9. The following is a more particular return. 1819-32 in France there were 3 73 births to every marriage. 1832-46 only 3·28. Between 1847-60 only 3·28. But in Paris and some other places it was much less. In 1865 it was for all France, 3·10; for the department of the Seine, 2·65.

And so the population of France diminishes; and but that the mean duration of life has increased from the ages of 36 to 38, owing to better sanitary measures and more ease of the population, that population to-day would be rapidly diminishing. And a diminution of population now-a-days cannot be taken as an indication of prosperity. England and America are far more prosperous now than they were. The prosperity of a nation depends on plenty of population, and plenty of work for that population. The Anglo-Saxon race is fortunately pre-eminent in these respects throughout the world.

2nd. They produce a deterioration in the *physique* of a race. Common sense will lead one to suspect such an influence. Those who expend by excesses their virile power must engender a weakened offspring. The beauty, the stature, the strength, and necessarily the courage and powers of endurance, must diminish. When we read that out of 1,000 births in France, in 1770, 583 were alive at 5 years old, and 502 at 20 years; between 1817-30, 720 were alive at 5 years, and 638 at 20 years; 1840-59, 723 were alive at 5 years, and 640 at 20 years; it is a terrible mortality. Mayer believes it due to the excess of births, whereas if less numerous, the children would be better cared for. This may be true in measure. But is not something due to hereditary weakness, weakness engendered by parents debilitated by sexual excesses? One of the papers on Infant Mortality, by Dr. Drysdale, proves how precarious the life of the little children in France has become. Note also, the French armies conquered the world under the first Napoleon. The very Prussians were overcome. Under the third Napoleon how was the position changed! If the generals proved less competent, the men, accustomed to waste their strength in unholy debauches, were like the luxurious nations of old, less able to cope with the sturdy sons of the North, and in their turn they were conquered; and the Commune proved that brutality had taken the place of courage and Socialism of manliness.

But, lastly, such habits tend to demoralise a nation. Here, again, common sense will forsee what result must inevitably follow. A man who is accustomed to gratify without restraint his lustful desires, is not likely to improve in moral tone. It is a passion, and like drunkenness will know no bounds. His conversation, his habits, his business, will become tainted by the moral perversion, and he will seek in baser debauches for new channels wherewith to gratify his baser desires. The very woman will become contaminated. Thus it is that while the number of *registered* prostitutes in Paris, because of the surveillance of the police, diminishes, that of the *unregistered* has greatly increased, so much so that syphilis is more rampant than ever.

In 1865 there were 3,313 registered prostitutes, which, in 1869, had diminished to 2,782; while the clandestine prostitutes were estimated at 40,000; and M. Lefort lately advised that a body of police should be provided to arrest 50,000, the present increased number, of these clandestine prostitutes and keep them in brothels. But it does not stop here. Apart from the filthy exhibitions of nude persons which France allows, apart from the frightfully immoral theatrical performances which are acted in most of the theatres, so that no unmarried modest woman can frequent them, houses for the commission of unnatural crime exist, and one practitioner alone, Tardieu, could collect 302 such cases upon which to found medico-legal inquiries upon their pathological peculiarities. Could the whole British profession, if called upon in a legal inquiry, cite half-a-dozen similar cases? Assuredly not. Thank God, we have not yet as a nation attained to such depravity.

No, gentlemen; if checks to population are ever desirable, if men have not the means to marry and bring up a family, let us not become the slaves to habits of infamy. There is such a thing as moral restraint. "Greater is a man that ruleth his spirit than he that conquereth a city." The man who habitually keeps down evil thoughts, and who allows integrity and a Christian sense of honour to rule him, is a noble creature. He is free to do everything which is grand and glorious, and we have a right to expect great things from such a character. The habitude of doing well necessarily entails distinction. Let the passions be kept down by athletics, hard mental work, and industrial occupations; and if we cannot afford to keep a wife, let us not seek to gratify sexual lust by unholy and debasing practices. Let us not lower the character of a woman by making her the lewd plaything for our vices. Let us remember they must hereafter bring up our children. If the married cannot continue to increase their families, let them do as St. Paul advises, "Defraud ye not one the other, except it be with consent for a time that ye may give yourselves to fasting and to prayer, and come together again, that Satan tempt you not for your incontinency" (1 Cor. vii., 5). Let the mothers do their duty by their children, and suckle them as they are bound to do, and so they shall not procreate more frequently then is consistent with health. Ameliorate, improve, raise her moral position. Use her as a help-mate worthy of

an honourable man, not as a vessel for unbridled lust. Be pure in your conjugal relations. If you do so you will ensure a happy home. It has been shown by Mayer (*Rapports Conjugals*, p. 240) that conception cannot occur after the twelfth day which follows the end of a period, and up to the recurrence of the catamenia, during which connection is likely to lead to impregnation. If it is dangerous from whatever cause for a woman to procreate too frequently, restraint can be so regulated and practised. Conjugal onanism, however, is not only criminal in the man, but it must tend to demoralise women. If you teach them vicious habits, and a way to sin without detection, how can you assure yourself of their fidelity when assailed by a fascinating seducer. Why may not the unmarried woman taste of forbidden pleasures also, so that your future wife shall have been defiled 'ere you know her?

Mr. President and Gentlemen, as medical men, we are often the guardians of female virtue. We are admitted into the closest confidence of our patients. We know the secrets of many a household. We are trusted, respected, nay loved, for our considerate kindness to the sorrowful and the sick. Shall we now remain silent when attempts are made to introduce into our happy homes habits of immorality, which are so vile in their character, so dishonourable in their development, so degrading in their practice! Let us protest as medical men, as moral men, as Christian men, against recommendations, by whomsoever made, so filthy, so base, and so abominable.

THE CHEMISTRY OF DIRT. (a)

By H. C. BARTLETT, PH.D., F.C.S.

THE popular mind has been long familiar with the aphorism "that dirt is matter out of place." My object is not merely to prove the truth of this definition, nor to expound the idea only for the purpose of demonstrating that the matter out of place would be valuable if it never got lost. Something wider in scope is aimed at, although the subject can be but touched upon within the compass of the present paper.

I shall be content if I can enumerate and describe a few of the strayed particles which find temporary but uncongenial resting places where they are not wanted, and, more particularly, if I am able to point out some of the means by which several of the dangers inherent to dirt may be conquered or avoided.

Dirt comprises a litte of all sorts—solids, liquids, and gases. These, the air continually takes up by suspension or absorption, to deposit or diffuse them as the case may be; and sometimes the very methods adopted to cleanse or purify our dwellings add to the real dirt; and while the "sepulchre" is whitened, the emanations exude, "noxious as from dead men's bones."

We may successfully trap and disconnect all communications between the house drains and the sewers. Poisonous exhalations may be stopped from making their way into our living rooms or sleeping chambers, instead of being "laid on direct from the elongated cess-pools, mis-called sewers," as is so often the apparent object of the construction of house drains. But there are no dust or gas-proof doors or windows, and the insanitary architect or decorator covers up the festering filth on the walls with another seemingly clean paper coloured with arsenic, or paints with deleterious pigments.

A great deal of dirt passes by the nose and mouth into the lungs and stomach without being perceived by either taste or smell. Very little absolute dependence, however, can be placed upon the critical judgment afforded by the best educated senses of the olfactory or gustatory nerves. Very strong flavoured dirt fills and saturates the atmosphere of many loathsome manufactures without disgusting the work people who are used to it. All delicacy of perception is lost to those who are continually subjected to the influence of noxious smells and flavours, but it is remarkable that the workmen employed in the most noisome trades, such as cat-gut making or glue-boiling, are not equally insensible to the unpleasant odours of petroleum distilling, or those incident to the preparation of fish manure.

I have remarked that persons living in malodorous localities are particularly devoid of perception in regard to those smells and tastes which are more or less of the same class as that to which they are accustomed, but in a lesser degree their appreciative sensations arising from other causes are blunted, and rendered incapable of receiving a ready warning.

Of the dirt which passes into the lungs without being known to the inhaler, we are already aware that very considerable quantities of insoluble mineral dust are in some instances conveyed into the air passages and become impacted there. Stone masons, Sheffield grinders, and coal miners, gradually charge their lungs with visible and tangible accumulations of grit, steel particles, and coal dust. So obvious, indeed, is the clearly defined carbonaceous deposit in the lungs of those who constantly inspire the more strongly smoke-laden atmosphere of certain factory districts, that I have been able to procure many specimens of lung tissue in which a perfectly dense black network is shown in the portions mounted for microscopic examination. These microscopic slides may now be procured of any optician, and are sufficiently instructive in proving to the eye that which, although not so apparent in other cases, is equally well demonstrated by a minute chemical investigation. Besides the insoluble mineral particles which blow about, we have organic matter in a finely divided state, prone to putrefactive decomposition, especially when it comes in contact with the moisture of the mucous membranes. Some are swallowed, some adhere to the membranes and are there centres of corruption. Among these, or carried by gaseous emanations, the specific poisons of typhoid and cholera are believed to lurk; and within a certain range of small-pox and scarlet fever cases, these diseases certainly throw off toxic matters which impregnate the walls and ceilings so as to be capable of reproducing the diseases for a considerable period.

We find the dirt of hospitals to consist of epithelium and pus cells, fibres from woollen, linen, and cotton fabrics, the dead bodies of minute insects, and the germs of bacteria and others, similar to the gelatinous cells of the rhizopoda. The *débris* of various organic matters, together with the mineral detritus, may be said to form the ballast which precipitates with it the lighter portion of the dusty dirt of which I have been treating. The examination of the air in badly-ventilated hospitals shows, only in a more concentrated form, much the same description of suspended matter as may be found in most crowded localities. Everywhere, we may discover salts of ammonia, carbonate and phosphate of lime, silicate of alumina, chloride of sodium, carbon, particles of dried excreta, and many kinds of starch corpuscles with spores of fungi.

In the streets, the nitrates formed from decomposed horse manure exercise a strong re-action against the oxidising influence of the purer air, and there is great cause to believe that the reason why typhoid and choleraic excreta are so much more active in poisonous influence during the later stages of fermentation may be found in the presence of nitrates resulting from decomposed sewage of long previous date. Specific poison protected in its association with the well known everyday dirt of deoxidising nitrates may be dried up and remain dormant for an almost unlimited time. A waft of air, a low condition of vitality in the passer-by, and that peculiar receptivity which occurs to all of us now and again, and with the assistance of the dirt, we hear of another case of typhoid which cannot be accounted for.

(a) An address delivered before the Sanitary Institute of Great Britain and Ireland at Stafford, October 4th.

How can the dairyman prevent minute particles of such dried-up dirt from getting into his cow sheds, his milk, and his utensils? That is a question which has already been solved to my own knowledge in one case, and I will presently disclose the secret, which, however, is no mystery.

Mention is made of the dairyman's difficulty, namely, dirt, because in so many instances, outbreaks of specifically engendered epidemics have been so clearly traced to the retailers of typhoid—the uncleanly milk dealers. At the moment of writing these words, I have had put into my hands Dr. Orme Dudfield's last report as Medical Officer of Health for the large western district of London, known as the fashionable quarter of Kensington. He writes:—

"There is good reason to suppose that the small-pox epidemic was spread by means of laundries, either by infection contained in the dirty clothes sent to be washed, or by the washed (but not clean) clothes when the disease had existed in the family of the laundress or her employes."

In regard to typhoid, Dr. Dudfield traced some cases of the disease to the use of milk from a dairy, where the family of the dairyman had an attack of typhoid, and he remarks:—

"Milk has again and again been proved to be the medium in which the infective agency of typhoid fever has been conveyed."

"But," says Dr. Dudfield, "the persons most liable to contract this fever are those living in the most insanitary parts of the houses; the servants who inhabit the dirty basements have supplied the most numerous victims."

I have scarcely been able as yet to get in a word about volatile dirt, and this opens up a most interesting and valuable field for those who, like myself, have made a special study of the examination of air with a view to ascertain its purity or impurity, and the best means of removing aerial dirt and preventing its accumulation. I include among the volatile matters, which constitute, perhaps, some of the worst forms of dirt, the molecular aëriform nitrogenous emanation from the lungs which is not nitrogen as a gas, and is yet capable of being oxidised into ammonia. And I also class with these, the vapours of water when contaminated with noxious gases, and the noxious gases which may float in the air without the assistance of moisture. I will not now treat of carbonic acid because, fatal as it is when it collects in situations where there is no free ventilation, and objectionable and injurious as an undue proportion must be, a moderately effective inlet of fresh air at the lower levels of the room will diffuse the excess of carbonic acid so as to practically minimise its effects. This cannot be so readily effected when we have to deal with the other emanations from the lungs and skin, and we find the aëriform nitrogenous matters, the volatile fatty acids, the ammoniacal carbides and sulphuretted hydrogen gases, do not diffuse quickly or evenly, as is proved, if samples of the air be taken for examination at several levels of the room.

The fœtid atmosphere of confined living or sleeping rooms, the exhalations from crowded assemblies in badly ventilated theatres and churches, and the concentrated impurities of some of the gangrenous hospital wards, are but variations of aerial dirt, which if filth-fever be the correct term for typhoid, must be considered as analogous to the *nidus* of that and other fell diseases. The products of the combustion of coal gas, paraffine oil, candles, and bad fuel, imperfect as the combustion usually is, send into our apartments all kinds of volatile hydrocarbon compounds from coal-tar to aerolein. Neither will I expatiate further upon sewer gases except to mention that the refuse of various trades, which sometimes pour away their waste, occasionally produces intolerably poisonous vapours. The excrementitious matters also yield by decomposition equally deadly compound ammonias, which actually condense in brown dirt spots on the walls of the closets and rooms into which these vapours find their way.

I shall rather point out how the exceptional dairy I have alluded to succeeds in preventing the conveyance of typhoid in the milk supplied to thousands of customers, while other milk dealers in the same neighbourhood are pointed to, in the terms I have quoted, as typhoid retailers on a small scale. And also, how laundry companies are about to be started with a due recognition of the sanitary requirements to form their claim towards preventing the spread of such contagious diseases as Dr. Dudfield reports.

These, and all other commercial undertakings dealing with articles which may propagate and distribute disease to an unknown extent, have only one course to pursue. They must make war against dirt in any and every form, to accomplish which the best scientific advice and supervision is required. Less than the most advanced knowledge of the subject will not be found successful, for dirt assumes an infinity of disguises, and creeps in under many unsuspected cloaks. Untiring watchfulness and an intelligent comprehension of the details can alone combat with the ever present and insidious enemy.

True cleanliness is a matter of minutiæ, and admits of no subterfuge. If dirt can find a crack, a ledge, or an absorbent surface which cannot be reached by the ordinary method of cleaning, there dirt will accumulate, and where dirt is there will disease be also.

To avoid the possibility of dirt finding shelter in our domestic habitations, what must be done? Carry out, says the scientific sanitarian, the minutiæ of cleanliness by insisting upon an almost microscopic inspection, and use every valid means to maintain the large surfaces of the walls and ceilings as free as possible from injurious matters which may be absorbed or given out.

If we are to look to our neighbours for painstaking cleanliness, we must go to Holland for example, where it is popularly believed that no gastronomic injuries would ensue from dining off the flooring boards or tiles. Beyond the delightful duty of scrubbing everything which is not painted, the Dutchman and his wife find no such esoteric and sanitary delight as in painting everything which cannot be scrubbed or rubbed bright. And the Dutchman is right.

No layer upon layer of paper hangings, with brown, gray, or green arsenical dust to slowly poison the more susceptible of the family,—no sham plaster walls, porous to sewer gas and corrupted with putrefied paste, can be allowed.

If we have lath and plaster let it be painted, and if we cannot have wainscot or mahogany kept brilliant by continued cleanly friction and polish, let us have a clean painted wooden surface, as artistic in tint and in the disposal of the colours and decoration as taste and means will permit, but to carry out a determined war against dirt and disease, let us have paint. These are no longer notions peculiar to the Dutch. They are sanitary axioms which we cannot afford to ignore.

But there is another side to the proposal "to paint and believe in paint," as I observed in the commencement of this paper—sometimes the very means taken to keep our dwellings clean add to the real dirt. So it is with paint, for there be paint *and* paints; some leave little to be desired from a hygienic point of view; others as I shall show, are injurious to health and even deadly in their direct effects.

In July, 1873, I was instructed to investigate the causes which brought about, I believe, some of the severest cases of lead poisoning ever made public. I found at Devonport Dockyard twenty-four cases had occurred among the shipwrights working there dating between May 3, and the 30th of June. There were sixty-four painters employed, and on the average, about four cases of lead poisoning per annum were reported of these men, or at the rate of eight per cent. of those engaged in laying on the white lead paint. When the space to be painted was confined and ill-ventilated, the symptoms were such as Dr. Thomas Brown, R.N., described in his report, which by permission of the Director-General of the

Medical Department of the Navy, I am able to quote. After a few weeks' work, a pasty, lustreless look appeared upon their faces. There was a sense of great depression and weakness, together with headache and loss of appetite. A metallic taste was sometimes complained of, and a blue line was observed upon the margin of the gums.

It was only after persevering for some weeks that the graver symptoms were produced, and the men becoming *wholly incapacitated* sought medical advice.

But it was among the shipwrights that the symptoms appeared in a still more aggravated form. These men were employed in cleaning off Day's cement together with the paint and red lead. All the symptoms previously enumerated were presented, but in a more intense degree, attended with greater depression, and in every case epigastric tormina was described as a dull heavy pain giving the sensation of the bowels being drawn towards the spine. Cramp in the muscles of the extremities were common, and of great severity, but it was observed with surprise that there were no cases of paralysis. The most stringent precautions have since been taken; perfect cleanliness of the skin, and frequent washing of the working clothes was insisted on. A chemical respirator was recommended to be worn while at work, and sulphuric acid drinks were always to be kept in readiness. No precautions, however, prevent the use of white or red lead paints being exceedingly injurious both to the painters and to those who inhabit rooms in which the paint has not properly dried.

Now comes the important question, how long a time must elapse before white lead paints can be considered to be so perfectly dried as to be absolutely free from diffusing their injurious influence?

I will reply that it depends upon circumstances over which we have frequently no control. I state this feelingly, as in my house, a few doors from Grosvenor Square, London, the whole staircase from top to bottom has paint upon it which is not dry now, although it was laid on at Easter last, while I was at Brighton.

The slightest greasy deposit upon the old paint will prevent white lead paints from ever really drying, and while a skin of apparently hard paint cheats the superficial observer, there is a continual exosmosis of volatile poisons being given off. The truth is not revealed until a general tone of depression and lowered vitality throughout the house arrests the attention of observers on the look-out for such causes and effects. Or, perchance, the spirit of cleanliness, that handmaiden to the goddess Hygeia insists upon an early cleansing of the paint all over the house, with the unpleasant result of detaching the false skin of the new paint and leaving the greasy under-coat which no length of exposure will ever dry. It is no exaggeration to assert that very little paint, containing white lead as its basis, becomes so hard and dry within months of its application, as to preclude the possibility of poisonous matters being given off.

I have had distinct proof that the injury accruing from the diffusion of lead in the air exists to an extent far surpassing the well-known poisonous influence of minute quantities of lead in drinking-water. I have, therefore, always recommended the substitution of zinc white for white lead, for the all important reason that it is harmless. Many reasons, however, tend to limit the use of the ordinary zinc (white oxide of zinc), the weightiest of which are that it does not possess the body of white lead, will not cover so much surface, and is, therefore, not so economical either in labour or in cost. Several coats of zinc oxide are required to equal the opacity of white lead, and in mixing with other colours, a much larger quantity of zinc oxide must be used.

I have lately had brought before me a new preparation of zinc, which is stated to have overcome all these defects. As I have carefully investigated its properties, I am happy to find that we have at length obtained an antiseptic white zinc paint, which is free from the objections raised against zinc oxide. I find the oxy-sulphide of zinc pigment, invented by Mr. Thomas Griffiths, of the Liverpool Silicate Paint Company (to which the Silver Medal of the Paris Exhibition has just been awarded by Dr. Phipson and Prof. Lutschauning), to be a very curious instance of the fulfilment of the demands of sanitary science. We insisted that we must have a non-poisonous white as the basis of the oil-paints used in our dwellings. Zinc oxide was proposed, and, I believe, large fortunes have been made out of its manufacture, notwithstanding the drawbacks. The economies of labour and expenditure must, however, be included within the demands of sanitation, or the use of the best and most harmless of pigments is certain to be evaded. The fiat of the trade goes forth against it, and it becomes doubly dear and difficult to ensure its use. Oxy-sulphide of zinc is then brought forward, as dense as white lead, and as opaque, its covering qualities even exceeding those of the lead paint; and, as it does not change colour like white lead, is as cheap, all things considered, we may welcome another powerful auxiliary, which, while innocent of itself, will help us immensely in our campaign against dirt and disease.

Clinical Records.

A CASE OF METASTATIC LOBULAR HYPERÆMIA OF THE LUNGS AND DRY (LEFT) PLEURISY AS SEQUELÆ OF MEASLES.

By H. CRIPPS LAWRENCE, L.R.C.P. Lond.

History.—J. P., æt. 15, refers to an excellent family history, and has himself enjoyed good health from birth, with the exception of slight gastric attacks, until February, 1878, when he had varicella, followed by measles. He returned, however, to school on March 14th, 1878. On April 8th following he became ill again, and on April 12th was reported ill with "inflammation of the lungs and pleurisy (right)." On April 18th he was "convalescent" and allowed to sit up, and on April 22nd he returned home.

On April 23rd, 1878, I saw him for the first time professionally, and found him much debilitated by his recent illnesses. Skin pungently hot, pulse 96 deg., respiration 24 per minute, temperature 99·4 deg. F.

The only physical signs observed were shallow breathing, with diminished expansion and dulness above the left spinous fossa. This area was painted with tinct. iodi.

On April 21st the patient had had a bath, and felt chilly after it.

After reaching home he felt fatigued by the railway journey, but nevertheless moved about too much, contrary to advice, and overtaxed his lungs by calling aloud to his brother and sisters, for he had been kept on a bed in a separate room as a precaution

On April 26th he was not so well, had a slight rigor, rested on the sofa in one room, and afterwards went to bed, where he remained till the 19th of May following.

I will now record the temperature, pulse, and respiration during this period of rather more than three weeks:

April 26th.—Temp., morn. 102 deg.; pulse, morn. 96; resp., morn. 28.

27th.—Temp., morn. 99 4 deg.; pulse, morn. 120; resp., morn. 28.

28th.—Temp., morn. 100·3 deg; pulse, morn. 112; resp., morn. 24.

29th.—Temp., morn. 99·4 deg.; pulse, morn. 80; resp., morn. 20.

30th.—Temp., morn. 100·4 deg., noon 102 deg., even. 101·4 deg.; pulse, morn. 96, even. 112; resp. 28.

May 1st.—Temp., morn. 99·2 deg., even. 101·2 deg.; pulse, morn. 96, even. 112; resp., morn. 24., even. 24.

2nd.—Temp., morn. 98·6 deg., even. 102·8 deg.; pulse, morn. 92, even. 108; resp., morn. 20, even. 24.

3rd.—Temp., morn. 98·4 deg., even. 101·2 deg.; pulse, morn. 92, even. 108 ; resp., morn, 24, even. 28.

4th.—Temp., morn. 98·8 deg., even. 102·6 deg.; pulse, morn. 92, even. 108 ; resp., morn. 24, even. 28.

5th.—Temp., morn. 98 deg., even. 104·6 deg.; pulse, morn. 92, even. 128 ; resp., morn. 20, even. 36.

6th.—Temp. morn., 98·4 deg., even. 101·6 deg.; pulse, morn. 92, even. 112 ; resp., morn. 24, even. 28.

7th.—Temp., morn. 98·4 deg., even. 101·2 deg.; pulse, morn. 88, even. 88 ; resp., morn. 20, even. 24.

8th.—Temp., morn. 98 deg., even. 100 deg.; pulse, morn. 88, even. 96 ; resp., morn. 20, even. 20.

9th.—Temp., morn. 98·4 deg., even. 98·4 deg.; pulse, morn. 88, even. 92 ; resp., morn. 20, even. 20.

10th.—Temp., morn. 99·4 deg., even. 100 deg.; pulse, morn. 96, even. 88 ; resp. morn. 20, even. 20.

11th.—Temp., morn. 100 deg., even. 100·8 deg.; pulse, morn. 104, even. 112 ; resp , morn. 24, even. 24.

12th.—Temp., morn. 98 deg., even. 100·8 deg.; pulse, morn. 96, even. 96 ; resp., morn. 20, even. 24.

13th.—Temp.; morn. 98·4 deg., even. 99·2 deg.; pulse, morn. 92, even. 92 ; resp., morn. 20, even. 20.

14th.—Temp., morn. 98·4 deg., even. 99·8 deg.; pulse, morn. 88, even. 88 ; resp., morn. 20, even. 20.

15th.—Temp., morn., 98·4 deg., even. 99 deg.; pulse, morn. 92, even. 92 ; resp., morn. 20, even. 20.

16th.—Temp., morn. 99 deg., even. 100 deg. ; pulse, morn. 88 ; resp., morn. 20.

18th.—Temp., morn. 99 deg.; pulse, morn. 100 ; resp., morn. 24.

19th.—Temp., morn. 98·4 deg.; pulse, morn. 96 ; resp., morn. 20.

Co-existently with the above variations in temperature, pulse, and respiration, the following physical signs were observed in the chest :—

From April 26th to 30th, voice almost broncho-phonic at the angle of the right scapula, and, on deep inspiration, fine crepitation over the lower lobe of the right lung posteriorly, with deep tubular breathing. Slight dulness at apex of the right lung posteriorly.

On the 29th no dulness, but slight increase of vocal resonance at the right apex posteriorly. No crepitation except at the right base posteriorly.

On May 2nd the crepitation was bronchial, and scattered over the right side, with slight dulness.

In the afternoon of May 3rd various patches of hyperæmic lung, amounting *almost* (for henceforth no actual bronchophony or tubercular respiration occurs) to consolidation, were demonstrable and a patch of dulness appeared beneath the left clavicle.

On May 4th this left infra-clavicular dulness had gone, and the crepitation and dulness on the right side were less marked. The systole was noticed to be prolonged at the left apex of the heart, almost producing a bruit.

For the last four days a new and interesting feature has appeared in the symptoms, for the patient generally sleeps after dinner from 2.30 to 5 p.m. A 5 o'clock he awakes in a febrile condition, which gradually increases up to 11 or 12 p.m., and at about 5 a.m. a profuse sudoresis commences, leaving the patient about 8 a.m. cool and free from fever.

May 5th.—The dulness and crepitation had almost disappeared on the right side, but now slight dulness was noticed at the base of the left lung anteriorly. A systolic bruit at the left heart apex now well marked. Fever less, commencing last night about 7 p.m. and lasting till 11.45 p.m., when sweating occurred, and continued until 2.30 a.m, on May 6th. At 5.30 p.m on May 5th a rigor took place, followed by fever, so that at 7.45 p.m. the highest temperature noted during the whole illness was recorded, viz., 104°6 F., with a pulse of 128 and respirations 36 to the minute in frequency. At this visit the following marked variations in the physical signs were noted. Slight dulness at the apex of each lung posteriorly; dulness with impaired vocal resonance and muffled heart sounds about three inches below the left nipple, and this area of dulness extended for about two inches in each direction from this point as a centre. To the left of this again, over the lower fifth of the left lung anteriorly were now evident dulness with exaggerated vocal resonance ; while over the left base posteriorly the respiration and vocal vibration were normal as far forward as the centre of the left lateral region.

6th.—The hyperæmia was diminished over both apices posteriorly, and the antero-lateral base of the left lung ; while the patch above described, to the right of and below the left nipple line, continued dull, the voice and heart sounds being also dull and muffled, indicating the presence of a circumscribed dry pleurisy. Resonance on percussion was clear everywhere excepting this patch, a slight comparative dulness over the right lung in parts, and a box-like note over the right supra-spinous fossa. The mitral systolic bruit had vanished.

10th.—Neither fever nor sweating. Slight dulness, with diminished expansion and lessened vocal resonance and fremitus over the left supra-sinous fossa, extending laterally over and along the external third of the upper half of the left side (scattered dry pleurisy). There were also present scattered dulness, with increased vocal resonance and fremitus, over the upper and lower fourth of the right lung posteriorly, but no crepitation was audible.

12th.—Two pleuritic patches appeared the size of a large five-shilling piece—one near the angle of the left scapula, the second at the costal margin to the left of th scrobiculus cordis.

17th.—Slight crepitation audible at the base of the right lung on deep inspiration ; also slight dulness below the angle of the left scapula and over the site of the old pleuritic patch bordering the left costal cartilages.

About this time sudamina appeared over the thorax and abdomen, accompanied by a well marked hyperæmia of the skin. From this date no fresh chest symptoms appeared, and, with slight fluctuations, the temperature, pulse, and respiration became normal.

19th.—The patient sat up on a couch for the first time, and by May 30th convalescence was progressing very favourably.

June 6th.—T. 98, P. 84, R. 20. Gaining strength daily ; the cutaneous hyperæmia remains over the back. Tongue clean ; bowels regular ; appetite and sleep good ; lungs normal ; heart somewhat unequal in force, and a systolic (hæmic) bruit audible over the aortic valves.

Treatment.—Absolute rest and quiet in bed ; jacket linseed-meal poulticing, with occasional sinapisms over patches of persistent hyperæmia in the lungs ; salines, followed by quinine in effervescence.

May 1st.—Debility increased, and ℥ij. brandy were given thrice daily, and on May 3rd this was altered to one-ounce doses of port wine every six hours, and on May 11th every four hours until solid food was given, about May 16th, when stout supplied the place of some of the wine at the chief meals. Milk food, Brand's essence of beef, chicken, and mutton broth, with farinaceous additions, formed the chief nourishment. The bowels were regulated as necessary. So soon as the poulticing could be discontinued a jacket lined with cotton wool was used instead, and when the sudamina and cutaneous hyperæmia appeared, friction of the skin was employed twice daily with the hand lubricated by olive oil. On May 5th the patient complained of the acidity and effervescence of the quinine mixture, so quinine in gr. ij. doses, with ℥x. acid phosphorici dilut., in water, was given every four hours instead. On May 20th iron and quinine were administered in a pill thrice daily.

Remarks.—The above case has been recorded at length, as it illustrates an interesting clinical variety of lung congestion. It clearly differs in its features from ordinary lobular pneumonia ; for in the case recorded above, no distinct consolidation, running a definite course to subsidence in resolution or a disintegration of lung tissue occurred ; on the contrary, there were found physical signs of hyperæmia, occurring here, or there, or anywhere, not spreading by continuity, but attaching several organs, so

to speak, *per saltum*. In fact, a hyperæmia bordering on, but not attaining to a complete consolidation.

Previous to May 2, the base of the right lung threatened pneumonic consolidation, but the main features of the attack after this date, indicate a transitory metastatic lobular hyperæmia.

This state of things predicated that some altered blood state was probably inducing this systemic condition, which expressed itself in metastatic lobular hyperæmia, metastatic dry pleurisy, and cutaneous hyperæmia.

I felt so convinced of this, that a consultation with Dr. Andrew Clark was sanctioned, and I was much gratified to learn that he fully endorsed this view of the case.

I have met with somewhat similar, though less typical examples elsewhere, and attribute them for want of a better origin to miasma. This term must be used in a wide sense, including marsh air proper, imperfect drainage, and not improbably impure gas of any kind.

An irregular course in a lung congestion, should, therefore, lead us to suspect some miasmatic influence, and in offering a prognosis from the very nature of the malady, we should be guarded—and especially in respect to two points—1. The period of the attack may be, most probably will be, lengthened, as compared with ordinary lobar or lobular pneumonia. 2. As to the events of the attack, the poison will probably expend itself by *localisation*, either in an endo- or a peri-carditis, an empyema, a peritonitis, or in one or more local abscesses. In this case, the cutaneous hyperæmia may be regarded as the effort of Nature to eliminate the poison, and following the indication, daily friction of the skin was maintained for several days, aided by local warmth. In addition, a liberal diet, with port wine and quinine, expedited the patient's recovery.

ARMY MEDICAL DEPARTMENT.

ABSTRACT OF THE REPORT OF THE COMMITTEE

Appointed by the SECRETARY OF STATE *to Inquire into the Causes which tend to prevent sufficient eligible Candidates from coming forward.*

FALLING OFF IN COMPETITION FOR APPOINTMENTS.

As a preliminary investigation, we thought it best to inquire whether, and to what extent, the alleged difficulty in obtaining candidates exists, and whether it shows a tendency to increase or diminish. The following is the experience of the competitive examinations for the Army Medical Department during the last ten years :—

	Vacancies.	Candidates.	Qualified.	Appointed as Probationers.	Candidates to Vacancies.	Passes to Candidates.
					Percentage.	
1868—Summer	21	37	32	21	176	87
1869 Winter*	...	...	...	...	...	...
1869 Summer*	...	...	...	...	...	...
1870 Winter*	...	...	...	...	...	...
1870 Summer*	...	...	...	...	...	...
1871 Winter	36	57	53	36	158	93
1871 Summer	14	34	33	14	242	97
1872 Winter	12	19	18	12	158	95
1872 Summer*	...	...	...	...	...	...
1873 Winter*	...	...	...	...	...	...
1873 Summer	18	15	14	10	83	93
1874 Winter	24	19	18	15	79	95
1874 Summer	20	23	22	17	115	96
1875 Winter	24	11	10	8	46	91
1875 Summer	28	21	21	14	75	100
1876 Winter†	38	...	...	...	...	...
1876 Summer	50	34	33	33	68	97
1877 Winter	50	23	17	17	46	74
1877 Summer	50	31	30	25	62	97
1878—Winter	40	19	18	18	48	95

* No examination in 1869, 1870, 1872, or 1873.

† Examination deferred, as only 12 candidates came forward, 5 of whom had been rejected previously.

From this table it will be seen that candidates have become progressively scarcer in proportion to the vacancies. The diminished supply has necessitated the employment of medical men lower and lower down the Pass List; although, even then, the Establishment has not been kept full. Such a result is eminently unsatisfactory.

The difficulty in obtaining candidates is not, however, limited to the military service. The Medical Department of the Navy is, we understand, scarcely better off; and we believe it is admitted that, in civil life, practitioners experience much trouble in obtaining qualified assistants. Even for the Indian Medical Service, with higher pay, not more than sufficient candidates have lately come forward.

SUPPOSED CAUSES OF DECREASED COMPETITION.

It is easy to understand, on general grounds, why the Army Medical Department should have ceased to attract candidates in the proportion in which it attracted them a few years ago. The opportunities of employment for young medical men have largely increased. The colonies, the great steamship companies, and the mercantile marine, draw so extensively on the British market that large numbers of English vessels are obliged to carry surgeons not on the British Medical Register. Again, the number of official or semi-official sanitary appointments and other services in connection with the Local Government Board, by augmenting the emoluments of surgeons in country practice, add to the difficulty of finding men willing to encounter the dangers and inconvenience of military medical service.

The army thus suffers from a very serious competition in the ranks of the profession. This, however, is not the only antagonism which it has had to meet. The medical profession itself cannot draw so many students to its schools as it did in former years.

Medical officers are indispensable for the army. It may not be necessary to draw to it the very *élite* of the medical profession; but it is desirable that there should be a fair leaven of surgeons of a high class, and it is eminently necessary that the officers of the Army Medical Department should, as a whole, be at least equal to the average of successful medical practitioners.

We now proceed to point out those causes which tend specifically—or are represented as tending—to discourage candidates from coming forward for the Army Medical Department. First, there is the element of prejudice engendered by the complaints of officers who are serving in the Department. If a medical student have a relation already in the Army Medical Service, it will probably depend much on the recommendation of that officer what the destination of the future surgeon will be. Unfortunately, it is notorious that among army medical officers there are a considerable number who, rightly or wrongly, are dissatisfied with their condition and prospects. Their dissatisfaction being reflected to the students, their relatives, does, as almost every medical school bears testimony, militate against the army, when those students have to choose a career.

The alleged Grievances of Existing and Retired Officers.

So far as we have been able to ascertain, these may be resolved under the following heads :—

a. Scales of pay and system of retirement.
b. Loss of forage.
c. Loss of a soldier servant.
d. Difficulties as to quarters.
e. Sick half-pay.
f. Relative rank and honours.
g. An unpublished Roster.
h. Non-discrimination between seniors and juniors in the assignment of duties.
i. Questions of leave.
k. Difficulty in exchanging.
l. Generally, that faith has not been kept by Government: and especially that the Royal Warrant of 1858 has been departed from.
m. The abolition of the regimental system.
n. Increased difficulty in obtaining promotion to the rank of deputy surgeon-general.

a. Scales of Pay and System of Retirement.

The contention here is—that the pay is insufficient; and that retirement, except on inadequate terms, cannot be claimed as a right until after 25 years' service.

As regards the insufficiency of the pay, we have dealt with the question under Class II. Successive Warrants have raised

the rates of pay of medical officers; so that none are serving on worse pay than that secured to them by the letter of the agreement under which they entered the service. But such a contract can scarcely be fairly regarded as life-long, in times when the value of money rapidly decreases, and the payment for services of all sorts rises in a corresponding degree. Although the officers are treated within the legal letter of their contract, we think they have a moral claim to have their position improved *pari passu* with that of practitioners in civil life.

We are strongly of opinion that, for the sake of advancing young officers to the higher grades, and in order that the officers serving should be contented (thereby promoting efficiency in the Department), there should be as great facilities for retiring as are conferred by the Royal Warrant of the 13th August, 1877, on combatant officers. The latter are able to retire, without reference to health, at any time after completing 12 years' service above the age of 20—that is from the age of 32. Until after completing 20 years' service—that is until the age of 40—they are only eligible for gratuities. As a medical officer enters later in life—rarely before 23 years of age—and as almost his whole service is effective, his training having been accomplished while yet a civilian and at his own expense, we think that he might fairly be allowed to retire after 10 years' service on a gratuity of £1,250, after 15 years' service on a gratuity of £1,800, and after 18 years' service on a gratuity of £2,500.

It is to be observed that every such gratuity accepted by an officer, who would otherwise serve on for pension, represents a distinct and considerable ultimate saving to the State. A collateral advantage—presuming that an adequate supply of candidates is forthcoming—would be that no officer would be serving who was unwilling to serve; while there would be an increased influx of young surgeons fresh from all the latest science of the schools.

After 20 years' service, we think a surgeon-major should be allowed to retire on £1 a-day; after 25 years' service, on £1 2s. 6d. a-day (£410 12s. 6d. a-year); and after 30 years, on £1 5s. a-day (£456 5s. a-year). This retirement will cause a considerable increase of cost, but when it is remembered how small a proportion of the officers who enter can hope to rise above the executive grade of surgeon-major, we think that an ultimate retirement for them of 25s. a-day cannot be deemed excessive.

We propose to abolish in all ranks the grant of higher rates of retirement to officers retiring under the certificates of Medical Boards.

b. Loss of Forage.

The grievance in this case is based on Article 6 of the Royal Warrant for the Medical Department, dated 1st March, 1873:

> "Forage shall be granted to officers of the Army Medical Department for such number of horses as are necessarily kept by them for duty."

The effect of this clause is that an officer does not receive forage unless the nature of his duties necessarily involves his keeping a horse.

It may be desirable to glance at the history of this forage grant for medical officers.

The Royal Warrant of 1848, provides the maximum numbers for which forage could be allowed; and it, not "in any case whatever [to] be drawn for more than the effective horses which the officer shall actually and *bona fide* keep for the public service." This wording is in effect the same as that of the Royal Warrant of 1873 quoted above; which forms the grievance now brought forward. The cavalry officer was subject to a stoppage from his pay of 8½d. a-day for every ration of forage; and the allowance to the regimental surgeon of infantry was to be 8½d. a-day less than to other officers, so much of his pay having been specially given towards defraying the keep of a horse.

The general result as to forage is that, with the exception of about forty officers who might have belonged to cavalry regiments or Horse Artillery brigades, all existing surgeons, and Surgeons-Major of less than three years' seniority, are in the same situation as they held previously; but that Surgeons-Major of more than fifteen years' service in all do not now have forage allowance unless the necessity be shown for their having horses.

For the rest, we think it should be distinctly understood that forage is neither intended to constitute an emolument of the officer, nor, in enabling him to maintain a horse, to add to either his dignity or his pleasure. The State contracts for the service of an officer; and, if it be conducive to his efficiency in a military point of view, the State requires him to be mounted, contributing towards the expense of his being mounted. But this is all; and the War Office holds that a horse, or its keep, forms no part whatever of the reward the State has convenated to give for services performed.

There is another point of view from which we think that the question of keeping a horse for the public service needs amendment in favour of the officer. In bringing this forward we do not lose sight of the cirumstance that our remarks will apply to other Departments as well as to the medical.

Where an officer holds an appointment in which it is clear that, from first to last, he will have to be mounted in order to fulfill his public duties, he has to provide a horse. This obligation is no more than that imposed on almost all mounted officers. But, when an officer holding an appointment which does not involve the maintenance of a horse is required, as a temporary measure, to undertake duties (sometimes only for a few weeks) for which he must be mounted, it appears to us that the State should assist him. If he buy a horse, he will probably have to sell it at a loss when the duty is over. If he hire one, the cost of hire and keep will exceed, in most cases, the forage allowance; even under the provision of art 11, of the Warrant of the 28th March, 1878 [Army Circulars, 1878, Clause 58].

To meet such cases we think a sufficient number of suitable riding horses should be provided at large stations by the Army Service Corps for the use of officers thus requiring to be temporarily mounted.

c. Loss of a Soldier Servant.

Staff medical officers have always been allowed 1s. 6d. a-day abroad and 1s. a-day at home, in lieu of a soldier servant. Regimental medical officers had soldier servants; and as a servant, paid and rationed by the public, is certainly not to be replaced for £18 5s. a-year, we can readily understand that, at the time medical officers were removed from regiments and made staff officers, the hardship of the change was severely felt. We think, however, that the collateral gain of having staff instead of regimental allowances must be regarded as an adequate compensation.

It has been proposed to allow the medical officers to have men of the Army Hospital Corps as servants; and it has also been suggested to give them the allowance of 1s. 6d. a-day granted to Engineer Officers in lieu of servants. The first alternative is, we understand, recommended for adoption in the Report of another Committee. The second course would place the medical officers on a footing different to other staff officers, who would have fair grounds for demanding an equal allowance.

We admit that by comparison the medical officer, like every other staff or departmental officer, is worse off, in the matter of the servant, than a regimental officer; but we regard the fact as an incident of the staff or departmental position, and to be considered with reference to its pay and emoluments as a whole. Under Class II. we recommend an augmentation of the pay of medical officers; and we think that that augmentation, if granted, must be taken to compensate any loss felt in the past in parting with a regimental servant.

d. Difficulties as to Quarters.

Complaint is made that in the assignment of quarters, and issues of fuel and light, medical officers are treated as regimental officers; although in other respects they are deprived of regimental privileges.

We recognise the difficulty in such cases of assigning staff quarters; but we hope that it may be overcome by permanently allotting a suitable quarter for the medical officer in barracks where it is indispensable that a medical officer should reside. At the same time we think it is a subject for inquiry whether there is a necessity for such close personal medical attendance on soldiers. No difficulty is experienced in civil life, even in large institutions such as schools and colleges, in the non-residence of medical men; and it would probably be found equally compatible with the physical efficiency of the soldier.

e. Sick Leave and Sick Half-Pay.

Dissatisfaction appears to prevail at the rules for granting sick leave and sick half-pay. The present practice is that when the officer's ill-health is certified by a medical board to have been contracted "in and by" the service, he may be granted sick leave on full-pay for a period not exceeding six months, and afterwards be placed on half-pay.

It appears to us that, when the unhealthy nature of a surgeon's occupation is considered, as well as the high rate of mortality to which medical officers are found to be subject, they ought to be allowed, when it is shown to be necessary in cases of ill-health, duly certified as not caused by the officer's misconduct, leave on full-pay up to a year (according to the necessity of the case) for the recovery of health. As regards subsequent leave in the event of non-recovery, we see no reason why they should not be under the half-pay regulations applicable to combatant officers.

f. Honours, and Relative Rank.

Like many other men who do their duty under an especial risk to life, medical officers appear to set a high value on honorary distinctions. Complaint as to the paucity of these distinctions is, doubtless, a grievance somewhat of an intangible nature; but honours have always formed one of the rewards to be looked for in a national service.

We sympathise with the medical officers in their complaint that honorary distinctions do not, as compared with other corps, fall sufficiently to their share.

It has been proposed in former inquiries to give the Medical Department precedence over the Commissariat; but up to this time that proposal has been negatived. Formerly it took rank after the *old* Commissariat. As the *new* Commisariat, the Ordnance Store Department, and the Army Paymasters, now precede it, it follows that the Medical Department has had to yield precedence to the purveyors and barrackmasters, who at present form part in the commissariat, and to the store officers, while the new pay department has been also placed before it.

This classification has, we find, given rise to much feeling of dissatisfaction on the part of the present medical officers. They claim to be a scientific corps (administering nothing beyond their own affairs and partaking of the nature of a combatant position) rather than an administrative department of the army. It is true that they do not fight in offensive war, but they maintain an incessant combat with disease and death; they go under fire in battle wherever combatants go—which other departments do not—and they take their turn of Indian service, which the veterinary department alone shares with them. The result is shown in the list of casualties. The death-rate of medical officers greatly exceeds that of combatant officers. It is calculated by the actuaries that of 1,000 young men at 20 years of age, who respectively enter for army combatant commissions and study for the medical department, the following reach the later ages:—

	Combatant Officers.	Medical Officers.
Start at age 20 ...	1,000	1,000
Live till 30 ...	888	849
,, 40 ...	792	684
,, 50 ...	689	538
,, 60 ...	571	423

On these grounds we think that the medical officers show good cause, and we think it is a matter for consideration whether they might not be styled "*Royal Army Surgeons*," "*Royal Medical Staff*," or by some other appropriate designation.

As regards precedence, we think that they should not be ranked below any other civil department of the army. The individual precedence of officers depends on the dates of their commissions. We recommend, therefore, that all departmental precedence be abolished; and that the departments of the army should appear in the Army List in their alphabetical order.

We further recommend (as Lord Herbert's Commission also did in 1858) that in regard to honours, rewards, and good-service pensions, the Medical Department should be judged rather by the standard for combatants than by that for non-combatants.

	Royal Engineers.	Medical Officers.
G.C.B. ...	2	... ...
K.C.B. ...	6	... 2
C.B. ...	19	... 8
K.C.M.G. ...	1	... ...
C.M.G. ...	3	... ...
G.C.S.I. ...	1	... ...
K.C.S.I. ...	1	... ...
C.S.I. ...	2	... ...
	35	10

Again, in the matter of good service pensions to active and retired officers, we find the following disproportion:—

	Number held.	Per 1,000 Officers, active and retired.
Medical Officers ...	8	... ·6
Royal Engineers ...	17	... 1·7
Royal Artillery ...	28	.. 1 5

This is notwithstanding that the two military corps have a considerable number of Honorary Colonelcies to look forward to.

With regard to the six medical officers who are honorary physicians, and the six who are honorary surgeons to the Sovereign, we think that those rewards would be more appreciated if, in their treatment, they were assimilated to that of Her Majesty's aides-de-camp. Like the latter, their names might appear on the first page of the Army List; and in the Seniority List they might be marked by the letters "Q.H.P." and "Q.H.S." respectively.

Further, we would recommend that as appointment to be Queen's aide-de-camp promotes the officer appointed, *ipso facto*, to be colonel in the army, so appointment as honorary physician or surgeon should, *ipso facto*, raise the officer selected for the honour to the rank of deputy surgeon-general. In considering the point, it is to be remembered that a Queen's aide-de-camp has in that capacity 10s. 5d. a-day (£190 2s. 1d. a year) without being debarred from other staff pay; whereas the honorary physician or surgeon has no extra pay as such.

There was, perhaps, an object when the surgeon-major was a regimental officer, in providing that he should always be junior among lieutenant-colonels. At present there is apparently no reason for such a distinction; and we recommend that the surgeon-major should rank as a lieutenant-colonel, according to the date of completing 20 years' service.

In the Royal Navy, the surgeon, from the commencement of his service, holds the relative rank of lieutenant, which rank, on the other hand, corresponds with the army rank of captain. We fail to see why the military surgeon should enjoy less advantages than his naval contemporary; and we think that he should accordingly have the relative rank of captain from the time he passes through the course at Netley (as to which we have some observations to offer further on). It may at the same time be observed that the chaplain enters the army with the relative rank of captain.

g. An Unpublished Roster.

The Army Medical Regulations of 1859 provided (page 32) that there should be kept and hung up for inspection at the office of the Director-General, a roster of the officers on duty at home; and as a general rule, those officers who had been for the longest period at home were to be the first to proceed abroad. For many years this roster was duly hung up in the waiting-room of the Army Medical Head-quarters at Whitehall; but when Sir Galbraith Logan was Director-General it was ascertained that agents were in the habit of keeping duplicate rosters for the purpose, it was alleged, of negotiating exchanges between medical officers. The roster was then removed and placed in charge of the surgeon-general of the Medical Branch. That officer will always furnish to any medical officer making written application, a statement of his position on the roster; and the roster itself is open to the inspection of any officer applying personally. We do not think that more than this is needed.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

OCTOBER 11, 1878.

A CASE OF FRACTURE OF BOTH HUMERI; RUPTURE OF THE LEFT BRACHIAL ARTERY; ABOLISHED CONDUCTIVITY OF THE LEFT RADIAL AND MEDIAN NERVES; BROKEN ILIO, AND LACERATION OF THE QUADRICEPS EXTENSOR CRURA JUST ABOVE THE PATELLA.—RECOVERY, WITH LITTLE TRACE OF PERMANENT INJURY, EXCEPT SOME LIMITATION OF FLEXION OF LEFT ELBOW-JOINT.

By Mr. J. W. HULKE.

The above-mentioned injuries were caused by a revolving wheel which caught the man's sleeve, and whirled him

round, it was thought fifty times before the machine was stopped. The bearing of the case on nerve-stretching as a surgical practice, as on the question of primary amputation, are the grounds on which it is brought before the Society.

The PRESIDENT related a parallel case, where loss of function followed undue stretching of nerves across a fractured humerus, but without restoration of sensibility, and with subsequent sloughing of portions of skin of the fingers.

Mr. HEATH, remarking upon the rapidity with which collateral circulation was established, referred to a case of gun-shot injury of the forearm, reported by himself three years ago, where also after division of the brachial artery, pulsation returned to wrist at end of three days. Did Mr. Hulke treat the wound on antiseptic principles?

Mr. MARSH remarked upon the great rapidity with which the collateral circulation was set up in young subjects, and the PRESIDENT having referred to Mr. Mitchell's observation on the restoration of nerve supply through the medium of the nerve-limbs after injury, Mr. HULKE replied, instancing as an example of the great rapidity with which the collateral blood-supply was set up in the upper limb, the case of a fracture at bend of elbow in a lad of 19, where the brachial artery was completely severed. Pulsation was observed in the distal end of the vessel 24 hours after the injury. Strict antiseptic details were not carried out in the case he referred to, but scrupulous cleanliness was adopted.

Mr. HUTCHINSON read a paper on

A CASE OF SUPRA-PUBIC LITHOTOMY.

A man, æt. 26, had suffered inconvenience for about six months with the usual symptoms of stone. Examination proved the stone to be of unusual size, and it was therefore decided to perform the high operation in preference to extraction per rectum, which was considered the only alternative. At the time of the operation some difficulty was experienced in extracting the stone, in consequence of its great size, compared with the wound. After the operation, the bladder was drained by means of a tube passed through the wound and through the urethra, The drainage was not, however, complete, and great inconvenience resulted from overflow of urine from the wound. The case went apparently well for the first week, but the patient ultimately died of pyæmia. At the post-mortem the bladder was rigid, and coated with phosphates; the urethra dilated, and pyæmic deposits in the kidneys. The stone weighed 6¼ ounces, and measured in circumference 9 inches by 7 inches.

Mr. NORTON suggested that drainage of the bladder might be effected in cases of supra-pubic operation by an incision in the perinæum, and the insertion of a prostatic tube.

Mr. GANT considered Dupuytren's bilateral operation preferable to the supra-pubic for large calculi.

Mr. HEATH, some years ago, saw Sir H. Thompson perform supra-pubic lithotomy on a boy with deformed pelvis, where removal of the stone by the ordinary method had failed; and he had also seen Sir Henry perform supra-pubic puncture of the bladder in cases of prostatic disease. This was sometimes difficult, from the position of the bladder. He had read that distension of rectum could be made use of to pull forward the bladder. For drainage vesical puncture was efficacious. Very large calculi could be removed per perinæum, and, if the incisions were free enough, without laceration of tissues; or the practice adopted by Mr. Macnamara in India might be followed, viz., that of combined lithotrity and lithotomy.

Mr. HULKE did not see the need of special measures for the escape of urine in cases of supra-pubic lithotomy; the inconvenience was only that of dribbling of urine, and no risk of contamination or cellulitis seemed to be incurred. He referred to an ingenious Italian instrument, exhibited in 1862, for breaking up large stones in the bladder through the lithotomy incision.

Mr. BARKER had seen Sir H. Thompson perform the high operation, when the great difficulty appeared to be in catching the stone, and not in opening the bladder.

Mr. CALLENDER was going to bring several cases of supra-pubic puncture before the Society, and in one of them there was great difficulty in the operation. He had found that, by making several apertures in the limb of a syphon inserted into the bladder the urine could be satisfactorily drawn off through the wound.

Mr. HUTCHINSON had tried every plan, but could not avoid the dribbling of urine. Certainly the bladder was rigid in his case from phosphatic deposit. There was no difficulty in the operation, and all other modes of destruction were well considered before it was undertaken. The ill result must be attributed to the low state of health of the patient.

Mr. LUCAS read a paper on

PISTOL-SHOT WOUND OF THE SKULL.

A man, æt. 21, committed suicide by firing a revolver at his forehead. Two conical bullets were extracted from the internal table after a crucial incision. The longitudinal sinus was seen pulsating, and the dura mater was perforated. The patient lived five days, during which time the prominent symptoms were—convulsions, left hemiplegia, gradual rise of temperature to 107°. At the post-mortem the dura mater was found perforated in one small aperture; suppurative meningitis over the right hemisphere and anterior part of the left hemisphere; also slight bruising of each frontal lobe.

Mr. HUTCHINSON asked whether there was any evidence of encephalitis as well as meningitis on the side opposite to the hemiplegia. He had long held that hemiplegia was a constant symptom of traumatic meningitis of the opposite side of brain.

Mr. HULKE related a case of gunshot injury, under the care of Mr. Lawson, where, after protrusion of brain substance and exfoliation of portions of frontal and ethmoid bones, perfect recovery ensued. He confirmed Mr. Hutchinson's statement as to the association of hemiplegia with traumatic meningitis.

Mr. HEATH mentioned a case of complete amaurosis, in which a bullet had been fired through from one temporal region to the other. There was evidence also of palsy of one third nerve and the other sixth, so that it would seem that the bullet had divided these nerves and both optic nerves, without injuring the carotid artery. In another case the bullet had rebounded into the brain.

Mr. BARKER related two cases of gun-shot wound from Chassepot rifles.

Mr. HULKE said a similar case to the second one mentioned by Mr. Heath was related by Larrey, when the portion of the ball in the brain was ascertained by a catheter, and found to lie near the opposite side of skull. Larrey trephined over the spot and extracted the bullet. The case recovered.

Mr. HOUSE had recently extracted a ball from a child's skull by trephining over a spot opposite to the aperture of entrance. The ball was lodged between the dura mater and the bone, but the child died in thirty-six hours from the effects of the injury.

Mr. HUTCHINSON said that in the Leeds Museum was a specimen of a bullet lodged in the sphenoidal bone, the presence of which had been wholly unsuspected during life.

Mr. CALLENDER referred at some length to the effects of injury to brain substance, and the importance of treating such injuries upon the same principles as other wounds, and he mentioned details of two cases, recently under his care, of compound fracture of skull, with laceration of brain, where the injured brain substance was washed away by solution of carbolic acid, and in one of them a very considerable loss of substance occurred. Both patients recovered.

Mr. NORTON said that as regarded the strange effects of some injuries of the brain, he had had the opportunity of seeing many curious cases in the Franco-German War, but he had recently become acquainted with a case in which a large portion of the brain had been removed without affecting to any great extent its function. A labourer, now about twenty-four years of age, was at birth delivered by craniotomy. Sufficient of the brain substance was removed for the extraction of the child, and the child was put aside for dead. After a few hours the nurse ascertained that life was not extinct. The child recovered and grew to manhood. The head was flattened with an irregular fibrous mass in the seat of the injury. For years the patient was said to have shown a want of ordinary intelligence, but Mr. Norton thought that at the present time but little difference could be distinguished between the patient and other farm labourers.

Mr. LUCAS, in reply, said that the hemiplegia was incomplete. He thought the faculty of recovery from brain injury depended largely upon the education of the subject.

DIPHTHERIA, CROUP, AND TRACHEOTOMY.

An opportunity of studying diphtheria has unfortunately been lately afforded, and we trust clinical facts will be utilised not only in reference to treatment, but to prevention. There are some general truths that should not be forgotten, and at the Geneva Congress last year, Professor Revilliod promulgated the following provisional conclusions: "We shall be glad to erase the words, *there is no specific for diphtheria*, but our evidence up to the present confirms the sad truth. The remedy, *prevention*, is, however, at our disposal."

1. Diphtheria is an acute specific disease, characterised anatomically by false membranes in the respiratory passages, and attended by symptoms which are either slight or severe —the former connected with the local lesions only, the latter depending on a general poisoning of the blood.

2. The distinction into croup and diphtheria, based on pathological anatomy, is not supported by observations made at the bedside of the patient. That both forms depend on the same principle is shown by the facts: (*a*), that they are connected by a number of intermediate degrees of local lesion and general symptoms; (*b*), that they are developed during the course of the same epidemic, under the influence of the same contagion, and oftentimes succeed each other immediately in the same individual.

3. Like all other infectious diseases, diphtheria, which is endemic in cities, is epidemic in rural districts. Deaths from diphtheria are more frequent in towns than in the country—in hospitals than in private residences—in large than in small establishments. The mortality, as well as the violence of the contagious principle, varies at different times and in different countries. Diphtheria is distinguished from other virulent and miasmatic affections by the special tendency which some families have to contract the disease, and in virtue of which we often find brothers and sisters successively attacked under conditions of time and place that exclude the hypothesis of contagion.

4. There is no specific for diphtheria; the treatment must vary according to the forms and different manifestations of the disease. Cases of croup, in the third period, can be treated successfully by tracheotomy alone; on this supreme resource we must fall back, whatever conditions of age, constitution, or complications may present themselves. It should save two-fifths of the patients. The use of chloroform should be avoided, as of little avail and often pernicious. The mixed method of tracheotomy, as it has been called, is preferable to either a rapid or slow operation, and the conditions of its success depend on careful after-treatment, as well as on the intensity of the primary diphtheric infection.

One of the most frequent causes of death after tracheotomy is a disturbance of pulmonary innervation, similar to that which occurs in other systems, and which manifests itself by expiratory dyspnœa, tracheal anæsthesia, and nutritive disorder of the lungs.

In the principal foreign cities, from which the Registrar-General receives statistics, the annual rates of mortality for the last weekly returns were—in Calcutta 26, Bombay 36, Madras 46; Paris 23; Geneva 17; Brussels 26; Rotterdam 25, The Hague 26; Copenhagen 21; Stockholm 21; St. Petersburgh 35; Berlin 30, Hamburg 29, Breslau 26, Munich 37; Vienna 24; Buda-Pesth 40; Rome 21, Naples 26, Turin 20, Venice 19; Alexandria 47; New York 25, Brooklyn 23, Philadelphia 16, and Baltimore 19. Small-pox caused 28 deaths in St. Petersburgh.

The rates of mortality last week in the four principal cities of the United Kingdom were—Edinburgh 17, London 20, Glasgow 21, and Dublin 25 per 1,000 of the population. The highest rate attained throughout the kingdom was in Liverpool, 28, the excess being chiefly due to scarlet fever, which is also somewhat prevalent in Oldham, Birmingham, and Newcastle.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 16, 1878.

THE GENERAL MEDICAL COUNCIL.

Commences on Thursday, the "special" sitting for which, as we announced some weeks since, it was summoned in order that it might set the Dental Act in full work. It will be recollected that the President, in his first circular, made distinctly evident his hope that this meeting would deal with that business and no other, and did all in his power to postpone indefinitely the unpleasant subject of the constitutional reform of the Council, and the admission of direct representatives to its ranks. We are glad to know that this attempt to shirk a duty which the Council had taken upon itself, has failed; and that the subject of direct representation will be forced upon their consideration. Sir Dominic Corrigan has sent to the Registrar the following communication:—

1 Merrion Square West, Dublin,
October 3rd, 1878.

Sir,—I am in receipt of yours of 19th September, informing me that you have been directed by the President to summon a meeting of the General Medical Council, to be holden on Thursday, 17th October next, at two o'clock p.m., and requesting my attendance.

I beg to inform you that I purpose to obey the summons of the President, and that it is my intention to propose the following resolution:—

"That whereas on the 3rd of July, 1878, the following resolution was agreed to:—

"Moved by Sir William Gull, seconded by Mr. Teale, and agreed to:—

"'That the constitution of this Council needs revision; and that the Council do affirm and represent to the Government that, at its first meeting after the present session of Parliament, it will consider what modifications

of its constitution are demanded and are required, and will report to the Government accordingly.'

"For the motion, 18; did not vote, 5.

"Moved by Mr. Simon, seconded by Sir William Gull and agreed to :—

"'That the Council, referring to its resolution of July 3, remits to the Executive Committee to prepare for it, before its next meeting, a Report on the present constitution and working of the Council, and on the changes (if any) of constitution by which, in the opinion of the Executive Committee, the Council might be rendered more efficient for the duties which it has or will have to discharge; and that the Executive Committee be requested to let the Report be in circulation among members of the Council at least one month before the meeting at which it shall be discussed.'

"And whereas it does not appear that the Executive Committee, in the interval of three months that has elapsed, has taken any steps to carry into effect the directions of the Council, this Council is of opinion that it should not permit further delay to occur in so important a matter, but should proceed at once to the consideration of the constitution of the Council, and what changes may be requisite in accordance with the resolution of the Council of July 3, 1878, in fulfilment of its promise to Government, and in sustainment of its own good faith."

Yours very truly,
D. J. CORRIGAN.

The attitude of the Executive Committee on the occasion is without excuse. They were charged—in the presence of a formal undertaking, and on the honour of the Council—to consider the re-constitution of the Council, and to report upon it. Three months have since elapsed, and they have met within that interval sufficiently long to deal with a question upon which the opinion of the profession is already fully made up; and yet they present themselves before the Council, having neglected the duty imposed on them, and manifesting a stubborn unwillingness to aid in the reform upon which the profession has decided. The Councillors who compose the Committee appear singularly indifferent to the fact that the Council has undertaken to deal with the question "at its first meeting after the present Session of Parliament," and they seem as careless of breaking faith with Government, as they have been about the wishes of the profession which they are supposed to represent.

Sir Dominic Corrigan has done well in marking his determination to afford the Council a chance of redeeming its pledged word. He expresses faithfully the feeling of the profession, when he says that "the Council should not permit further delay to occur in so important a matter, but should proceed at once to the consideration of the constitution of the Council, and what changes may be requisite in fulfilment of its promise to Government, and in maintenance of its own good faith."

The Dental business of the Council—though of infinitely less importance than the reform question—is still of some interest. The Council is in a difficulty. It paid no attention to the subject when the Dental Bill was before Parliament, and, in spite of remonstrance, permitted the whole of the prescribing druggists and a host of other equally incompetent persons to be lifted into practice as recognised surgeon-dentists. We hear—and we experience no surprise at hearing—that no less than 770 such persons have applied for registration as dentists, and that even a hair-dresser has offered himself on the theory that, as he is a vendor of tooth washes and puff powder, and at the same time pulls teeth, he is a practitioner of dentistry "in conjunction with pharmacy." As we read the Act, neither the Council nor its Registrar ever possessed the power to refuse registration to such persons, and it is too late—even if they had such authority—to go back upon the mischief which the Act has done. The only subject, therefore, which is open to discussion, is the curriculum which is to be demanded by the Colleges from Licentiates in Dental Surgery two years hence. This is a question which, though not of present urgency, will need debate. We understand that the Council is to be asked to decree that the curriculum of the London College of Surgeons "does not do more than secure the competency" of the candidate. Let us see whether this is so, or whether that curriculum is one which it would be at all reasonable to force upon the average Dental Surgeon.

The candidate for the L.D.S.R.C.S. Eng. must be qualified as follows :—

1. Be 21 years of age.
2. Have been 4 years in study.
3. Have had three years apprenticeship to a competent practitioner.
4. Have listened to and paid for *fifteen courses of lectures* on the following subjects :—Anatomy, Physiology, Surgery, Medicine, Chemistry, Materia Medica, Dental Anatomy and Physiology, Dental Surgery, Dental Mechanics and Metallurgy.
5. Have dissected for nine months.
6. Have studied in a clinical laboratory.
7. Have attended a general hospital for two sessions.
8. Have attended a special dental hospital for two years.

We shall, we hope, be considered sufficiently earnest in the cause of educational competency. Nevertheless, we assert that such a curriculum as this is ridiculous as a test for a market-town dentist. It would be more suitable for the chief surgeoncy of a metropolitan hospital, or for the office of Director-General of the Army Dental Department, if such functionary existed. If paid for, it would certainly not be attended by the ordinary candidate, and if attended, the money cost and personal labour would not, in one case out of ten, be compensated for by success in practice. It demands from the dental candidate acquirements far above those required from a full surgeon; and if such a curriculum were now forced upon the profession, it would, to all intents, render nugatory the clauses of the Act which provides for the establishment of dental licences. We anticipate that the Medical Council will decline to insist on so excessive a course of study, and that if they shall not do so the Irish and Scotch Colleges will be obliged to appeal to the Privy Council for redress.

We look with much interest to the present sitting of the Council. From its proceedings we shall learn whether any hope can be entertained that it will endeavour to meet the public feeling, and if not, we shall know how to act when Parliament comes together again.

MODERN QUACKERY.

NEARLY five columns of printed matter in a well-known provincial paper remind us that the advertising quack

still plies his thriving vocation, and that there are not wanting organs of the Press that will open their pages to the admission of the most pernicious rant and quackery that could possibly be conceived. In his "Citizen of the World," Goldsmith humourously remarks, "The Chinese boast of their skill in pulses, the Siamese their botanical knowledge, but the English advertising physicians alone of being the great restorers of health, the dispensers of youth, and the insurers of longevity. I can never enough admire the sagacity of this country for the encouragement given to the professors of this art; with what indulgence does she foster up those of her own growth, and kindly cherish those that come from abroad? . . . Here every great exotic strikes root as soon as imported, and feels the genial beam of favour; while the mighty metropolis, like one vast magnificent dunghill, receives them indiscriminately to her breast, and supplies each with more than native nourishment." We have only to read the long lecture that has recently found its way into the *Chester Courant*, to learn that not only this vast metropolis, but even smaller towns, receive these gentlemen indiscriminately, and supply them with more than native nourishment. Could, however, the great essayist rise from his grave, he would be surprised to see how luxuriously his exotic thrives amongst us—how magnificently it spreads out its branches and its foliage over all who would seek shelter beneath it, and over all who would partake of its tempting and delicious fruit. But times have changed, and the charlatan of the present day sets about his work in a far more artful and systematic manner than his predecessor of old. The world has grown more learned, if not more wise. Every man now-a-days has a smattering of physiology—or some other 'ology—which must be well humoured by any irregular practitioner who would attempt to talk to him about his health. Then there is the Press, which—with a few honourable exceptions—so obligingly seconds his endeavours to publish to the world the inestimable blessing which accident or a kind Providence has enabled him to dispense to suffering mankind. What need has he of affecting some eccentricity of dress; or of figuring "at the top of his own bills, holding a little bottle between his finger and thumb?" As for going about the country like the itinerant "bog-trotting" quack of old, making his throat sore with his vociferous declamations in praise of his wonderful nostrum, your charlatan of the nineteenth century would scorn to stoop to so low a practice. He may still have the unblushing assurance of his predecessors; he may still in the most ingenuous manner possible affect a sort of aversion for gentlemen of his own persuasion, and frequently "caution the public to be careful into what hands they commit their safety." His philanthropy, too, is as remarkable now as it ever was in times gone by. "Not for himself, but for his country, is his gallipot prepared." For "humanity's sake" he has "travelled hundreds of miles" to test or to publish his never-failing remedy. His faith, too, in his own nostrums is such as might remove mountains. "Be your disorders," he still says, "never so far gone, be under no uneasiness, make yourself quite easy; I can cure you."

"By the love," exchaims the American *protegé* of the *Chester Courant*, "which I bear my own children which Heaven has spared me, not for £1,000,000 would I be guilty of misleading you. I tell you that if these were the last words I should ever utter they should still be the same—that this remedy, this stomach pad will surpass every other." Nor is he, more than his ancestors were, always choice in the language he uses, or very flattering in his opinions of the regular practitioner. Indeed, in his hypocritical zeal for the welfare of his fellow creatures and to give a little zest to his impudent pretensions, he will even use language that is little less than blasphemous. "And here let me say to my readers that had they been where I have been, and had seen the experience in the working of the pad as I have—could they but hear the testimony of the numbers of sufferers who have been cured by this treatment—did they but know the number of prayers which ascend daily to the Throne of Grace from the hearts of these grateful patients for the success of 'The Holman Pad' all over the world—they would at once drop the old system of dosing with internal medicines, cut loose from the prejudices of early education and habit, and at once look into this principle, and join the universal cry for the success of this missionary work."

But although his professional behaviour is characteristic of the generality of his craft, and although the manœuvres he adopts to impose upon the public are the same in principle as they always have been, his resources, his establishment, and his style of practice are more in keeping with this enlightened age. As the richest soil will only make the weeds that grow in it all the more luxurious, though none the less rank and poisonous, so the more society is civilised, the more cunning and skilful will be the adventurers who prey upon the credulity and weaknesses of mankind. Quackery now stalks the world dressed in the most attractive colours. Formerly it might have been compared to a highwayman whose frequent salutation was "your money or your life;" now it is more like the artful knave who cautiously lays a trap to catch his unwary victims. It has, in fact, like one or two other questionable pursuits, been raised to the dignity of a "fine art." Your quack of the present day is to all appearance a gentleman, and a very learned gentleman too. His garrulity and his veracity may be on a par with the garrulity and veracity of the commonest mountebank; but his oratory is of a more ambitious character, his language more choice, more sprinkled with learning, often anecdotal, and even sometimes poetical. He would feel insulted if he were asked "which of those three disorders, incident to the human body, is the most fatal, syncope, parenthesis, or apoplexy?" On the contrary, he can tell you, as the friend of the *Chester Courant* did the other day, all about the mysterious functions of digestion, absorption, and assimilation; how the food is turned into chyle, and the chyle into blood; talk learnedly of the gastric juice, of the bile, of absorption by those "little villous points which project from the mucous membrane of the small bowel," of carbon, and oxygen, and lactic acid, and so forth:—

> While words of learned length, and thund'ring sound,
> Amaze the gazing rustics ranged around.

Or perhaps he keeps an imposing establishment, the splendid appointments of which will be fully described in some accompanying newspaper by a "grateful" patient who has for years suffered from a disease that has baffled

he talent of all the faculty, and who is anxious that others should follow his example, and immediately consult the oracle. Or, again, to cite one of the most novel expediencies adopted by these gentlemen, he merely represents himself as one of the agents for a company established to supply the public with his renowned and never-failing nostrums, which has branch establishments in various parts of the globe, and, "for the information of those who reside in —— district, various offices and consulting rooms at ——, where competent attendants of either sex are always ready to give any explanation free of charge." Mark, "free of charge," for the great benevolence of these gentlemen is one of their most pleasing characteristics. Unfortunately, this benevolence is not quite equal to their good intentions, and some are spiteful enough to say that it is only a bait, and that directly you get entangled in their web you will find that they exact a much higher price for your liberty than you ever bargained for.

There are many other little traits of character by which you may know the modern quack, and which, had we time, we might have attempted to delineate. We are, however, already afraid that the above sketch comes far short of the original, and therefore, should our readers wish to have a better idea of these benefactors of mankind, we would refer them to the long and learned lecture with which Professor H. Bill, of America, has favoured the *Chester Courant* of Wednesday, Oct. 2, A.D. 1878.

Notes on Current Topics.

Unmerited Censure on a Medical Officer.

An inquest was held last week by the Middlesex Coroner touching the death of a patient, æt. 17, who died in the Bethnal Green Workhouse of phthisis accelerated by epilepsy. The mother's evidence was to the effect that she visited her daughter at the workhouse, and finding her in one of her epileptic fits, asked permission to use a mustard-poultice which she had often found gave relief. This request was refused by Mr. Butler, the House-Surgeon, who said the patient was dying, and upon the mother becoming agitated and pressing in her demand, he threatened to have her removed. The girl died about two hours after, and the coroner and jury considering the conduct of the house-surgeon, master, and matron unnecessarily harsh, added a rider to their verdict that they were deserving of censure for their inhuman conduct.

If we may judge from the censorious remarks so frequently indulged in by petty juries at the expense of hospital and workhouse officers, we might suppose that there existed in the mind of the public a good deal of prejudice against all hospitals and everything connected with them. Whenever, through some trifling incident, complaints are made of the alleged inhumanity of our hospital or workhouse officers, the jury are too apt to lean to the side of the plaintiff. It is evident that in the above instance the rider put in by the jury was neither called for nor just. The patient was not only in the last stage of consumption, but had only two or three hours to live, and the house-surgeon was quite right in peremptorily refusing the officious interference of her relative, particularly when that interference involved the mother taking the treatment of her daughter out of the hands of the doctors in the very wards of the hospital, and in face of all the other patients. Besides, there were 75 beds in the infirmary wards, and it would be impossible to preserve order if the wish of every patient's friends were to be acceded to.

St. Thomas's Hospital.

The out-patient department of St. Thomas's Hospital is very extensive, the total attendances during the last year being nearly 140,000. Some of these patients come from considerable distances, and are necessarily detained at the Hospital, waiting their turn, in rotation, for medicine, &c. It frequently happens that they become faint before leaving the Hospital. In view of this, the Treasurer and committee have made arrangements for supplying them with refreshments, such as tea, coffee, milk, rolls, cakes, &c., at a small fixed charge, so that such as require it may obtain a simple meal at a small cost, and thus remove the excuse of resorting to public-houses for food and drink before returning home. Somewhat similar arrangements have been adopted at Guy's Hospital.

This is certainly extraordinary liberality on the part of our hospital authorities. To supply the working-classes with the best and choicest of medicines is in itself a great boon, which we are afraid the patients who resort to the London hospitals do not sufficiently appreciate; but to dispense also "cakes and ale" is the very acme of eleemosynary indulgence. There is, however, such a thing as being too kind, and we should like to be sure that such hospitality will not rather attract than keep away those applicants who can well afford to pay for the advice they require, and by whom the out-patient department of our hospitals has been of late so greatly abused. These are just the patients who do come a long distance, as they would be too well known if they lived in the neighbourhood; but they should be the last people in the world to receive from the Treasurer and committee of St. Thomas's, or from any other hospital, such kind consideration as that to which we have just drawn attention.

Morphinism and Transfusion.

A young woman (*Allgemeine Wien. Mediz. Zeitung*), æt. 25, who had suffered from several attacks of acute rheumatism, as well as from an attack of pneumonia, had been for two years in the daily habit of using an injection of morphia. On examination, she presented an extremely anæmic appearance, while a prominent symptom was the rejection from her stomach of all food, unless some morphia, if only in a minimum dose, had been previously injected. This symptom thwarted every attempt that was made to deprive the patient of the morphia, inasmuch as it yielded to no other means. Considering that the vomiting was to be attributed to the anæmic condition of the patient, recourse was had to the transfusion of defibrinated human blood. After the infusion of about 90 grammes the operation was stopped on account of the dyspnœa and the vertigo which it produced. Even on the day following there was a decided improvement in the condition of the patient's blood, but the vomiting continued. After seven days had elapsed the morphia was withdrawn, but on the

eighth day a milligramme of the alkaloid was injected in order to enable the patient to tolerate more substantial nourishment. After that there was a marked improvement in her condition. Her food was, under this tonic plan of treatment, always well borne, and thus the transfusion was the means of not only curing the anæmia, but the morphinism also.

Mr. Bury's Will.

It will be remembered that in the early part of the present year Mr. John Bury, of Rathmines, co. Dublin, died, leaving his whole property (£22,000) to Cardinal Cullen, Theobald Purcell, Q.C., and Sergeant Sherlock, Q.C., in trust to found an hospital, or a special wing to an existing hospital in Dublin, on condition that Dr. Hepburn, the medical attendant of the deceased, should be one of its medical staff. Mr. Bury's will was challenged by his relatives, and a suit was instituted which was tried last term in the Dublin Courts. Although the judge charged decisively in favour of the will, the jury did not agree to a verdict—a small minority of them, we believe, being for setting it aside. The case, we understand, is for trial on the 5th of November. We earnestly hope that a verdict will be arrived at, and the beneficent intentions of the testator no longer frustrated by legal delay.

An English Author's Opinion of Irish University Titles.

Mr. Charles Bell Keetley, Assistant Surgeon to the West London Hospital has published a "Students' Guide." In it we find advice to the "student who cannot afford the time and money that must be spent in obtaining the 'highest qualifications.'" Supposing these cannot be sought, Mr. Keetley says, "let the student get the M.R.C.S. (of England), and add to it the M.D. of one of the Scotch or Irish Universities. This will involve two years' nominal residence at some university. The additional expense is small. The M.D. of the Queen's University can be obtained after six months' residence. If the student cannot go to Scotland or Ireland, let him take the L.R.C.P. London; or there is the M.D. of Durham."

It must be gratifying to the Irish and Scotch Universities which require "nominal residence," "small expense," &c., &c., to be classed with the University of Durham, which grants its Doctorate in Medicine to all general practitioners, without any university study whatever. It is but just to say that the University of Dublin is not one of the Irish institutions recommended by Mr. Keetley. It requires from its M.D.s four years in arts study, and three years from medical graduation.

The Home of Yellow Fever.

The following extract is from a paper by Dr. J. M. Toner, entitled "The Distribution and Natural History of Yellow Fever, as it has appeared at different times in the United States," read before the American Public Health Association, in the city of New York, in the fall of 1874, and published in the report of the Surgeon-General of the Marine Hospital Service of the United States for that year, with a map showing the localities in the United States where the disease has appeared from 1668-1874. "The conceded home of yellow fever is in the West Indies and the Bahamas, with a portion of the adjacent continents of North and South America. A square forked by the 45th and 100th degrees of longitude, and the 35th north and the 5th south latitude, will include the favourite region of this disease. Although originating within the square named, history shows that it may prevail on the sea coast in any locality within the tropics, north and south of the equator, where malarial fevers prevail, and the daily average of the thermometer is over 75 or 80 degrees, with a high dew point for weeks or months together." There are, no doubt, other conditions than those of continued high temperature with moisture, of a purely sanitary and preventive character, which favour the existence and propagation of this great scourge of the tropics. It has been observed that once the disease becomes epidemic it can exist and preserve its grave form at a much lower temperature than seems to be required for its origin.

The Journal of Psychological Medicine.

The last part of this Journal is more interesting than any that have preceded it. There is, in the first place, a very good article on "Mad Poets," although the epithet "mad" can scarcely be considered appropriate to such men as Beattie, Rogers, Sir Walter Scott, and others, who showed no symptom of cerebral derangement till shortly before their death, and one or two of whom lived far beyond the ordinary span of human life. Then follows an essay by Dr. Allen, Commissioner in Lunacy to the Commonwealth of Massachusetts, on the "Prevention of Disease, Insanity, Crime, and Pauperism," a theme which we are afraid will never be out of date. Dr. James George Davey, of Bristol, contributes an article on "Suicide, in its Social Relations," the only fault of which is that it is rather too long, and too full of cases extracted from the daily papers. Mr. N. Whitley continues his discourse on "Palæolithic Man," a subject which some may think rather out of place in a psychological journal. It has been handled, however, in a very able manner, and the reader, who cannot fail to be interested in the whole question, will feel inclined to join with the writer in the doubts which he throws upon the alleged great antiquity of man. There are also two or three other articles and reviews worth mentioning, and before long we hope to notice more fully some of the articles to which we have just drawn the attention of the reader.

The Relations of Pharmacy to Medicine.

The *Pharmaceutical Journal* refers in its last issue to a circular which it had received bearing the signatures of Messrs. Broad and Son, Mr. Hampson, and Mr. Gostling, in which it is announced that these gentlemen seek the co-operation of the trade for the purpose of raising a sum of money sufficient to admit of the offer of £200, as a prize for the best essay on the advantages which would result to the public, the medical profession, and to those who practise pharmacy, by the separation of pharmacy from the practice of medicine in this country. The essay is also to give a brief and correct account of the laws and regulations

which are in force in other countries where this separation already exists.

The expenses incidental to the initiation of this project have been undertaken by the gentlemen whose names are attached to the circular, and they hope to receive from their brethren a liberal response that will enable them to carry out their idea to a successful issue.

A Mean Controversy.

The Rev. Mr. Lee, Vicar of All Saints, Lambeth, disapproves of vivisection, and like many other enthusiasts of the anti-schools, he does not hesitate to give prominence to his views on every possible occasion. Mr. Lee likes to see his name in the newspapers, it has often shone therein on other matters, and although he invariably comes off second best, he religiously believes in publicity. Accordingly, Mr. Lee in the due exercise of his Christian vocation, persuades his friends to withhold their subscriptions from general hospitals, and writes a letter to one of our leading dailies, advising others beyond the pale of his own narrow circle to do likewise, as he believes the torture of vivisection to be still practised in those institutions dependent upon voluntary aid. We should be sorry to accuse the rev. gentleman of wilful mis-statement, but we most emphatically deny his accuracy. Vivisection is not practised in any hospital supported in whole or in part by voluntary contributions, and therefore we characterise his attempt to coerce those upon whose generosity and Christian benevolence our hospitals are maintained, by statements not based upon facts, as mean and contemptible. If the Rev. Mr. Lee would kindly confine his attention to matters ritualistic, about which we believe *he does know something*, he would confer a great blessing upon the suffering poor, and not embarrass hospital managers in their endeavours to keep wards open for the reception of those for whom a benevolent public has already done so much.

Checks to Population.

We beg to call the attention of our readers to an address recently given by Dr. Routh before the Obstetrical Section of the British Medical Association. The subject is a very important one, and no feelings of false delicacy should prevent the profession from discussing and openly and freely publishing those evils which are likely to arise from practices intended to act as checks to population, and with which, unfortunately, the public have, through certain objectionable publications, been too generally familiarised. Something, indeed, is wanted to counteract the shameful influence which those publications have already had, and will continue to have, upon the morals of the people, and it is to be regretted that the facts to which Dr. Routh drews attention cannot have a wider circulation than that afforded by the columns of a medical journal.

New Lady Students.

Out of the seventy-two successful candidates at the recent examination in arts at the London Apothecaries' Hall, no less than eight belonged to the fair sex. Of these, five passed in the first class, two being placed first and second in that class respectively. The lady students are evidently well up in general educational knowledge.

Management of the Breasts where Nursing is not adopted.

At a meeting of the New York Academy of Medicine a discussion took place as to the best way of dealing with the breasts in cases in which the child was still-born, or the mother not disposed to nurse her child. Nearly all the speakers agreed that the best plan was to let the breasts entirely alone. Dr. Hubbard said that such had been his practice during his connection with the Infant Asylum, where most of the mothers did not nurse their children, and during the whole of that period there was not a mammary absces formed. The pain in the breasts subsided, as a rule, within twenty-four or forty-eight hours, and no further trouble was experienced if no attempt was made to draw the milk. If the milk was drawn only once, the character of the case was entirely changed. This method of treatment appears to us quite rational, and if at the same time the bowels are kept freely open and the diet restricted, it will generally be successful.

At the last sitting of the National Anti-Compulsory Vaccination League Conference in Manchester resolutions were passed appointing a committee to wait upon the Government and members of Parliament at convenient opportunities to urge them to support the Anti-Vaccination movement, urging upon friends and local leagues to adopt all possible means of circulating information on the subject, and expressing their admiration of those who are making so brave a stand on behalf of parental freedom and constitutional liberty, notwithstanding the cruel persecution by fine and imprisonment to which guardians and magistrates are not ashamed to lend themselves.

Small-pox claimed but eleven victims throughout the United Kingdom last week, 4 deaths resulting in London, and 7 in Dublin. The mortality from diarrhœa has steadily declined to a minimum, causing only 1 per cent. of the entire deaths.

Mr. S. W. North, of York, in consideration of the able manner in which he has conducted the meetings of the Yorkshire Association of Medical Health, was again elected President at the last meeting.

The honorary appointment of Surgeon-Extraordinary to Her Majesty in London, vacant by the death of Mr. John Hilton, has been conferred on Prof. Lister, F.R.S.

Prof. Robert Harkness dropped dead on Sunday week while walking along the landing at the Imperial Hotel, Dublin. He was Professor of Natural History in Queen's College, Cork.

With a continuance of colder weather the epidemic of yellow fever in the Southern Provinces of the United States is gradually abating. The average number of deaths during the past week has been about 400 per day.

Correspondence.

"IS A UTERINE BRUIT A SIGN OF LIFE AFTER CESSATION OF THE FŒTAL HEART?"

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Under the head of "Correspondence" in your last

week's issue you insert the details of a case headed "Is a Uterine Bruit a Sign of Life after Cessation of the Fœtal Heart?" The answer is emphatically, No. When pulsation of the fœtal heart can no longer be heard, the presumption is that the fœtus is dead. Fallacies only occur in cases where insufficient care or inefficient sense is exercised in determining the question.

But the point I am chiefly anxious to draw attention to is the exquisite refinement of perception of the man who "could not think of damning his soul by agreeing to kill a living child;" whereas he appears to have had not the least glimmering of a suspicion of his utter want of humanity, in allowing a poor suffering woman, who had already been some fifty-six hours in the agonies of impossible parturition, to die under most distressing and deplorable circumstances.

That such a condition of affairs can be tolerated in any country professing to call itself civilised, in the nineteenth century, is a source of extreme regret to

Your obedient servant,

A London Hospital Physician.

REAL *VERSUS* RELATIVE RANK, ARMY MEDICAL DEPARTMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The anomalous position of our medical brethren in the English service has frequently been a matter of surprise and comment amongst the officers of the United States army. It would seem that a jealousy of the "Doctor's" obtaining *real* military rank, and thus having his own subordinates under immediate disciplinary control, has always induced the higher officials in the British service to refrain from recommending the system which is in force in America, and which is vitally necessary to maintain due order and regularity amongst the *employés* of a large military hospital. I write with the experience gained during a number of years' service in our army, and I can truly affirm that never in my experience has either the State or the individual suffered in consequence of the medical officer possessing the substance and not the shadow of rank and authority.

I am, &c.,

Langham Hotel. Major and Surgeon U. S. Army.

Literature.

THE PUBLIC HEALTH (IRELAND) ACT, 1878. (*a*)

Mr. Wodsworth's Digest of the Sanitary Laws in force in Ireland, which was published in 1874, has since that date been the recognised handbook of sanitary law, and as such has been invaluable to sanitary officers and to boards of guardians. We have already referred in favourable terms to that publication, and we are glad to see the announcement of an edition of "The Public Health Act of 1878," with a copious index and digest, from the pen of the same experienced public officer.

"The Public Health Act of 1878," we may remind our readers, is chiefly a consolidating Act. Previous to the passing of this Act the various laws affecting matters concerning the public health were distributed over some twenty different Acts of Parliament, extending as to date over a period of about thirty years, and, even with the assistance of Mr. Wodsworth's digest of 1874, it was often a matter of extreme difficulty to ascertain what provisions of particular Acts extended to Ireland, and what were the limits of the powers conferred upon sanitary authorities on special subjects. Practically it was impossible for medical officers officially connected with the administration of the sanitary laws to decide without the aid of a small library of law books what powers, responsibilities, and duties devolved upon them. The passing of "The Public Health Act" of this year has removed a great deal of this uncertainty, but the Act possesses this great disadvantage that it consists of no less than 294 clauses, and for medical men engaged in active practice the task of mastering such an amount of details appeared wellnigh hopeless. Many a hard-worked dispensary doctor and every busy private practitioner will owe a debt of gratitude to the Assistant-Secretary of the Local Government Board, for the vast labour he has expended in preparing such a summary of the Act as enables the busiest or more careless reader at once to find all the clauses which bear upon any one particular point respecting which information or guidance may be sought for. The medical officer who wishes to ascertain the duties incidental to his public appointment, and the powers he may exercise under this important consolidating Act, has only to turn to the summary under such heads as Water, Food, Overcrowding, Nuisances, Infectious Diseases, and so forth, to find a short abstract of every clause which bears upon any of those subjects. The index is equally valuable, and is perhaps a greater assistance for readily finding the authority of the clause bearing upon any particular point. Every reader knows the value of the "Index Vocabulorum" attached to the older editions of the Classics. Mr. Wodsworth's index is of the same description. If a medical officer looks for the leading word upon any subject, he finds the clauses enumerated in which it is referred to. Heretofore the subject of the sanitary laws has required considerable study. In future every medical officer, relieving officer, or Poor-law guardian can, with the assistance of Mr. Wodsworth's edition of the Act of 1878, become an expert in sanitary law. The book is a marvel of cheapness, as the Act, the Summary, and the Index are published in one volume at 3s. 6d. (the folio Act alone, as officially printed, costs 4s. 6d). We are of opinion that every medical practitioner in Ireland, every relieving officer, and every Poor-law guardian ought to possess this volume. The "Digest" is published by Mr. Thom, of Abbey Street, Government printer.

(*a*) "The Public Health (Ireland) Act, 1878." With Digest and Index. By W. D. Wodsworth, Esq., Assistant-Secretary, Local Government Board. Dublin: Alex. Thom.

FALCONER'S COMPENDIUM OF THE IRISH PUBLIC HEALTH ACT. (*a*)

The Compendium before us is simply a reduction of the unwieldy Parliamentary document in which form the Act is to be had from the Queen's printers, to a handy readable size. It derives its value altogether from its index, which forms a complete guide to the Act, and makes easy the frequent references to its clauses which, without such assistance, would be excessively laborious. The preparation of such an index is in itself a considerable labour, and it brings the sanitary law of Ireland within the scope of those who "run" and "read." An indexed copy of the Act will henceforth be essential to every Poor-law Medical Officer, and many of the working sanitary officers will doubtless select Mr. Falconer's reprint. The book is nicely and conveniently got up.

THE ROLL OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON. (*b*)

The present or second edition of this work, appears, as did the original work, in compliance with a note of the College. The work, which consists of three volumes, comprises the names of physicians appearing on the "Roll" for more than three hundred years back, together with a summary of their life and works, being brought down to the 25th June, 1825, on which day the present

(*a*) "The Public Health (Ireland) Act, 1878; 41 and 42 Vic., cap. 52, with Schedules, an Introduction, and a well-digested Index." Dublin: John Falconer. Cr. 8vo. Pp. xvi., 214.

(*b*) "The Roll of the Royal College of Physicians of London." By William Munk, M.D., F.S.A.

edifice in Pall Mall East was formally opened. Of many of the names upon the roll, little is known more than the dates of connection with the College, but of those who were in any degree celebrated an interesting biographical sketch is supplied. Dr. Munk tells us that he has obtained much information concerning the past celebrities of the profession from contemporary accounts, and from manuscripts in the College. The amount of labour entailed in seeking out the extracts required to give interest to the publication, must have been almost insuperable, but it has been accomplished; and Dr. Munk has presented to the profession a work which will ever remain servicable as a book of reference, and interesting as a history, a work which can never be out of date or laid aside—a short but lasting record of many great men.

Literary Notes and Gossip.

In our last "Literary Notes" we announced the probable demise of a weekly contemporary—the *Medical Examiner*. This event has since occurred: *O tempora! O mores!* and we understand that more than £4,000 were sunk in the venture during the two and a-half years of its existence. Will this knowledge be of use to the many aspirants for literary celebrity?

* * *

In a last week's number of the *Times* there appears an advertisement of "a monthly medical journal for sale." Here is an opportunity for those who are continually complaining that their views are not adequately represented in existing journals, to dazzle in their self-constituted firmament of literary distinction, undimmed by the light of inferior beings. Who will buy?

* * *

Mr. Stanford has published two new maps showing the Indian and Afghan frontiers, and Western Asia. These maps will be found useful as a ready means of tracing out the principal points of interest in Afghanistan, to which just now so much public attention is attracted.

* * *

For those who take an interest in the growth of the great modern Babylon, the completion of "Cassell's Old and New London," which has been appearing in monthly parts for the last six years, will be particularly welcome. As an illustrated history of London in mediæval times it is certainly unique. It is, in fact, a book that will be laid down with regret, to be taken up again in any spare half-hour with pleasure; a book both of instruction and amusement, possessing the elements of permanent interest.

* * *

"Old and New London" having proved so great a success, the publishers, Messrs. Cassell, Petter, and Galpin have commenced the extension of the idea by issuing, in monthly parts, another serial entitled, "Our Own Country." Should the new venture be as well done as its predecessor its success is a foregone conclusion.

* * *

October has so far been very prolific in new medical works and new editions, and many more are promised. Those already issued are: By Messrs. J. & A. Churchill: "Section-cutting for the Microscope," by Dr. Sylvester Marsh; "On the Influence of Posture on Women," by Dr. Aveling; "Human Osteology," by Mr. Holden and Mr. Dolan (5th edition); "On Diseases of the Abdomen," by Dr. Habershon (3rd edition); "On Diseases of the Testis," by Mr. Curling (3rd edition); "The Harveian Lectures on Syphilis," by Mr. J. R. Lane; "Lectures on Dermatology," by Prof. Erasmus Wilson; "A Manual of Anthropometry," by Mr. C. Roberts; and "Elements of Dental Materia Medica," by Mr. Stocken. By Messrs. Longmans and Co.: "Anatomical Outlines," by Mr. Hensman (Part II.); "Handbook of the Diagnosis of Skin Diseases," by Dr. Liveing; and "Notes on Physiology," by Mr. Hy. Ashby. By Messrs. Baillière, Tindall, and Cox: "The Science and Practice of Surgery," by Mr. Gant and various authors (2nd edition); "Aids to Therapeutics and Materia Medica," by Dr. Armand Semple; "Moore's Clinical Chart for Hospital Use;" and "Browne's Throat and Aural Forms for Case-Taking." By Messrs. Smith, Elder, and Co.: "A Clinical Manual," by Dr. Finlayson and various authors; and "Herman's Elements of Physiology," by Dr. Gamgee (2nd edition). By Messrs. Macmillan and Co.: "Students' Guide to the Medical Profession," by Mr. Keetley; and "Habitual Drunkenness and Insane Drunkards," by Dr. Bucknill. A new edition of Hoblyn's well-known "Dictionary of Medical Terms" has been published by Messrs. Whittaker; and a "Handbook of Surgical Pathology," Dr. Walsham, by Mr. Kimpton. This list evidences a commendable zeal on the part of the leading publishing houses, to say nothing of the industry of the authors engaged.

THE IRISH PHARMACEUTICAL SOCIETY.

The annual meeting of the Pharmaceutical Society was held at the College of Physicians, Kildare Street, on Monday, Oct. 7. Professor Tichborne, President in the chair. The first business was to scrutinise voting papers for members of Council in place of seven who retire by rotation. Dr. Macnamara sent in his resignation. The following were declared elected:—Dr. Collins, Mr. Hodgson, Mr. Pring, Dr. Ryan, Mr. Brunker, Mr. Simpson, and Mr. Harrington. The following are the changes on the Council:—Mr. Simpson and Mr. Harrington, in place of Dr. Macnamara, resigned, and Dr. Hodges, not re-elected.

Professor Tichborne stated that the next business was the election of President. He regretted that the Society had lost the services of its first President, Sir D. J. Corrigan, who had so ably presided from the Society's inauguration. Mr. Holmes proposed, and Mr. Bennett seconded that Professor Tichborne be re-elected President for the next year (carried unanimously). Mr. Hodgson proposed, and Mr. Boileau seconded that Dr. Aquilla Smith be re-elected Vice-president for the ensuing year.

Mr. Hayes proposed, and Mr. Simpson seconded that Mr. Hodgson be re-elected treasurer for the coming year. Mr. Simpson proposed, and Mr. Holmes seconded, that Mr. Fennell be re-elected registrar.

The Treasurer gave a satisfactory report of the Society's Finances.

"Nigger" Driving in India.

The *Bengalee* has published a letter by the Secretary to the Government of Bengal, in connection with a complaint made by a hospital assistant against Surgeon McDonnell, civil surgeon. Dr. McDonnell requested the hospital assistant to show him the vaccination book. Bisseswar said that it was not with him, but with the compounder who was then not present. Upon this the doctor called him names, and commenced striking the hospital assistant blow after blow, when the assistant magistrate, who had been a witness of this discreditable quarrel from the very commencement, intervened. The following is an extract from the Lieutenant-Governor's letter to the Surgeon-General:—

"The Lieutenant-Governor has perused with much regret the report of this discreditable quarrel between the hospital assistant and Dr. McDonnell. Dr. McDonnell is, the Lieutenant-Governor believes, a young officer of considerable professional ability. As, however, it has long been known to his Honour that he has not the confidence of the residents, and has made himself extremely unpopular there with all classes, and as the report now under consideration shows that owing to his ignorance of the native language and want of self-control he is not yet fitted to have independent medical charge of an important district, I am therefore to request that you will be good enough to place yourself in communication with the Surgeon-General to the Government of India, in view to the immediate removal of Dr. McDonnel from civil employ."

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL NEWSPAPERS.—Several correspondents are thanked for newspapers sent during the past week, but we must again call their attention to the necessity of marking the articles or news to which they wish to draw our attention. We at times receive so large a number that it is impossible to hunt for stray paragraphs.

DR. FREND, Manchester.—Many thanks.

PURE CLARET.—The Paris Exhibition, amongst its other "new inventions," shows a beautiful dye discovered by Dr. Arosemano, a Peruvian chemist, obtained from the "Welsh corn" of Peru. This dye is said to impart the colour, odour, and taste of claret to all light wines to such a degree that it is impossible to distinguish them when so treated from real claret. At the same time it is perfectly harmless. *Real claret* should now be obtained at 3s. per dozen, the price of the best aerated beverages, the Peruvian dye included.

MR. HAY.—Have sent your letter to the gentleman concerned.

A FIRST YEAR'S MAN will find the information in our Students' Number.

MR. HY. WARNER.—1. Not at this season of the year. 2. Very probably in our next. 3. We have no information.

DR. LINDSEY.—With pleasure.

FRIENDLY CTITICISM.—As an instance of the very matter-of-fact style of criticism in which our cousins indulge, we may adduce the following clipping from the last number of one of our American contemporaries whose description of the museum and practical chemical laboratory of one of the medical colleges is unique in its way: "This chamber," says our contemporary, "is a quarter of a mile long, unless the perspective is defective, and shows rows of very imbecile persons seated before tables sumptuously provided with alchemical apparatus. Two instructors are pacing along the foreground, one of them slightly intoxicated. At the extreme end a stuffed effigy of General Jackson is leaning over the museum railing. The ceiling is badly in need of whitewash."

OZOKERINE.—In our analysis of this new ointment under the heading of "Novelties" (Oct. 9th), we omitted to "give credit where credit is due." Messrs. J. C. & J. Field, of Lambeth Marsh, are the inventors and manufacturers, and Messrs. Corbyn, Stacey, & Co., their sole agents.

O. CULLEN.—Your letter arrived as we were going to press; therefore, too late for insertion in our present issue.

ERRATA—ARMY MEDICAL SCHEME.—In our leader last week on the "Report of Lord Cranbrook's Committee," two typographical errors occur, which give a somewhat different reading to that intended. In line 8, IF the report should be OF the report; line 24, departmental *case* should be departmental *car*, &c.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Hy. Day, Stafford. Dr. Edis, London. Dr. Whipham, London. Dr. Hewitt, London. Dr. Tuckey, Castletownroche. Dr. Farquharson, London. Dr. Dolan, Halifax. Mr. Macnamara, London. Mr. O'Grady, Dublin. Dr. Stack, Dublin. "A Correspondent," Blackburn. "An Old Practitioner," London. Dr. Russell, Limerick. Dr. Wright, Stoke Newington. Dr. Woodworth, Washington. Dr. Bartlett, London. Dr. Park, Chicago. Dr. Harbinson, Lancaster Asylum. Dr. Lockhart Robertson, London. Dr. Nathan Allen, Lowell, Massachusetts. Mr. Teevan, London. Mr. Bartrum, London. Mrs. Auld, Edinburgh. Dr. Burke, Kilcooley. Dr. Pearson Irvine, London. Dr. Macnaughton Jones, Cork. Mr. H. S. Smith, Worcester. Mrs. Baines, London. Dr. Godfrey, Southampton. Mr. Nettleship, London. Dr. Frend, Manchester. Dr. Hogan, London. Mr. E. Noble Smith, Three Bridges. Dr. Routh, London. Dr. Aveling, London. Dr. Herbert Tibbitts, London. Mr. Maycock, London. Dr. Phillips, Grosvenor Square. Dr. Dudfield, Kensington. The Registrar-General. Mr. Lloyd, Dublin. Mr. Hay, Hull. Surgeon-General Gordon, Octacamund, India. Surgeon-Major Albert Gore, Ferenzepore, Bengal. Mr. Messenger Bradley, Manchester, &c., &c.

VACANCIES.

Armagh Co. Infirmary.—Surgeon. Salary, £200, with residence, &c. Applications to the Secretary, on or before Oct. 28. (See Advt.)

Cavan Union, Armagh Dispensary.—Medical Officer. Salary, £80. Election, Oct. 18.

Cheltenham General Hospital.—Resident Surgeon to the Branch Dispensary. Salary, £125. Applications to the Secretary.

Hospital for Sick Children, Great Ormond Street.—Medical Registrar; an honorarium of 50 guineas attached. Applications to the Secretary.

Lancaster Union.—Medical Officer for the Southern District. Salary, £45, with fees extra. Applications to the Clerk of the Union, Lancaster.

Manorhamilton Union, Dromahair Dispensary.—Medical Officer. Salary, £100. Election, Oct. 23.

Rotunda Lying-in Hospital.—Clinical Clerk. Salary at the rate of £30 per annum, with apartments. Election, Oct. 25.

St. Peter's Hospital for Stone.—House Surgeon. Board and lodging, with an Honorarium of £25. Applications to the Secretary, Berners Street, London, W.

Tobercurry Union Workhouse.—Medical Officer. Salary, £80. Election, Oct. 28.

Tobercurry Union, Tobercurry Dispensary.—Medical Officer. Salary, £100. Election, Oct. 28.

APPOINTMENTS.

ALLEN, E. H., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer for the No. 2 District of the Narberth Union, and Medical Officer of Health for the No. 2 Sub-district of the Narberth Rural Sanitary District.

BERRY, F C., M.B, Resident Medical Officer to the Eastern Dispensary, Bath.

CAMERON, J. A., M.D., C.M., Medical Officer for the Bawtry District of the Doncaster Union.

CLAREMONT, C. C., jun., M.R.C.S., Senior Assistant House-Surgeon to the Sheffield Public Hospital and Dispensary.

LAWSON, R., M.B., C.M., a Deputy Commissioner in Lunacy for Scotland.

LONGBOTHAM, G., M.R.C.S.E, Medical Officer to the Middlesborough Union Workhouse.

MACDOUGALL, J. A., M.D., F.R.C.S.Ed., Consulting Surgeon to the Cumberland and Westmoreland Convalescent Institution.

SMALE, M. A., M.R.C.S., Surgeon-Dentist to the West London Hospital, Hammersmith.

STANILAND, S., M.R.C.S.E., Medical Officer for the Bodenham District of the Leominster Union.

TAYLOR, S., M.B., Demonstrator of Anatomy at St. Thomas's Hospital.

TURNER, G. E. W., L.R.C.P. Ed., M.R.C.S.E., Medical Officer for the Stockport District and the Workhouse of the Stockport Union.

WALLIS, J. M. A., M.B., L.R.C.P.Ed., Superintendent of the Lancashire Lunatic Asylum, Whittingham.

WELLS, A. G. M.R.C.S.E., House-Surgeon and Apothecary to the Essex and Colchester Hospital.

Births.

HARRISON.—Oct. 9, at Failand Lodge, Clifton, the wife of J. Harrison, M.B., M.R.C.S., of a daughter.

JACOB.—Sept. 18, at 23 Ely Place, Dublin, the wife of Archibald Hamilton Jacob, M.D., F.R.C.S.I., of a son.

LACEY.—Oct. 5, at Plumstead, the wife of T. Warner Lacey, M.R.C.S., prematurely of twin sons, who survived only a short time.

RANKING.—Oct. 8, at Tunbridge Wells, the wife of J. E. Ranking, M.B., prematurely of twin sons, who survived only a few minutes.

THOMPSON.—Oct. 5, at Kindlestown, co. Wicklow, the wife of R. Norman Thompson, M.B., M.Ch., of a son.

WALSH.—Oct. 3, at Clogheen, co. Tipperary, the wife of Richard Walsh, M.R.C.S.E., of a son.

Marriages.

CLARKE—RAFFERTY.—Oct. 9, at St. Patrick's Cathedral, Dundalk, co. Louth, John Patrick Clarke, M.D., to Kate, only child of the late John Rafferty, Esq., Dundalk.

KENNEDY—KENNEDY.—Oct. 1, at the Cathedral, Marlborough Street, Dublin, Hugh Kennedy, M.D., to Mary Kate, eldest daughter of Patrick Kennedy, of Melbourne, and niece to John Nihill, M.D., Tulla, co. Clare.

O'CARROLL—DUGUE.—Sept. 25, at the Catholic Church, Kingstown, Martin O'Carroll, L.M., L.Ch., T.C.D., Clane, ex-Surgeon in the French Army, 16th Corps Army of the Loire, Franco-Prussian War, only son of Martin O'Carroll, Esq., late of Auburn House, Athlone, to Madame J. J. Dugué, widow of the late Fleurian Dugué, of Paris.

Deaths.

AYRTON.—Sept. 29, at Olive Cottage, Wavertree Nook, Liverpool, Francis Ayrton, M.D., aged 51.

COLQUHOUN.—Sept. 24, at Anchorage, Bothwell, Hugh Colquhoun, M.D., aged 76.

CORSELLIS.—Sept. 27, at Benson, Oxfordshire, Nicholas Cæsar Corsellis, M.R.C.S.E.

DE VITRE.—Oct. 4, at The Elms, Lancaster, Edward Dennis De Vitre, M.D., aged 72.

DOLAN.—Oct. 10, at 32 North Parade, Halifax, Edith Mary, younger child of Dr. Dolan, aged 11 months.

EADES.—Sept. 26, at Morar, Gwalior, N.W.P., India, Amelia, the beloved wife of Surgeon-Major Eades.

ENRIGHT.—Oct. 2, at Castlematrix, Rathkeale, Thomas Enright, M.B. Univ. Dub., L.R.C.S.I.

ENRIGHT.—Oct. 7, at Castlematrix, Rathkeale, Cornelius Roche Enright, L.R.C.S.I., L.K.Q.C.P.I.

GIVEN.—Oct. 5, at Blessington, co. Wicklow, M. Given, L.K.Q.C.P.I., aged 27.

MASSEY.—Sept. 27, at Tobercurry, co. Sligo, David Clements Massey, L.R.C.P.Ed., aged 29.

MENZIES.—Sept. 20, at sea, between Cyprus and Malta, Robert Menzies, L.R.C.S.I., Surgeon-Major, Army Medical Department, aged 47.

ROBERTS.—Sept. 29, at Southernhay, Exeter, Arthur Copleston Roberts, M.R.C.S.E., aged 30

STEELE.—Oct. 9, at 54 Rodney Street, Liverpool, Arthur Browne Steele, L.K.Q.C.P.I., M.R.C.S.E., aged 58

IRISH POOR-LAW INTELLIGENCE.

IRISH MEDICAL ASSOCIATION.

REPORT OF THE PROCEEDINGS OF THE COMMITTEE OF COUNCIL DURING THE QUARTER ENDING THE 21st SEPT., 1878.

Read and adopted at a meeting of the Council, held the 24th Sept. 1878.

ARCHIBALD HAMILTON JACOB, M.D., in the Chair.

MR. CHAIRMAN AND GENTLEMEN,—The Committee of Council held twelve meetings during the quarter just ended, and have to report that the

PUBLIC HEALTH (IRELAND) ACT

received the Royal Assent on the 8th August; since which date it has been in force. On the following day, viz., the 9th August, the Committee of Council issued a circular showing the changes of special interest to the medical profession which have been made in the new Act, and forwarded a copy of their circular to each member of this Association, and also to each dispensary medical officer who is not a member. The new Act gives only a *permissive* power to the Local Government Board to provide *independent supervision*, although the Committee of Council used their utmost efforts to have that provision made *compulsory*, and had the question raised in the House of Lords. With this exception, all the claims of this Association have been conceded *so far as legislation is concerned*, but it yet remains to be seen whether the medical officers of health will be adequately remunerated, and if not so, it is to be feared that the result will be another failure. Several letters have been received, congratulating the Council upon the success achieved with regard to this measure. (The circular referred to above was published in the Supplement to MEDICAL PRESS AND CIRCULAR of the 28th August.)

The several

MEDICAL ACT AMENDMENT BILLS

before Parliament during the last session were ultimately abandoned. Late in the session the Government proposed several new amendments, but in consequence of the opposition offered to them, they were not proceeded with. The Committee of Council lost no time in circulating amongst the members of Parliament their views concerning the proposed amendments, and anxiously watched these measures so long as there was any prospect of their being dealt with.

The Committee of Council addressed to the Local Government Board a letter on each of the following important subjects:

1. The appointment, duties, and qualifications of wardens of dispensary districts.
2. The irregularies which occur in the issue of tickets for dispensary medical relief, and the abuse of that system (This letter was published in the supplement to MEDICAL PRESS AND CIRCULAR of 28th August.)
3. The inadvisability of not remunerating dispensary medical officers for their attendance at court, and evidence in prosecutions of defaulters under the Vaccination Acts. (This letter was published in the supplement to MEDICAL PRESS AND CIRCULAR for 25th September.)
4. Payment of expenses of postage incurred by dispenpensary medical officers in forwarding sanitary reports and other official documents.

The Committee forwarded to the editors of many of the provincial newspapers an important letter on the subject of appointment and remuneration of substitutes for dispensary medical officers who are incapacitated by illness from performing their duties.

In accordance with the suggestion contained in the letter of the Committee of Council (No. 2, above referred to), the Local Government Board issued to the Hon. Sec. of each dispensary committee of management, a circular (published in supplement to MEDICAL PRESS AND CIRCULAR for 11th September) calling attention to the irregularities complained of in the issue of tickets for dispensary medical relief, and also to the abuses of that system, and it is to be hoped that the Board's circular may have good effect.

An important communication was received from Mr. Meldon, M.P., relative to the progress especially of the Public Health Act and the Bills to amend the Medical Act, in which Mr. Meldon reviewed the course he had followed at the instance of this Association. Mr. Meldon's letter also contained very valuable advice with regard to other important subjects, and he expressed the pleasure it afforded to him in endeavouring to impress the views of the Council upon the Legislature, as well as his willingness at all times to continue to do so; and the warmest thanks of the Council were conveyed to him for the very able and successful manner in which he has already acted on your behalf.

The Committee of Council are glad to observe that the necessity for

AMENDMENT OF THE VACCINATION LAWS

is being more generally admitted, and they hope to be able to get the Vaccination Bills drawn up by this Association brought before Parliament in the next session. They also hope to secure an early re-introduction of this Association's Bill to amend the

REGISTRATION OF BIRTHS AND DEATHS ACT.

The Committee of Council having forwarded the correspondence which occurred between them and the Commissioner of Dublin Police to the Chief Secretary for Ireland, requesting that the subject therein referred to, viz.,

MEDICAL WITNESSES AT CORONERS' INQUESTS,

might be brought under the notice of his Grace the Lord

Lieutenant, received a reply to the effect that the suggestions of the Council would be carried out.

DISPENSING IN IRISH PRISONS.

The attention of the Committee of Council was directed to the new duty sought to be imposed upon the medical officers of Irish prisons, viz., that of compounding the medicines they prescribed. A deputation from the medical officers waited upon the representatives of the Government, and it is understood that the representations made by them are still under the consideration of the authorities; the result of which it is to be hoped will be satisfactory.

FEES IN VACCINATION PROSECUTIONS.

Considerable dissatisfaction has been expressed by several dispensary medical officers in consequence of their having been refused fees for their evidence in vaccination prosecutions; a member of the Association has stated that he is willing to take legal proceedings as a test case against the guardians for recovery of a fee on the ground of a simple contract, although the justices refused to certify for remuneration. It will be remembered that when the case of "Dr. Kisby *v.* the Guardians of Boyle Union" was heard in 1875 (see Annual Report for 1875-76), the chairman of quarter sessions stated that the certificate of the justices was not essential, and also that if the guardians direct the medical officer to give evidence, they are bound to remunerate him. This subject, as already stated, has been recently brought under the notice of the Local Government Board, whose reply (just received) shows that the circular—instructing magistrates at petty sessions to certify for payment of "a reasonable sum, not as a fee, but for his expenses, to the dispensary medical officer if he should be required to give evidence"—referred to, was issued by the Lord Lieutenant; the Committee of Council have therefore yet to consider what further action should be taken with regard to this very important matter.

Four new names have been added to the list of members during the past quarter.

The duties of the assistant-secretary formed the remainder of the Report.

DISALLOWANCE OF POSTAGE FOR POOR-LAW MEDICAL OFFICERS.

We referred briefly a few weeks since to the fact that the Local Government Board auditor, in auditing the accounts of the Boyle Union, had refused to allow the payments made to Dr. Kisby for postages in the transaction of his official business, holding that Dr. Kisby was bound to deliver his returns and other communications at the workhouse as best he might, and that, if he chose to use the post for that purpose, he must pay for it himself. This ruling having been represented to the Council of the Irish Medical Association, the following correspondence with the Local Government Board ensued:—

I.

Royal College of Surgeons,
August 27, 1878.

Sir,—I am desired to state that representations have been made to the Council of the Irish Medical Association that Mr. E. J. Browne, an Auditor of the Local Government Board, has recently disallowed a claim for postage expenses incurred by a Dispensary Medical Officer in forwarding official communications, including sanitary reports, to his Board of Guardians, on the ground that his salary is intended as full remuneration for all his duties, a portion of which is to furnish returns, &c., to the Board of Guardians.

I am further desired to ask you to be so good as to inform the Council whether it is possible that claims for postage expenses, incurred by dispensary medical officers and medical officers of health in the discharge of their duties, are disallowed by the Auditors of the Local Government Board, and whether, if the postage on such official communications is not prepaid, the amount can legally be deducted from the salary of the dispensary medical officers or of the medical officers of health, as the case may be.

I have the honour to be, Sir,
Your obedient servant,
John William Moore, M.D.,
Hon. Sec. to Council.

To the Secretary Local Government Board.

II.

Local Government Board, Dublin,
August 28, 1878.

Sir,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 27th inst., relative to the disallowance by the Auditor of a claim for postage expenses incurred by a Dispensary Medical Officer in forwarding official communications, including the Sanitary Reports to the Board of Guardians; and the Board desire to inform you that they will communicate with the Auditor on the subject.

By order of the Board,
B. Banks, Secretary.

To John W. Moore, Esq., M.D., Hon. Sec.
Council Irish Medical Association.

III.

Local Government Board, Dublin,
August 31, 1878.

Sir,—With reference to your letter of the 27th inst., relative to the alleged disallowance by an Auditor of a claim for postage expenses incurred by a Dispensary Medical Officer in forwarding official communications to his Board of Guardians; the Local Government Board for Ireland desire to inform you that they have received a communication from the Auditor on the subject, in which he states that, having searched through his notes of disallowances for the years 1876, 1877, and 1878, he has failed to find any disallowance of the nature referred to; but that if you will furnish the name of the Medical Officer, and the Union in which he holds office, he will write to the Clerk of the Union for the copy of the disallowance, or of any memorandum he may have made on the subject; and the Local Government Board request that you will be so good as to furnish the name of the Dispensary Medical Officer referred to, and the name of the Dispensary and of the Union in which it is situated.

By order of the Board,
B. Banks, Secretary.

To J. W. Moore, Esq., M.D.,
Hon. Sec. Council Irish Medical Association,
Royal College of Surgeons.

IV.

September 5, 1878.

Sir,—In reply to your letter "No. 18,046, 1878, Miscellaneous," of the 31st August, relating to the subject of my letter of the 27th August, I beg to state that Dr. Kisby, Medical Officer of Ballyfarnon Dispensary District, Boyle Union, forwarded on the 19th August to the Council of this Association, a letter which he had received from the Clerk of the Boyle Union (a copy of which I enclose). Dr. Kisby, in his letter, stated that for the past 14 years, his postage expenses on official communications had invariably been paid, and he appeared to think the Auditor's new ruling was a hardship upon the Medical Officers which the Council of this Association might fairly represent to the Local Government Board with a view to its being removed.

I regret to find that inadvertently I stated in my letter of the 27th August, that Mr. Brown had actually dis-

allowed a claim for postage expenses; I should merely have stated that he intimated his intention of disallowing such claims *in future*.

I am, Sir,
Your obedient servant,
JOHN WILLIAM MOORE, M.D.,
Hon. Sec. of Council.

To the Secretary, Local Government Board.

[Enclosure copy.]

Poor-law Office.
Boyle, December 18, 1877.

SIR,—I herewith enclose draft for salary to 25th inst., also receipt which you will have the goodness to forward to me at your earliest convenience.

The following is a copy of a report made by E. J. Browne, Esq., Local Government Board Auditor, when auditing the accounts for past half year, for this Union:

"Dr. Kisby, medical officer of the Ballyfarnon Dispensary District, appears to have been paid a sum of 2s. 11d. for postage expenses incurred by him in this half year. The salary of the medical officer is intended as full remuneration for all his duties, a portion of which is to furnish returns, &c., to the Board of Guardians; he is, therefore, not entitled to receive any payment for postage or other expenses incurred by him in the discharge of his duties; any payment made to him in future of this nature, it will be my duty to disallow, and to surcharge to the party or parties making or authorising the payments. In all other respects, these accounts are correct.

"E. J. BROWNE, Auditor,
"December 15, 1877."

I am to add that should letters be forwarded to this office without being prepaid, the Auditor has instructed me to deduct the amount from the officer's salary who does so.

I am, Sir,
Your obedient servant,
W. ODBERT, Clerk of Union.

W. J. Kisby, Esq., M.D.

V.

Local Government Board, Dublin,
September 7, 1878.

SIR,—The Local Government Board for Ireland acknowledge the receipt of your letter of the 5th inst., relative to the supposed disallowance by one of the Auditors of a payment made to the Medical Officer for postage expenses incurred by him in forwarding official communications to the Board of Guardians; and the Board desire to state that the subject shall receive attention.

By order of the Board,
B. BANKS, Secretary.

J. W. Moore, Esq., M.D.

VI.

Local Government Board, Dublin,
September 24, 1878.

SIR,—With reference to recent correspondence on the subject of a claim for postage expenses incurred by Dr. Kisby, Medical Officer of the Ballyfarnon Dispensary District of Boyle Union, the Local Government Board for Ireland desire to inform you that they have received a further communication from the Auditor, dated the 21st inst., in which he states that he intimated to the Board of Guardians of Boyle Union at their meeting held on the 17th inst., the opinion expressed to him by the Local Government Board, that it would be only reasonable if the Medical Officer of a Dispensary District has occasion to correspond with any Union officer on business connected with the public service of the Union, that he should be repaid any expenditure thereby incurred by him.

By order of the Board,
B. BANKS, Secretary.

Dr. Moore, Hon. Sec., Council Irish Med. Assoc.

It will be observed that the Local Government Board at once recognised the injustice and inexpediency of refusing to medical officers their postal expenses, and reversed the decision of their auditor, which, we venture to observe, was not creditable to that official's judgment or good sense.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF SEPTEMBER, 1878.

AUGUST 31st.—Goggin, Geo. Taylor; Limerick; Lic. R. Coll. Phys. Edin. 1877, Lic. R. Coll. Surg. Edin. 1877.

SEPTEMBER 3rd.—Lytle, Joshua; Maghera, co. Derry; M.D. 1878 and M.Ch. 1878 Q. U. Irel.

7th.—Harley, Henry Ruby; Knockane House, Coachford, co. Cork; Lic. R. Coll. Surg. Edin. 1878.

7th.—Stoker, George; 16 Harcourt Street, Dublin; Lic. K. Q. Coll. Phys. Irel. 1878, Lic. R. Coll. Surg. Irel. 1878.

9th.—Daly, Francis Augustus Bormer; 74 Eccles Street, Dublin; M.B. 1878 and Bach. Surg. 1878 Univ. Dub.

11th.—Walsh, Patrick Francis; Scarborough, York; Lic. R. Coll. Surg. Irel. 1875, Lic. 1876 and Lic. Mid. 1876 K. Q. Coll. Phys. Irel.

12th.—Sherlock, Henry Gregg, 14 Westland Row, Dublin; Lic. R. Coll. Surg. Irel. 1876.

13th.—Berry, Frederick Charles; Wyattville, Ballybrack, co. Dublin; M.B. Univ. Dub. 1878.

14th.—Steel, James; Bushmills, co. Antrim; Lic. R. Coll. Phys. Edin. 1878, Lic. R. Coll. Surg. Edin. 1878.

16th.—Fennely, William; Castletown, Templemore, co. Tipperary; Lic. R. Coll. Surg. Irel. 1878, Lic. R. Coll. Phys. Edin. 1878.

17th.—Twiss, George Edward; Dublin Castle, Dublin; Lic. R. Coll. Surg. Irel. 1878.

18th.—Pentland, Alexander; Black Hall, Drogheda, co. Louth; Lic. R. Coll. Surg. Irel. 1877, M.B. Univ. Dub. 1878.

18th.—Hoops, Henry Lysaght; Middlesborough, Yorkshire; Lic. R. Coll. Surg. Irel. 1878.

19th.—White, Thos. Augustus; Labri, Veytaux, Vaud, Switzerland; Memb. R. Coll. Surg. Eng. 1855.

24th.—Henston, Francis Thomas; Ballykisteen, co. Tipperary; M.D. and M.Ch. 1878. Q. Univ. Irel., Lic. 1877 and Lic. Mid. 1878 R. Coll. Surg. Irel.

28th.—Purcell, John; Banroe, Feacle, co. Clare; Lic. R. Coll. Phys. Edin. 1878, Lic. R. Coll. Surg. Edin. 1878.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING OCT. 5, 1878.

Total registered deaths in Dublin and suburbs*		...	153
Ten years average of same week	... ...	...	128
Excess of mortality above average	... ...	...	25
10 weeks' ratio of deaths Rathmines		25·1	per 1,000
„ „ „ Donnybrook†		18·7	„
„ „ „ Blackrock		11·1	„
„ „ „ Kingstown		21·1	„
„ „ Entire Dublin District		25·3	„
COMPARATIVE RATIOS—London	...	19·8	„
„ „ Glasgow	...	21·3	„
„ „ Edinburgh	...	17·3	„

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Although 9 less than in the week ending 28th ultimo, deaths from zymotic diseases are 7 over the average for the fortieth week of the last ten years. They number 39, of which 12 were from fever (3 typhus, 8 typhoid, and 1 simple continued fever), 7 from small-pox, 7 from diarrhœa(being 15 under the number from that cause in the preceding week), 5 from scarlet fever, 4 from whooping-cough, 2 from croup, 1 from diphtheria, &c.

THE SANITARY CONDITION OF IRELAND.

Abstract of the Registrars' Notes from the last Quarterly Return of the Registrar-General.

No I.—North-Eastern Division.

BELFAST (No. 9).—The sickness and mortality of the first and second quarters of the present year, by contrast with that of last year—which compared unfavourably with preceding years—demonstrate the exceptionable character of 1877 in this respect. The number of deaths—48—which have taken place during the half-year ending June of this year is the same as occurred in the quarter ending March, 1877, and is one less than the mortality. As regards sanitary matters, the tone of public opinion in the place is greatly improved. A number of houses have been erected recently, which are models of what workers' houses ought to be.

BELFAST (No. 10).—In reference to the sanitary condition of this district, I might say, on the whole, it is satisfactory. Of late I have noticed with satisfaction that people are getting wonderfully alive as to the necessity of observing sanitary regulation.

STEWARTSTOWN.—District very healthy. No such thing as a notice required to make the people remove a nuisance, as all has to be done is to tell them, and it is done immediately.

ROSTREVOR.—The district is in a good sanitary condition, and has continued free from communicable disease during the quarter.

DUNGIVEN.—The mortality has been unusually large during the past quarter. Typhoid fever broke out in three families, near the town, two cases proving fatal. The water supplying the houses was bad, and badly protected, but no specific poisonous elements could be discovered in it.

BELLAGHY.—Sanitary arrangements gradually improving; much, however, remains to be done.

No. II.—North-Western Division.

DUNGLOE.—Infectious diseases have been of rare occurence, although the sanitary condition of the district is improving but slowly.

CLADY.—Sanitary arrangements are generally well attended to.

DROMORE.—The sanitary arrangements in the village are much improved.

SLIGO; *Riverstown.*—Sanitary condition of district improving very much.

No. III.—Eastern Division.

BALROTHERY; *Holmpatrick, W.*—All the pumps, *with the exception of one*, lately erected in New Street, are in a defective condition, allowing the refuse water to percolate back to the wells.

LUCAN.—Typhoid fever has been very prevalent in this district, owing, I believe, to the imperfect working of the Sanitary Act.

TALLAGHT.—The sanitary condition of this district is at present very fair.

KELLS, W.—There is little doubt that the grave sanitary defects which still exist here, in our wretched overcrowded labourers' cottages, and our bad water supply, will still assert their old influence for evil on the public health as soon as the present fine weather and the comparatively abundant food supply, caused by the high wages of summer, disappear.

NAAS.—The town and district is in a healthy state, but the sanitary arrangements are still in the same imperfect condition as when I last reported.

No. IV.—North Midland Division.

CAVAN; *Ballanagh.*—The sanitary arrangements in the district are in a very fair condition, with the exception of the village, some of the dwellings being totally unfit for habitation, through want of thatch and limewash. The mattes was reported to the sanitary authority some months ago; but only with the effect of having a few of them knocked down, the remainder being still in a bad state, although inhabited.

NEWTOWNBUTLER.—I have to repeat a suggestion hitherto made by me, that public notices to be posted up are, I believe, an essential need in carring out the Sanitary Act, as the general population are totally ignorant of the requirements of the Public Health Act, and no *viva voce* information will be accredited by them.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, Oct.* 5, 1878; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	Area in Statute Acres.	Population in 1871.	WEEK ENDING SATURDAY, OCTOBER 5, 1878.															
			Annual rate of mortality per 1,000 inhabitants.	Total Births *registered.*	Total Deaths *registered.*	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	25	190	153	29	36	7	...	5	...	5	1	4	6	8	52
BELFAST . .	20,687	182,082	28	167	97	15	18	...	...	6	...	5	...	3	4	4	15
CORK . .	13,816	91,965	23	44	40	5	7	...	1	...	..	...	...	2	1	1	16
LIMERICK .	8,509	44,209	21	15	18	1	8	...	...	2	...	...	...	...	...	...	7
LONDONDERRY .	21,865	30,884	15	13	9	2	1	1	...	...	...	1	...	..	...	1	2
WATERFORD .	17,209	30,626	19	23	11	...	2	...	..	...	...	...	...	...	...	...	1
GALWAY .	21,358	19,692	24	24	9	2	3	2	...	...	...	...	...	...	...	..	4
SLIGO . .	30,835	17,285	9	9	3	...	1	...	...	...	...	...	...	...	...	...	...

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 23, 1878.

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THE MECHANICAL SYSTEM OF UTERINE PATHOLOGY.

By GRAILY HEWITT, M.D. Lond. F.R.C.P.,
President of the Harveian Society, &c., &c.

(*Continued from page* 289.)

LECTURE III.

RELATION OF UTERINE SYMPTOMS TO UTERINE CHANGES —RELATION OF THE VARIOUS UTERINE CHANGES ONE TO THE OTHER—PRINCIPLES OF TREATMENT.

Amenorrhœa.

THE effect of uterine flexion in arresting the discharge for a time has been mentioned, but in connection with menstrual retention only. In a certain number of cases, however, the discharge becomes gradually less and less, and in process of time is actually brought to an end. Actual suppression of menstruation for some months, or its premature termination at a comparatively early age, are now and then observed. Acute flexion in a few cases acts in this way. Probably the compression of the organ which is the effect of the flexion has much to do with it. The uterus having its circulation interfered with is no longer capable of carrying on its function properly.

The whole process is occasionally witnessed. In a known case of flexion, menstruation is for a time scanty. Each month it is less in quantity. By-and-by a month is passed over without discharge. After a time the interval is longer. And, concurrently with these effects, other symptoms are noticed which give evidence that the flexion has become aggravated. The flexion is now dealt with and treated, and the amenorrœa ceases. Cases of this kind are interesting and convey important clinical lessons.

Amenorrhœa may be due to other conditions of the uterus; and indeed flexions of the uterus do not play so large a part, according to my experience, in the etiology of amenorrhœa as some other conditions which might be mentioned.

Sterility.

Flexions of the uterus have very important effects in relation to sterility. For the most part, the observations made respecting the influence of compression of the internal os uteri in producing dysmenorrhœa apply here. Any circumstance producing imperviousness of the internal os uteri must necessarily induce sterility, and flexions are responsible for this result in very many cases. In this case the narrowed condition of the internal os obstructs the passage of fluid upwards. But the mere obstruction is not probably the sole cause of the sterility in very many cases. Another circumstance is to be taken into consideration, viz., the altered condition of the lining of the body of the uterus, which, as previously pointed out, is liable to be produced by retention of secretions within the uterine cavity. These retained secretions have doubtless a powerful influence in deranging the physiological process and damaging the products of conception. Further, an irritated altered mucous membrane. such as must be present in such cases, cannot offer a proper surface for the attachment and growth of the ovum, even supposing that the ovum has been impregnated and has descended into the uterine cavity.

Abortions.

A careful study of the phenomena of abortions, and of the behaviour of the uterus under such circumstances, has made me acquainted with many facts bearing on this subject.

I may, in the first place, state that, in my opinion, by far the most common cause of abortions is the existence of flexion of the uterus. This may seem a rather sweeping assertion to make, but facts enforce conviction. This opinion has been arrived at not by any means on *à priori* reasoning; I cannot claim to have arrived at the idea in this manner. The almost incessantly observed conjunction of the two elements—existence of a known flexion of

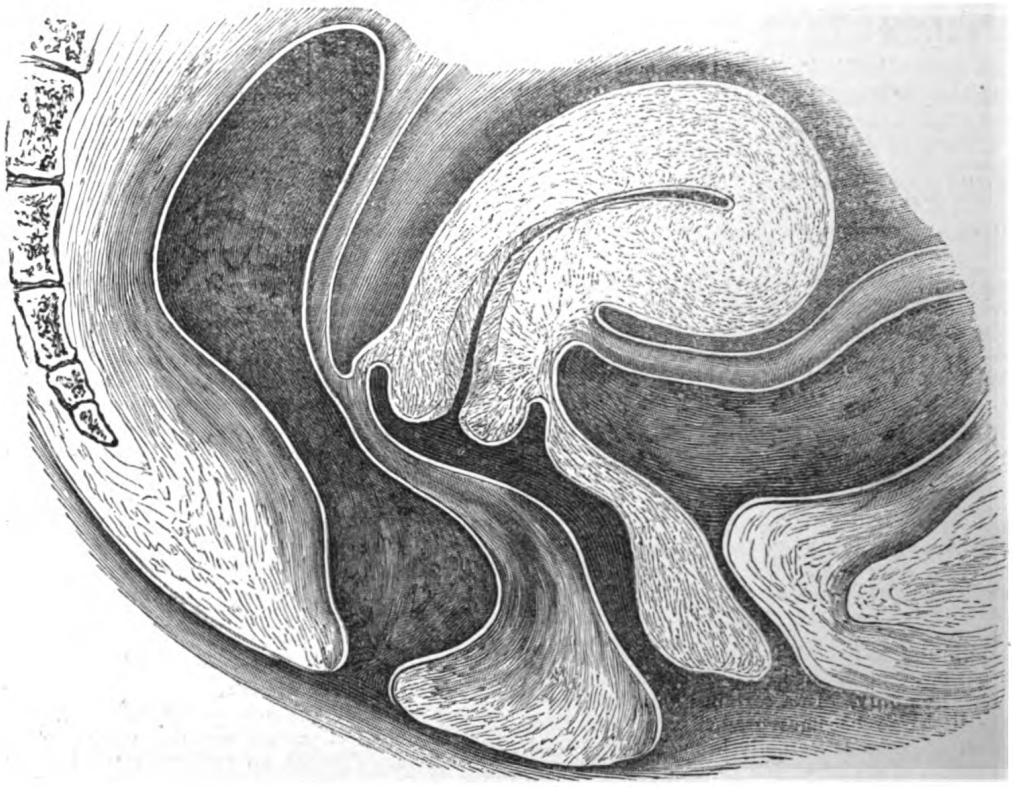
the uterus and liability to abortion in the same individual—has led to this conclusion. There are undoubtedly other causes of abortion—syphilis, lead poison, accidents, falls, blows, mental emotions, &c. But, after all, cases referable to these heads collectively form a very small percentage of the number of cases of abortion actually observed.

The connection between retroflexion of the uterus and liability to abortion is tolerably well recognised, the affection retroflexion bring comparatively well known and ready of detection. But it is not so well known, in the first place, that anteflexion is a rather common affection, or, in the second, that it is a common cause of abortion.

The proof of the truth of the statement that abortion is often due to uterine flexion is necessarily to be obtained only from careful clinical observations. Such observations are, however, easily made, and I am convinced that they only require to be made in order that the proofs may be obtained necessary to convince others as they have convinced me. Clinical histories, such as the following, constitute important evidence. In a case of known anteflexion, pregnancy occurs, and is shortly followed by an abortion. In another case, a flexion is undergoing treatment; becomes relieved up to a certain point; pregnancy occurs, and abortion happens. In another case also where flexion is known to exist, pregnancy happens, and the patient goes to full term; recovers from her confinement; becomes again pregnant, and is threatened with an abortion. On examination it is found that the old evil has recurred; the uterus is in a state of flexion. Take another class of cases. In a certain case abortion happens, the ovum partly escapes; the thickened decidua and commencing placenta are retained in utero. Examination is made, and the uterus is found acutely anteflexed or retroflexed. A succession of such cases present themselves, the circumstances being a little varied. What other opinion can be arrived at than that the abortion is due to the flexion? I assume, of course, that the operation of other possible causes of abortion is duly regarded, and the particular case excluded from these categories. Complete the proof: trace the further history of these very cases, and suppose it to be found that the phenomena described have a great tendency to recur. Let this kind of observation be made over and over gain, conviction naturally follows.

In truth, when we come to consider the part which the uterus has to play in pregnancy, it is not surprising that decided distortion of this organ should materially interfere with its healthy progress. The mere displacement of the fundus backwards or forwards necessarily exposes it to greater pressure than would otherwise be the case. In the cases of retroflexion, every time straining in the process of defæcation takes place, the fundus is pressed down lower in the pelvis and possibly compressed. In the case of anteflexion compression downwards has a similar effect in lowering the uterine fundus, though it is somewhat protected by the bladder when this organ is distended. If the bladder is empty, however, there is nothing to prevent expulsive action of the abdominal muscles pushing the fundus lower and lower. In the next place it is to be remarked that the alteration in the tissues of the uterus implied by the presence of a severe chronic flexion is such as to materially hinder the expansive action of the walls of the uterus. Here we enter on what may be termed an almost entirely new field of inquiry. It is certainly the fact that in chronic flexions the tissues of the uterus become much condensed at the seat of the bend. It is reasonable to suppose that this condensation, hardening, puckering, and atrophy, all of which are more or less present, are inimical to the physiological changes inherent to pregnancy. If the puckering and condensation be considerable, it is evident the uterus may be so held and maintained in its distorted condition that expansion of the organ is difficult. The

Fig. 24.



Representing the first stage of anteflexion of the uterus.

difficulty in question finds a solution, in many instances, in the occurrence of abortion.

But a further result of the existence of acute flexion is probably actual disease of the decidua vera, and consequent abortion brought about in this way. The growth of the decidua, which is a part of the natural process of pregnancy, cannot proceed normally at certain situations, and, as has been shown by examination of actual specimens, it may become actually disorganised, and thus lead to the occurrence of abortion. Such is, probably, the explanation of two very interesting observations made by Dr. Slavjansky, and published in 1873, entitled "On Endometritis Decidualis Chronica as a Cause of Abortion in some cases of Displacement of the Pregnant Uterus" (paper read before the Obstetrical Society of Edinburgh, July, 1873). These observations of Dr. Slavjansky are exceedingly interesting, and have an important bearing on this subject.

All cases of uterine flexion in which pregnancy occurs are not followed by abortion, but it is mechanically almost impossible for pregnancy to continue if the flexion be unrelieved. As a matter of fact, many cases of this kind are so relieved; the uterus becomes straight as it expands by the mere circumstance of the expansion. In others the flexion remains, and inasmuch as the uterus goes on expanding, the result is actually in many instances to increase the flexion. For instance, in retroflexion of the gravid uterus, the fundus, unless it chance to be lifted up, descends lower, the os uteri and the fundus becoming at the same time approximated. The condition of the uterine wall at the concave side of the bend, where the retroflexed uterus of four months is jammed in the pelvis, and unable to escape from the cavity, may be imagined: great tension of the uterine wall on the convex side, great compression on the concave side of the bend, consequent stretching and tension and compression of the decidua, all this increasing day by day.

In cases of anteflexion of the gravid uterus there is a greater tendency to what may be termed a natural cure as pregnancy advances, than in cases of retroflexion, for the symphysis pubis does not present a projection like that offered by the sacral promontory, and the body of the uterus has a better chance, therefore, of rising into its natural position in the abdominal cavity. There is, however, a perpetual liability to aggravation of the existing flexion when the patient is in the upright position, or when she indulges in any special exertion, and such aggravation of the flexion may originate the abortion.

Among the many proofs that might be adduced as to the connection between abortions and flexions of the uterus, may be mentioned observation on the effect of treatment. If means be taken to assist the elevation of the fundus by insisting on the recumbent position or by use of pessaries, thus helping the uterus to assume its natural form as it expands, abortion can very frequently be prevented, even in cases which have been the subject of frequent previous abortions.

In cases of anteflexion the strict maintenance of the dorsal position for the first three or four months is sometimes enough, the uterus rising up out of the pelvis as it expands and the organ resuming its natural form without further help. In cases of retroflexion the dorsal position would rather impede than prevent the necessary rectification. There are, of course, various other expedients—among them the use of pessaries—by which the body of the uterus may be elevated and the organ assisted in rectifying its shape as it expands during the course of pregnancy. The results obtained in this way are quite convincing to anyone who has practised them in regard to the exceedingly important part played by flexions of the uterus in the etiology of abortion.

(To be continued.)

UNDER the will of Mr. W. C. Hewetson, late of Newcastle-on-Tyne, the General Infirmary of that town becomes entitled to the magnificent bequest of £10,000.

HOSPITALS FOR INFECTIOUS DISEASES. (a)

By ERNEST TURNER, F.R.I.B.A.

MY subject holds a very important place in the measures of sanitary improvement which it is the object of this Institute to encourage, and it is happily one upon the importance of which we are all agreed. It cannot be necessary for me—a sanitarian addressing sanitarians—to expatiate on the advantages which the possession of a hospital for infectious diseases gives to the authorities of the place where it exists, in smothering in their birth epidemics which would otherwise cause an indefinite amount of suffering and mortality, to say nothing of pecuniary loss. Every medical journal, every report of medical officers of health who have these hospitals in their districts, teems with instances of the manner in which epidemics have been thus checked. Want of time prevents my citing any of the numerous cases of this sort with which I have been struck in the course of my studies on the hospital question; but even if I had the time it could scarcely be necessary for me to draw your attention to them, since you are probably acquainted with instances in your own experience of the extreme value of these hospitals as measures of precaution.

Starting, then, with this axiom, it may seem surprising to one unacquainted with the subject that so very few of the sanitary authorities in the kingdom have availed themselves of the beneficial powers which Section 131 of the Public Health Act confers upon them in arming themselves with a weapon against zymotic disease so formidable as an infectious hospital. There are over 1,500 authorities in England and Wales (600 rural and over 900 urban authorities), and of these my utmost efforts have failed to discover more than about 120 who have provided any sort of means of isolation whatever.

It may be worth while to review briefly the objections which are raised against the establishment of infectious hospitals, and which we may well imagine have operated largely in inducing so many sanitary authorities to reply to the pressure put upon them by the Local Government Board that "they do not think such a hospital necessary."

The four objections with which I have been most frequently assailed are these: Such a hospital is not necessary as we have no epidemic; it is a source of danger to the neighbourhood in which it is placed; the rates are already too high, and we can't afford to build an expensive hospital; if we did provide it, the people wouldn't make use of it. The answer to every one of them is very simple, and, to my mind at least, conclusive. In reply to the first, it may be pointed out that the very essence of such a hospital is that it should be provided beforehand, and in readiness for the first cases of the disease which may occur. It is precisely at the time when a place is free from epidemics that the construction of a hospital of this character can best be considered. If there were a small hospital in readiness to receive the first cases, the attainment by the disease of any formidable proportions would, in all probability, be rendered impossible; and in any case, even if the epidemic should outgrow the capacities of the hospital, the administrative part of it, and all its machinery, is already at work, and temporary extensions of the hospital could be made without much trouble.

The second objection is even less tenable. Abundant experience has shown that, under proper management, especially as regards the removal of patients, no spread of infection from a hospital need take place. On the other hand, infectious cases, scattered over a crowded neighbourhood, with the absolute impossibility which exists in most of them of effective isolation, are so many centres of infection and of danger to the locality in which each is placed. But even supposing for a moment that a hospital spreads disease, is it not better to have one source of infection than an indefinte number sprinkled over the lowest and most filthy parts of towns, each case propagating

(a) Read before the Sanitary Institute of Great Britain and Ireland, at Stafford, October, 1878.

others with a rapidity unexampled in speed and murderous in result?

To the third objection we have an unanswerable reply, and one which ought to bring conviction to the ratepayer, since it touches the most tender part of him—his pocket. It takes some time to convince authorities of the absolute economy of hospitals, as they are unable, as a rule, to see so far ahead as dispassionate and unbiassed sanitary reformers. I should, I confess, like to see an infectious hospital more generally looked upon in the light of an insurance. No reasonable man objects to put by a sum of money yearly, so that when he dies his wife and family may be benefited and kept from poverty. Now why should he object to pay a little more and secure immunity (if not absolute, yet by no means inconsiderable) from attacks of infectious disease, which, if they do not altogether kill him, yet leave after-effects, which make life less enjoyable and less worth living? That this immunity may be largely secured by the imprisonment of infection as soon as it is discovered within the four walls of a properly constructed and organised hospital, I need hardly take the trouble of convincing you. If we could only get authorities to see things in the same light we should soon have a very large increase in the number of infectious hospitals in the country, and a considerable decrease in the number of deaths from infectious diseases.

As to the remaining objection, the inutility of providing these hospitals, because people cannot be got to come into them, I would remark that I have been able to gather points quite in an opposite direction. I believe that there are many people above the level of the working classes, but who cannot be properly treated at home for infectious diseases, who would gladly come into these hospitals, and who would be willing to pay for their maintenance there.

Suppose, for example, an assistant in a large commercial establishment sickens for some infectious disease. How gladly would the employer hail the open doors of an infectious hospital, in which the patient could be well and properly cared for, and the risk be avoided of his customers being frightened away by the fear of contagion! You will readily see how instances of this nature might be multiplied. I simply say to the people who make this objection to me, just try the experiment. Experience has proved its success. And if such a hospital is provided, that people feel they can go there and be treated with safety to themselves and still greater safety to their neighbours, the hospital will speedily become almost self-supporting, to say nothing of its incalculable benefit to the community at large.

I think you will agree with me that the fallacy of the objections to these hospitals has been sufficiently exposed. But there is just one question more which I wish to touch on before I leave this part of my subject, and that is how in the absence of such a hospital, can Section 124 of the Public Health Act be brought into operation? Under that section justices have power to order the removal to a hospital of persons suffering from any dangerous infectious disorder who are without proper lodging or accommodation, or lodged in a room occupied by more than one family. Now, in the absence of any hospital provided by the sanitary authority, the only place to send these poor people to is the infectious wards at the workhouse. Under these circumstances it is not surprising that justices not infrequently decline to make the order asked of them, thinking, no doubt, that if the interests of the community demand that patients suffering under dangerous infectious disorders be taken even from poor homes into hospital, the community has no right to attach to such removal the stigma that rightly belongs to pauperism.

For small aggregations of population in rural districts, it may no doubt be possible to utilise two or three rooms in a cottage which may be let to a decent widow, rent free, on condition that she keeps it in readiness for the reception of cases, and nurses them whilst there.

It is obvious that these hospitals are wanted more constantly in towns than in rural districts, and that there is greater probability of two or more infectious diseases occurring simultaneously, say, for instance, small-pox and scarlatina, which ought not to be treated in the same ward. It cannot be too prominently placed before sanitary authorities that in towns permanent provision should be made, consisting of four rooms at least, in order to accommodate male and female patients suffering from two different diseases.

It must always be borne in mind that an emergency may arise for additional temporary accommodation, and for this reason the site acquired should be larger than the actual requirements of the permanent building.

The ventilation of the building, whether a cottage or a permanent hospital, must be considered in conjunction with warming, and requires for the attainment of a satisfactory system, the intelligent application of our knowledge of physics, and a considerable amount of practical experience.

For warming small wards the open ventilating grate will be found most convenient, but for larger institutions I most certainly prefer warming by hot water, on the score both of economy and efficiency.

Next, safe means must be provided (safe both for the hospital and for the neighbourhood) for disposing of excremental matters and of slops, and for cleansing and disinfecting infected linen and bedding; and facilities for obtaining, in the use of the hospital, the very strictest cleanliness of every part.

Experience has proved that for the hospitals of which I am treating there is no better system than the earth-closet. In this connection there is one little practical point to which I would call attention, namely, the advisability of providing an opening with a door in the wall through which the receptacle may be removed from the outside. For the disposal of slop water I believe there is no better system than that generally known as intermittent downward filtration. For disinfecting linen, &c., a heating chamber must be provided.

For obtaining the strictest cleanliness of every part of the hospital, all mouldings, ledges, or corners, where dirt can possibly accumulate, should be carefully avoided. Wooden architraves round windows and doors are not only unnecessary, but positively objectionable; rounded corners and impermeable materials should be used in every part. For the floors there is nothing better than asphalte or Portland cement. For walls of wards many materials have been used, and many failures have taken place. Glazed bricks or tiles have been recommended, but they are expensive, and the numerous joints necessary are very undesirable. What is required is a hard, smooth, non-absorbent surface which may be washed down, and which will not be affected by disinfectants. Some time since at one hospital I tried to make a hard coloured cement in order to render unnecessary the application of any decorative material after the cement was trowelled. It was not wholly satisfactory, the difficulty being to obtain an even unclouded tint, and I gladly yield the palm to another inventor who has produced a material which, in my opinion, is undoubtedly the best that can be used for the purpose. I refer to an enamel paint manufactured by the Liverpool Silicate Paint Company. It appears to be an admixture of paint with some peculiar gelatinous substance, and the effect produced is a beautiful enamelled surface in any required tint; it is much harder than any varnish I have ever seen, and its application is very simple. The manufacturers recommend that it be used over the silicate paint, but I have used it in one of the London hospitals with great succes upon a cheaper material made by the same firm, which is called petrifying liquid or washable distemper. This work has now stood for two years, and looks as well as when first executed.

In conclusion, let me say a few words upon cost of construction. You are all aware of the great increase in the cost of building, owing to the price of bricks and the rise in the wages of skilled workmen. Now, there is a much

neglected material which is admirably adapted for and in every way suitable to buildings of this class. I refer to Portland cement concrete. It is stronger than brickwork, and the walls can therefore be built of less thickness. Moreover, it is considerably cheaper, since while the cost of brickwork varies from £14 to £17 per rod, the cost of Portland cement concrete is not greater than from £9 10s. to £11 per rod, thus effecting a saving of about one-third on the cost of the walling. If the soil upon which the hospital is to be built be gravel (and this is always to be recommended), the greater part of the material is of course already on the ground. Even if no gravel is available, there are many materials of which the concrete may be made—such as burnt ballast, brick-bats, stone chippings, slate *débris*, flint, refuse from furnaces—indeed, almost any hard substance, which, mixed with the cement, will form a most durable wall. If one good foreman be employed to see that the materials are properly gauged and mixed, nearly all the rest of the work may be done by common labourers. The inside of the walls can be more cheaply treated than if brickwork were employed, and externally a pleasing if not an artistic effect may be produced by a simple rough-cast of sand, pebbles, &c. I have used this material with great success for dwelling-houses, factories, &c., and hope to induce a sanitary authority which I am now advising to use it for their hospital. I throw out the hint to sanitary authorities generally, in the hope that the great economic advantages over brickwork of Portland cement concrete will prove a new and potent factor in inducing them to establish these hospitals.

REMARKS ON MORBUS COXARIUS. (a)

WITH EXHIBITION OF THE EPIPHYSES, AND PORTIONS OF BONE REMOVED, IN THREE CASES OF EXCISION OF THE HIP-JOINT.

By H. MACNAUGHTON JONES, M.D., F.R.C.S. Edin.,
Surgeon to the City and County of Cork Hospital for Diseases of Women and Children.

Amongst the many questions of interest in connection with morbus coxarius, two are prominently worthy of discussion, namely, the constitutional origin of the disease, apart from any traumatic cause; and, secondly, the indications for the operation of excision of the joint. The cases I read here to-day so forcibly bear on these two points that this must be my excuse for introducing them to this meeting of the British Medical Association, and as my time is limited, and as the only object I had in view in bringing these cases was to elicit discussion and an opinion on these matters, I shall restrict the very few remarks I have to offer to their consideration only. First, touching the pathological question, as to the purely constitutional origin of the disease, I may remind my hearers of the discussion which took place at the International Medical Congress in Philadelphia, in 1876, when an animated debate occurred on a paper by the eminent orthopædic surgeon, Dr. Sayre, whose presence amongst us this time twelve months in Manchester we all hailed with so much pleasure. In this debate some eminent British and American surgeons took part, notably Mr. Lister, Dr. Agnew, Dr. Gross, and Dr. Wm. Adams; the debate arising from the view strongly advocated by Dr. Sayre, that morbus coxarius was a disease which always has a traumatic origin, and he then ignored the strictly constitutional origin of the disease. Dr. Sayre's opinion may be gathered from these expressions used by him in that discussion. "Until within a very few years, every author taught that the disease was necessarily connected with a strumous condition of the system, and could not exist without it, and that it was therefore necessarily of constitutional origin, and never occurred in the robust and healthy. This doctrine I believe to be incorrect; in fact, by a careful examination of my recorded notes of many hundreds of cases of morbus coxarius, I find that by far the larger number occur in children of perfect health, and born of healthy ancestry, and the simple reason is that children of this class are active and daring, and therefore more exposed to accidents and injuries than sickly, strumous children, who seldom have energy enough to expose themselves to any danger. But even the strumous constitution requires some local injury to the part itself in order to develope the disease, and therefore I am inclined to regard the disease as almost always of traumatic origin. Of course, the sickly, strumous child, having less recuperative power and vital force to resist disease, will have it developed from a much less exciting cause than would be required to develope the same trouble in the healthy and robust. But even among the strumous, I believe that if sufficient care is taken in the investigation, the disease will nearly always be traced to some slight injury, which was considered of so little importance as to pass unnoticed at the time, and that months afterwards, when the serious consequences of this slight injury have been fully developed in the well-recognised hip disease, the universal belief in the doctrine of its constitutional origin has prevented the surgeon from examining for any other cause. This has been the cause of the fatal error in the treatment of this disease, for, of course, as long as we believe the disease depends upon constitutional taint, all our efforts will necessarily be directed towards correcting the constitutional poison or element." The opinion of other representative surgeons who took part in the debate may be gathered from the following:—

Dr. S. D. Gross, of Philadelphia, said: "It strikes me that the second conclusion of Dr. Sayre's paper is entirely at variance with the received opinions of the profession, or at all events, with my own experience. Many cases of coxalgia, according to my observations, have been cases in which it was impossible to trace as a cause anything like an injury. I have given special attention for many years to these cases of coxalgia. I have inquired, 'has the child received any injury, a blow, or a fall, or a contusion, or anything of the kind?' and in the great majority of instances the answer has been in the negative. I am quite certain that, the majority of my cases—and they have been very numerous—have of this character. That the disease may be developed or excited under the influence of traumatic causes is unquestionable; but I maintain that in the great majority of instances the affection is of spontaneous origin, and that it is not necessary for a blow, or a fall, or any such injury, to produce the disease. This is my experience. In regard to the conclusion that it is not necessarily connected with a vitiated constitution, my teaching has certainly been greatly at fault, if I err in this respect. I maintain, as the result of my dissections, that this affection cannot occur in a child, or in any person whose constitution is not in a state of vitiation, or who is not labouring under some constitutional taint." Finally he says, "I maintain that it is impossible for a child born of healthy parents, well nourished, well taken care of, unless there is a previous predisposition or some degradation of the constitution, to have coxalgia, pulmonary consumption, or diseased spine."

Mr. William Adams, of London, said: "I am satisfied that in a large proportion of cases, it will be found that the exciting cause of hip disease has been some slight injury. Yet years of practice have taught me that there are cases in which the disease occurs without any injury." Mr. Lister, in referring to the influence which our belief in the constitutional or traumatic origin of the disease might have on our treatment, said: "It seems to me that if we have such a disease as struma at all, we have that disease in morbus coxarius; but I admit that traumatic causes are frequently operative, and we know the constant liability of children to be affected by traumatic causes."

At home we may say that the opinion of British surgeons appears to be almost entirely, if not completely, on the side of the view taken by Mr. Lister, viz., that the disease may have either a traumatic or diathetic origin.

(a) Paper read before the Surgical Section of the British Medical Association, at the Annual Meeting, at Bath, August, 1878.

The cases I shall read, will, I think, bear strongly on this point.

The second subject in connection with this affection, which is partly illustrated in these cases, is the operative one. In what cases, and when, are we to excise the joint? When such authorities at home as Erichsen, Holmes, and Humphrey, have already laid down such excellent rules for our guidance in these terrible cases, it would be presumptuous on my part to add a word. I would rather bring these examples forward as illustrations of the sagacity with which these eminent British authorities have treated this important matter. This year at St. George's Hospital, Mr. Holmes, having reviewed the main motives which have urged surgeons against the operation—such as the fatality, the risk of pyæmia, the uncertainty of the extent of the disease, and the disintegration of bone, the doubtful results, everyone of which difficulties I met with in my cases, each deterring me from the step, until, as I now think, in one, at least, I allowed the more favourable period to pass—he goes on to summarise the "pros and cons" as follows: 1. "There are a very few cases of real dislocation, in which the dislocated head of bone is exposed and softened, and can be removed by a proceeding so simple as hardly to deserve the name of an operation.

2. "Then there are cases in which the head of the bone lies loose in the cavity of the acetabulum.

3. "But in the great majority of cases where there is no dislocation, and no reason for suspecting a sequestrum in the cavity of the joint, but where there are abscess and disease of the bone, then I think the operation should be undertaken; in the first place, when the patient is suffering from unusual pain, in the second place, when the patient is steadily losing ground, in spite of careful treatment for some weeks; or even when, after a very long period of rest, he has not gained any ground, especially if you have any reason to think, from examining the region of the liver carefully, and so on, that the viscera are tending to become affected. And then there are other cases where the operation I think is justifiable, on account of the circumstances of the patient, as where you know that for the natural cure the patient must have a long period of treatment, and you think his circumstances are not such that he can obtain it; on that last account the operation is almost entirely confined to hospital cases.

4. "Then there are a few other considerations that you must not omit. What are you to do in cases of constitutional disease? You believe the suppuration connected with hip-joint disease is a powerful cause of exhaustion and death, if the lungs and viscera are affected; but it is an exceedingly embarrassing question whether to interfere in these cases or not, and it is a question you had better leave to the parents of the child, after having explained the matter to them as well as you can. You do not believe the patient has strength enough to recover from the operation; on the other hand, you think his prospects without the operation are utterly hopeless, for he must sink under prolonged suppuration. If you perform the operation in many such cases, you may depend upon having a large amount of mortality. But whether the results would be good or bad on the whole, I should not like to undertake to say; no doubt many cases will die, but I think you may reckon every case you may save as being a real triumph of the operation. Then there is the case of pelvic abscess. Pelvic abscess does not absolutely contra-indicate the operation. I remember seeing a case in which there was an enormous pelvic abscess, which was laid open by trephining through the acetabulum. In such a case I see no objection to performing the operation. Volckmann, indeed, speaks of it as being one of the main motives for the operation, it certainly is not an absolute contra-indication." Dr. Sayre gives, as his opinion, the following conclusions: "That in the third stage of the disease, when the treatment recommended (by him) has been properly applied without satisfactory improvement, but progressive caries continues, then excision of the diseased bones is not only justifiable, but in some cases absolutely necessary. That the operation of excision of the hip is easily performed, and in itself attended with little or no danger. That after the operation of hip-joint, in cases of progressive caries, the recovery is much more rapid and certain, and infinitely more perfect as to form, motion, and the usefulness of the joint and limbs, than when left to the slow process of nature."

Mr. Lister, at the same discussion said, "If effusion takes place without suppuration, a permanent cure may result by drawing off the fluid. If the case has gone on to the condition in which sinuses present themselves, I should be prepared to endorse the proposition that excision is the proper treatment; but if there is suppuration without an external opening, I am bound to express my strong conviction in favour of merely opening the abscess. I know of numerous cases in which the abscesses have been treated antiseptically, and in which the patients have recovered. Certainly in these cases the treatment had better result than if excision had been resorted to."

Erichsen in the last edition of his work (1878) says, "The result of my own experience is, that the mortality directly referable to the operation itself is but small. I have operated in twelve cases; of these, only two have proved directly fatal, five are now well and going about, three I have lost sight of after their recovery and discharge from the hospital, and two have died, one eleven months and the other two years after the operation, from constitutional disease unconnected with it."

"When we consider that all these cases were instances of advanced femoral or acetabular coxalgia, which would speadily have proved fatal if not subjected to operation, we may with justice look upon them as successful, so far as the preservation of life was concerned."

"And in this respect, excision of the head of the thigh bone, or of the hip joint stands in a different position from similar operations practised on other joints. The surgeon excises the elbow, shoulder, or ankle, in order to restore an useful limb to the patient. Excision of these joints is a substitute for the loss of the limb by amputation—not, as in the case of the hip, to prevent the almost inevitable loss of the life of the patient by continuance of hectic."

"But on comparing the result of operated cases with that of those which recover spontaneously, after caries and destructive disintegration of the upper epiphysis of the thigh-bone have existed for years, we shall find that the balance is by no means against those in which excision has been done."

"As I do not consider the operation necessary in cases of arthritic coxalgia, I do not compare the result of these cases with that of those operated on, but confine myself entirely to those in which there has been destructive bone disease. In those rare cases of this description, when, after years of prolonged suffering, recovery is at last accomplished by natural means, the limb left is more or less completely anchylosed at the hip, wasted, shortened to the extent of two to four inches, partially flexed upon the pelvis, adducted with the knee possibly stiffened, semiflexed, and advanced; the patient is just able to put the toes to the ground, without the power of bearing upon or rotating the limb, but, when he wishes to turn, twisting the whole pelvis by the aid of the greatly increased mobility of the lumbar spine."

Referring to the extent to which we may remove the femur in this affection, Mr. Erichsen says, "There is one practical question, with regard to the amount of the upper end of the thigh bone to be removed, which requires consideration, and that is, should the bone be sawn through below the great trochanter? The practice should, I think, differ accordingly to the nature of the disease. If this be femoral, it is best to take away the great trochanter, as the caries has generally reached its cancellous structure, or may be infiltrated with tubercle. But if the disease be acetabular, and the pelvic bones the parts most extensively and deeply affected, it will suffice to remove the head only, leaving the trochanter, which is not affected in these cases. After removing the head of the bone, the upper end should be examined, and any carious parts gouged out. After the epiphysis of the thigh bone has been removed, the aceta-

bulum must be examined, and any rough or necrosed bone lying at its edge should be gouged away."

Mr. Erichsen gives the statistics collected by Leishrink as follows:—"In 176 cases of excision of the hip there were, altogether, 98 deaths. Of this apparently high mortality, however, only about one-half, or 26 per cent. of the whole cases can be ascribed to the operation itself, or to the intercurrence of pyæmia or other diseases which are liable to attend operative procedures. The other half of the deaths were produced by extension of the disease, by diarrhœa, or by phthisis or other diseases of internal organs, probably, in many instances, existing at the time when the operation was performed. The mortality following the operation appears to have been much lower in England and America than in France and Germany."

It is with a view of showing that this disease, as most British surgeons believe, has at times a strictly diathetic source, irrespective of even the slightest injury, that I bring forward these cases, and as the hip-joint has been excised in three out of the four, and a portion of the femur in the fifth, I thought that the brief notice which I shall give of their history might elicit a useful discussion at this meeting, and an expression of opinion on the merits, indications, and contra-indications of excision of the hip in desperate cases of this formidable affection. Three of these children were of the same family; they were brought up, until the last few years, in the country, and had never had any ailment, nor any serious illness; the parents are both perfectly healthy—in fact, robust. The children have all had, from the time I saw them, an anæmic, sallow appearance; they are dark-complexioned and pallid. There were five other children, and three of these have died, as stated by the parents, of various lung affections since the removal of the children into the city, and one has recently had an attack of hæmoptysis.

(To be continued.)

Clinical Records.

MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. E. S. O'GRADY.

Amongst the patients in this service whose cases came to a conclusion during the month of September were the following:—

Stricture of Urethra treated eleven and a-half years previously by Internal Urethrotomy, cure remaining permanent.—A man, æt. 36, came under notice for temporary urinary trouble, caused by a drinking bout. He had previously been an inmate of the hospital, where, on the 14th of May, 1867, Mr. O'Grady had performed internal urethrotomy, dividing three close strictures by means of Maissonneuve's instrument. The man then made a good recovery, and was able to leave the institution in ten days. He had remained well save under the circumstances indicated. After his last spree, fearing a relapse he again sought admission. However, a No. 10 passed with ease at the first attempt, and subsequently a No. 12 without any trouble.

Cleft Palate—Partial Success from Operation.—This was the third operation on a young woman, æt. 22, where the previous two trials had nearly succeeded in closing a fissure of very large extent, involving the entire soft and most of the hard palate. A small circular orifice, situated well in front, together with a slight gap at the end of the uvula, alone remained of the original large fissure. It was endeavoured to close the front ring-like opening on this occasion. After paring the edges incisions parallel to them were made down to the bone, and the muco-periosteal flaps raised; these came together easily, and were retained without tension in admirable position by a couple of points of silk suture. All promised at first most favourably, but union failed in part of the small wound, so that only partial success was attained, the opening being reduced to about one-half its former length. When the patient left hospital this seemed likely to be further diminished by progressive contraction.

Pulsating Popliteal Abscess.—A lad, æt. 15, was admitted complaining of "a beating lump" behind his right knee. The limb was partially flexed; he walked lame, and obviously in great pain. He stated his trouble was caused by a severe kick received a few days previously. Examination demonstrated an acute abscess which received pulsation in a remarkable way, both laterally and posteriorly, from the adjacent artery. The abscess was freely opened on outer side. Repair was exceptionally rapid, the parts being almost healed when the patient left the hospital in less than a week.

Severe Paronychia and Inflammation of Forearm and Arm.—The attendant circumstances made this case one of special interest. The patient, a middle-aged woman, had lately been attending a case (which ended fatally) of aggravated gangrenous trouble with pyæmic complications. In changing dressings, she pricked the middle finger of the left hand with a pin. Severe local mischief rapidly supervened. Temporary relief was given by free incisions on the lateral aspects of the proximal phalanx, but the hand soon became seriously involved, and free palmar and dorsal openings were also needed. These, however, did not stay the trouble, which speedily ran up to above the elbow, and was of so severe a character as at one time to threaten the safety of the limb. Convalescence, though slow, was finally assured.

Necrosed Humerus was operated on in a lad, æt. 10, a quantity of dead shaft being extracted through an enlarged opening in the involucrum. The antecedents of the case were noteworthy. A year and a-half previously there was an attack of erysipelas of the right foot, followed by what seems to have been chronic pyæmia, during the course of which different abscesses formed, the boy gradually regained health, but with necrosis of the left humerus. A few days after the operation the patient was removed home; he was then doing well, and his subsequent progress has been reported to be all that could be desired.

Plastic Operation on Hand was employed to assist in repairing a large loss of substance resulting from the application of a quack paste to the outer side of the thumb for removal of a "wart," presumably of a cancerous nature. The patient was a woman, about 45 years of age. The result of the plaster mentioned was a circular slough of about three inches in diameter, its centre being rather below the carpo-metacarpal articulation of the thumb. The slough was slow to separate; when it did so, the exposed muscular and tendinous structures were seen to be much damaged, the metacarpal bone of the thumb also being quite dead. As soon as a fairly healthy face was obtained on the large ulcerated surface, the metacarpal bone was disarticulated above and removed together with all the intra-integumental structures of this digit. An incision, running from the ulcer along the dorsum to the root of the nail, and then curving round this till it met the original cut, enabled the enucleation to be effected. The skin thus obtained was turned up on the large gap, which it served materially to lessen. The flap "took root" well, cicatrisation eventually spreading from its margin to meet that advancing from the opposite border. An excellent result was obtained, the woman leaving hospital with a hand, the appearance of which was remarkably free from deformity.

Enucleation of Eye was performed on a boy, æt. 10, for a very protruding staphyloma, complicated with a ring of ulcerated specs around the base of the cornea. The eye was the source of considerable local pain; latterly, too, there had been sympathetic trouble in the other one. Enucleation was effected in the ordinary manner. The child left the hospital twelve days after it with a well healed and mobile stump.

Excision of Testicle was required for tubercular degeneration. The patient was a young man of very unhealthy aspect, who also had persistent albumenuria. The right organ was utterly disorganised, and from its anterior aspect sprouted an extensive lipoma; the scrotal integuments on the side were also much damaged. No improvement followed protracted local and constitutional treatment. The diseased organ was everywhere intimately adherent to the surrounding structures, of which, specially of the affected integuments, portions had to be taken away, the resulting wound being a very jagged and lacerated one. The cord was implicated, and had to be cut rather high up, the vessels being separately secured. An ordinary probe (which was withdrawn in twenty-four hours) passed through its stump prevented its retraction. During the after treatment careful attention was given to the local dressings, adequate provision for drainage being duly maintained. Recovery was most satisfactory, the patient being able to leave the hospital in less than a month after the operation, in appearance quite a changed man, now grown plump and healthy-looking. The albumen disappeared from the urine a week after the operation, and did not again become present whilst the patient remained in the hospital.

Severe Smash of Forearm—Amputation of Arm.—A man æt. 26, whilst attending a horse-power threshing machine, got his left upper extremity involved. The result was extensive destruction and loss of the integuments on the posterior surface to above the elbow. There was much laceration of the muscular and tendinous structures, as well as extensive and severe osseous lesions, the range of metacarpal bones being smashed right through, the radius damaged, and the upper portion of the ulna comminuted and splintered, jagged bits here and there being imbedded in the muscular tissues around. The patient, who had lost a considerable quantity of blood, was ensanguined and collapsed. He responded but feebly to sustained efforts to obtain reaction. When such seemed to be at its acme, as a *dernier resort* the limb was amputated. Every precaution to minimise shock was adopted; the operation was done as the patient lay in his bed, and so perfect was the digital compression on the vessel above that not half-an-ounce of blood was lost in all. Much relief followed the operation. The sickness of stomach, which had been frequent, ceased. Fluid nourishment was taken, and calm sleep was enjoyed. The renal secretion continued abundant. For 18 hours all seemed to promise well, when suddenly a fit, attended with convulsive movements, occurred; after this the man was delirious, became bathed in perspiration, and died in 2½ hours during a third recurrence of the fit.

GENERAL MEDICAL COUNCIL.

REGISTRATION OF DENTAL PRACTITIONERS.

A MEETING of the General Medical Council was held on Thursday last, at 315 Oxford Street, for the purpose of carrying into effect Sir John Lubbock's Bill comprising the education and registration of dentists.

The minutes of the last meeting having been read and confirmed,

The PRESIDENT delivered an address. He stated that a Government Bill for the Amendment of the Medical Act of 1858 was brought into the House of Lords early in the last session, and after various changes, it passed the House. It was a Bill intended to meet all outstanding needs as regarded the main duties assigned, or to be assigned, to the Medical Council of Education of the United Kingdom. It aimed at providing permanent principles for the future of national examination in medicine, for the education of midwives, for the education of dentists, for the just requirements of foreign and of colonial practitioners; besides sundry other details. The Council, which had discussed the subjects of the Bill in three consecutive sessions, was aware that there was no general consent up to the end of July as to the further changes which the Bill might require in the House of Commons. The Bill, therefore, was reluctantly withdrawn by the Government at the end of the session, after so much labour and care had been bestowed on it alike by the Government and yourselves. A private Bill, confined to regulating the education and registration of dentists, not being opposed, was passed. It assigned to this Council, as the larger Government Bill had done, duties as regarded dentists which require nearly the same machinery as that for regulating the education and registration of medical practitioners. The outcome of the procedure of last session was, that the Legislature had imposed upon them the administration of the profession of dentists in Great Britain, and they were required, without delay, to give the directions requisite for putting the Dentists Act in force. The Registrar had already provisionally registered about 900 persons who had satisfied the conditions of the Dentists Act. The business which the Council was specially required to consider under the Act related, 1st, to the form and manner of registration; 2nd, to the delegating of power to a committee, which has to be appointed under Clause 15 of the Dentists Act, or to the executive committee, by virtue of the provisions of the last part of Section IX. of the Medical Act of 1858. Orders once issued by the Council on these fundamental points, the detailed execution of the Act need not fall further on the full Council. He should not have recapitulated these merely historical facts were it not that they opportunely relate to a motion of which notice had been given, that the meeting now take up the subject of the revision of the constitution of the Council. This subject has already been referred to the executive committee. The functions of the Council were manifestly in a transitional state, and those members who had followed the new work imposed on it by the Dentists Act will probably, when they reflect on the future weight which must still, as time goes on, come upon the Medical Council of Great Britain, be the first to desire that a thorough and searching inquiry should be made under the order to make "a revision of the Council," as to what methods will increase its working power, diminish its expense, and give just influence to its authority. It was no light thing for them to tender advice to the Government as to what should be the constitution of a Council—whether the present constitution or some other—which, in the progressive state of human knowledge, of scientific thought, and of transitional education, is in future to sit in judgment on all of the universities of the land, and on all the institutions that had heretofore fostered and maintained the character of British medicine and surgery. If he were to venture on one observation as regarded this duty of framing a report on the revision of the Council, it would be that, while the task of revision should be as speedily executed as was consistent with due deliberation and inquiry, it should above all things be thorough and complete, free from every prejudice, in a wholly national spirit, and as such, for years to come, to set the question thoroughly at rest.

The REGISTRAR (Mr. Miller) then read the Report on Dental Registration, from which it appeared that there were 906 dentists provisionally registered, all of whom had duly satisfied the conditions of registration laid down in the Act. Of these, 86 were licentiates in dentistry of the Royal College of Surgeons of England, whose diplomas had been produced; 553 declared themselves to have been practising dentistry separately; two were in conjunction with the practice of medicine and surgery; 263 in conjunction with the practice of pharmacy alone; one in conjunction with the practice of medicine and pharmacy; and one in conjunction with pharmacy and surgery in H.M. army.

The Council having resolved itself into a committee for the purpose of considering the Dentists Act,

Dr. ANDREW WOOD moved a form of registration for the United Kingdom, and for colonial and foreign dentists, to be kept in separate alphabetical lists, as prescribed by the Act, with a fifth column headed "additional diplomas, memberships, degrees, licenses, or letters."

After a lengthy discussion, the motion was adopted by a majority of 3, there being for the motion 12, against 9. Two of the Council did not vote.

Upon the motion of Dr. ANDREW WOOD, the following resolutions were, after some discussion, carried:—"That the names of applicants be entered in the Register, in conformity with the Dentists Act, by the General Registrar of the Council;" "That the names of those to whom certificates of registration have been issued by the General Registrar be en

tered by him in the Dentists' Register, and that the entry bear date from the date of such provisional registration;" "That a fee of two pounds be paid by those dentists who apply for registration before January 1st, 1879, and a fee of five pounds by those who apply on or after that date; That a fee of five shillings be paid for entering additional qualifications in the Dentists' Register; That a fee of five shillings be paid for the restoration to the Dentists' Register of names that have been erased therefrom (by neglect of duty on the part of registered dentists) under section 12 of the Dentists Act (*see* Section 14 of the Act); That the Dentists' Register be printed, published, and sold at the price of one shilling a copy (or 1s. 3d. post free); That the first edition of the Dentists' Register be published as soon as possible after the first day of August, 1879; That in subsequent years the Dentists' Register be published at the same time with the Medical Register, that is to say, at the beginning of each year, and that (besides the separate issue of the Dentists' Register), it be also issued to public offices and functionaries bound up with the Medical Register; That the additions made in the Dentists' Register from January to June in each year be printed and issued along with the additions made in the Medical Register; That pupils who have been articled to their own fathers, or to brothers, between whom money transactions would be nominal, be in all other respects considered to be in the same position in regard to registration as those pupils, provided for in the first part of Section 37 of the Dentists act, who have had premiums for instruction; That students who commenced their professional education by apprenticeship to dentists entitled to be registered, or by attendance upon professional lectures, before July 22, 1878 (when dental education became compulsory), shall not be required to produce evidence of having passed a preliminary examination in arts; That the registration of dental students be carried on at the Medical Council Office in London, or at the Branch Council Office in Edinburgh or in Dublin, in the same manner as the existing registration of medical students, and—with the exception specified—subject to the same regulations as regards preliminary examinations in arts."

The consideration of Clauses 14 and 15 was postponed until the following day.

Upon Clause 16, Dr. ANDREW WOOD moved—"That the payments made out of the dental registration fund for defraying the expenses of dentists' registration, and for other expenses of the execution of the Dentists Act, be in proportion to the expenses incurred in transacting the business of the Medical and Dentists Acts respectively."

This resolution was, after some discussion, also carried.

Dr. AQUILLA SMITH then moved—"That the General Registrar shall not retain in his hands more than £100 of the Dentists' Registration fund, but shall lodge all moneys, as they accumulate, in the Bank of England to the credit of the Treasurers of the General Council, who are the treasurers appointed by Section 33 of the Dentists Act 1878;" which was also carried.

Upon the motion of Dr. ANDREW WOOD, it was resolved—"That the sum of one hundred guineas be voted out of the Dentists' Registration fund to Mr. Miller, the General Registrar, in consideration of duties which have devolved upon him in connection with the Dentists Act, and which have been so ably and zealously performed by him; and that the subject of his salary be reserved for the future consideration of the Council."

Many members of the Council bore testimony to the work which Mr. Miller had done in connection with the Dentists Act.

Mr. MILLER briefly expressed his thanks for the resolution which had been passed.

Dr. HAUGHTON then moved a resolution dealing with the question of foreign registration, which, after some discussion, was postponed till a future meeting.

The Council then resumed; and it was moved and seconded that the business relating to the Dentists Act be further considered on the following day.

It was stated that the Executive Committee had to report to the Council that, as remitted to them by the Council, the question of its constitution had been under their consideration, but that, at present, they were not prepared to make their final report thereon.

The adjourned meeting for the consideration of the measures requisite for carrying into effect the Dentists Act (1878) was held on Friday last, under the presidency of Dr. ACLAND.

The minutes of the meeting of the preceding day having been read and confirmed,

The Council resolved itself into a Committee, when

Dr. ANDREW WOOD moved—"That the Executive Committee be directed to require information, in accordance with Section 22 of the Dentists Act, from medical authorities who grant dental qualifications, as to the course of study and the examinations to be gone through in order to obtain such qualifications, and to report to the Council at a future meeting."

Dr. HAUGHTON seconded the resolution, expressing his pleasure that the resolution had been amended to meet the requirements of the case.

Mr. MACNAMARA objected to the resolution passing in its present form.

Mr. TURNER called attention to the system adopted by the Royal College of Surgeons of Ireland in granting diplomas.

Mr. MACNAMARA at some length defended the syetem, stating that it could bear the strictest examination. He could not see the reason why dirt was thrown at the Royal College of Surgeons for Ireland. He referred to the regulations in force in that College in respect to the dental diploma.

Dr. STORRAR was of opinion that the explanation given by the last speaker was by no means satisfactory. He complained of the manner in which diplomas were granted by the Royal College of Surgeons of Ireland. It was very important, at the outset, that the Council should do something to guard this Dentist Register against the admission of what he called the "black list." The Council wanted to raise the profession of the dentist, and this was the intention of the Act of Parliament. (Hear, hear.) They ought to guard the Register jealously in order to see that no persons should be admitted who did not clearly earn the distinction—(hear, hear)—and prevent, if possible, the practice of one College underbidding another College in connection with the granting of diplomas. (Hear, hear.)

After a few remarks from Dr. Aquilla Smith, Mr. SIMON said that he believed in the honour of the Royal College of Surgeons of Ireland, and thought that if they had done wrong in the matter, it had been in good faith. He considered, however, that they had made a serious mistake by giving their licence to persons who had not passed through a certain course of study. According to his reading of the Act, they had no authority to do that, and if it were done openly, the question must of necessity be brought before the Council.

Mr. MACNAMARA was sure that the Royal College of Surgeons of Ireland would not go in opposition to the Act of Parliament in the granting of degrees, if it was clearly shown that they were in the wrong. He had not the slightest fear of any representation to the Privy Council, but he was convinced of the *bona fides* in which the Council of the Royal College of Surgeons of Ireland had acted.

Dr. ANDREW WOOD thought that the discussion which had arisen clearly showed the necessity of the resolution he had moved in regard to the powers of the executive committee.

In answer to Mr. Turner, Mr. MACNAMARA promised to call the attention of the Irish Council to the subject at the next meeting.

The motion was then put to the meeting, and carried.

Dr. ANDREW WOOD then moved—"That it be remitted to the Executive Committee (1) to carry out the provisions of the Dentists Act in accordance with the resolutions agreed to by the Council; (2) to decide what colonial and foreign certificates shall be recognised for the purposes of registration, and what foreign and colonial applicants shall be admitted to the Register; and (3) to carry out generally the provisions of the Dentists Act."

This was agreed to after some discussion.

Dr. ANDREW WOOD said it had been found necessary to appoint a General Registrar, and he now moved that Mr. Miller be appointed, under the Dentists Act, to such office.

This was also agreed to.

Mr. TURNER then moved for the appointment of a committee in conformity with Section XV. of the Dentists' Act, which was carried.

Dr. ANDREW WOOD said, that having exhausted the subject of the Dentists Act, he begged now to move that the Council resume, which was agreed to.

The report of the committee and the Council was then brought up and passed.

The PRESIDENT then called attention to a communication he had received from Dr. West, and asked that it should be read by the Registrar.

It was as follows :—

61 Wimpole Street, London,
Oct. 15, 1878.

DEAR SIR,—The members of the Obstetrical Society, while they share in the general disappointment experienced by the profession at the unavoidable postponement of the Medical Acts Amendment Bill, yet cherish the hope that the General Medical Council may yet be able to urge upon the Government the expediency of bringing forward some measure to provide by a separate enactment for the education, examination, and registration of midwives.

The principles of the scheme submitted to the General Medical Council not only met with their approval, but were embodied by his Grace the Lord President in Section 24 of the Bill, which he laid before the House of Lords.

The measure is urgently called for in the interests of the poor. It touches none of the complicated questions which are involved in any amendment of the Medical Act, and has absolutely no bearing on that of the general practice of medicine by women. The widest possible admission of women to the practice of medicine would leave the case of the village midwife untouched.

In these circumstances may I be permitted to inquire whether the Medical Council are possessed of any knowledge which they are at liberty to communicate with reference to the intentions of Government in this matter? and, secondly, whether the General Medical Council would themselves promote the introduction of a separate Bill to regulate the education, examination, and registration of midwives, as has been done with reference to dentists in in the private Dentists Act?

(Signed) CHARLES WEST.

The President of the General Medical Council.

The PRESIDENT said, with regard to the first question, he had received no such intimation with reference to the intentions of the Government; and as to the second, in regard to the introduction of a separate Bill as to the registration of midwives, it was impossible to give an answer to that question, except by a resolution of the Council. With regard to the Dentists Act, it was a private Bill; but if it were the wish of the Council to take any active steps in respect to the Bill it would be necessary to call an earlier meeting than was intended.

After some discussion, the communication was ordered to lie on the table.

Sir DOMINIC CORRIGAN, Bart., at some length, drew attention to the constitution of the Council, and moved "That the Council should proceed at once to the consideration of the constitution of the Council, in order to see what changes might be requisite, in accordance with the resolution of the Council of July 3, 1878, in fulfilment of its promise to Government, and in sustainining its own good faith." The resolution referred to was, he said, moved by Sir William Gull, seconded by Mr. Teale, and was as follows :—

"That the constitution of this Council needs revision; and that the Council do affirm and represent to the Government, that at its first meeting after the present session of Parliament, it will consider what modifications of its constitution are demanded and are required, and will report to the Government accordingly."

He said that he had brought forward a motion similar in character for the last twenty years, but without effect, year by year the subject being passed by. After a long time waiting, the following was passed at the meeting yesterday (Thursday) :—

"The executive committee have to report to the Council that, as remitted to them by the Council, the question of its constitution has been under their consideration, but that, at present, they are not prepared to make their final report thereon."

Was there ever such a report as that? (Hear, hear.) There was an attempt to evade the question of the revision altogether—he would use a stronger word: to "humbug" it. The excuse made for not taking up the subject this year was, that it was holiday time, but this was the only period they had for work, for during the whole of the winter season they were engaged in lecturing and other duties. He urged a due representation of the medical profession on this Council. Let the members come forward and say they would have no taxation without direct representation. (Hear, hear.)

Mr. MACNAMARA seconded the resolution. He felt that the honour of the Council was involved in taking up this question at its present sitting, according to the resolution of the 3rd July last, when eighteen of the members pledged themselves that at the present meeting this question should be taken up. He regretted that there were no fixed dates of their meetings, but contended that the present gathering was one of the general Council meetings. Whether the Government intended to introduce a Bill next session was uncertain, and if the question of the re-constitution of the Medical Council was to form part of the Bill, now was the time to discuss the question. (Hear, hear.) He thought it a serious loss of time to postpone the subject. He hoped from time to time that the continually recurring question of the expense would not be considered, and thought it was far more expensive to postpone the consideration of the matter.

Mr. T. P. TEALE, as an amendment, moved the following :—"That a discussion on the constitution of the Medical Council during the present session, is premature, and not in accord with the spirit of the resolution which was proposed by Sir William Gull, and seconded by Mr. Teale, on July 3, 1878." As the seconder of the resolution of the 3rd July last, he begged to say that the present meeting was summoned for one particular purpose, and was brought about by circumstances then unforeseen. It would be premature now to discuss such an important subject as the revision of the Council, and the majority of those present would be unprepared to do so upon the present occasion.

Mr. TURNER seconded the amendment, and objected to the discussion of so important a resolution as that raised by Sir Dominic Corrigan, because it was not at all likely they would come to any conclusion upon it.

Dr. HAUGHTON would vote against the amendment if the next meeting was not to be called before May, and would vote for the resolution if the next meeting were held in February.

After a protracted discussion, a vote was then taken, when there voted for the amendment, 15; against, 45; majority, 11.

Dr. HAUGHTON then moved a resolution to the effect that the Council pledge themselves to meet before February next.

Dr. A. WOOD and Dr. QUAIN objected to the Council being obliged to force on the question of the constitution of the Council.

After a discussion, there voted for the resolution, 8; against, 11; majority, 3.

The resolution was consequently lost.

Dr. ANDREW WOOD moved a vote of thanks to the chairman, which was suitably acknowledged, and the proceedings terminated.

THE PHARMACEUTICAL SOCIETY OF IRELAND.

AT the monthly meeting of the Council of the above Society the following was read to the members :—

COUNSEL'S OPINION

Obtained by the Pharmaceutical Society of Ireland from T. A. Purcell, Esq., Q.C.

Can the Pharmaceutical Council itself prosecute persons infringing the Pharmacy Act of Ireland?

By the 4th section of the Pharmacy Act, 1875, *the Society is constituted a body corporate, and is empowered to sue and be sued by its corporate name. I am of opinion that it is quite competent for the Council, in the name of the Society, to prosecute for every violation of or infringement of the Act.*

Is it legal for a firm, consisting of two or more members, of whom only one is a qualified apothecary or pharmaceutical chemist, to compound poisons or medical prescriptions, or to sell poisons by retail, for the mutual profit of all the partners? This question is intended to include co-operative and limited liability companies and societies of which a small number of the members or partners are qualified apothecaries or pharmaceutical chemists.

In my opinion it is not. The Act makes it unlawful for any unqualified person not only to sell, but also to keep open shop for the retailing, dispensing, or compounding of poisons or medical prescriptions, and it does not cease to be unlawful for such unqualified persons to sell or keep open shop because other persons, connected with them as partners, may be qualified to do so.

Can unqualified persons, other than those specified in the Act, legally act as pharmaceutical chemists by em-

ploying hired qualified assistants to compound medical prescriptions and sell poisons for them?

I am clearly of opinion that they cannot, save in the case specially provided for by the 32nd section.

Can any persons other than qualified apothecaries and pharmaceutical chemists legally sell poisons by retail?

In my opinion they cannot.

Counsel will please advise as to the best mode of instituting and carrying out prosecutions under the Pharmacy Act of Ireland, and as to any particulars not included in the foregoing questions, concerning which he may consider it desirable to afford his advice to the Pharmaceutical Council.

The proper mode of proceeding will be by summons, in the name and at the suit of "The Pharmaceutical Society of Ireland," requiring the party to appear before one of the Divisional Magistrates (if in Dublin), or before the Justices at Petty Sessions (if in the country), to answer the charge of ——— (setting forth the ground of complaint). Of course, in any proceedings the Society must be represented by a solicitor. Nothing further suggests itself to me.

T. A. PURCELL.

71 Harcourt Street, August 17, 1878.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 23, 1878.

GENERAL MEDICAL COUNCIL.

THE General Medical Council has justified, by its final act at the sitting just closed, its own traditions, the apprehensions of the profession, and our anticipations. It has vindicated the policy of the British Medical Association, enunciated by the introduction of Messrs. Mills and Childer's Bill of last session, and by their refusal to withdraw the measure, it has confirmed the profession in its belief that just judgment cannot be expected from the majority of its members. Lastly, it has made certain the re-introduction of Mr. Mills's Medical Reform Bill in the early days of next session, and has decisively insured that the constitution of the Council shall be forced upon the attention of Parliament in a spirit of anger and unfriendliness towards it.

This the Council has done by its refusal to fulfil the pledge which it gave to Government, that it would, "at its first meeting after the session of Parliament," consider its own constitution, with a view to direct representation; and, we regret to be obliged to say, that that refusal is something worse than obstructive. It is a hardly honourable shirking of a promise deliberately given by the Council, and a discreditable shuffle out of a definite engagement.

It is, we think, greatly to the credit of Ireland that the call for an honest fulfilment of the Council's pledge should have come from Irish representatives — Sir Dominic Corrigan, Mr. Macnamara, and Dr. Haughton —and these gentlemen deserve the thanks of the profession in Ireland for having so emphatically repudiated, on their behalf, the desire to perpetuate abuses, which some of our contemporaries have attributed to the Irish Licensing Bodies; and it is especially to the discredit of the Executive Committee that it should lead the band of repudiators, which are in a majority in the Council.

While we cannot hesitate to express our displeasure at the tergiversation of the Council, we cannot avoid giving utterance to our satisfaction that matters are not worse than they are. If the Council had, under a pretence, considered the question of reform, it might have defeated for a time the efforts of reformers, by postponing and talking out the movement; and might have reduced the reform, when it did come, to a disappointing sham. The Council might have maintained its present form for many a year if it had played a more diplomatic game, suggesting its anxiety for reform when circumstances were favourable, and finding out reasons why the occasion never arrived.

It has, however, by the action recently taken, driven over the hopeful reformers to the ranks of the irreconcilables. Henceforth, every member of the profession will realise fully that the Council will never amend of its own will that it must be treated as unsafe to negotiate with, and unworthy to be spared. All parties are, in good time for the organisation of Parliamentary attack, advised that compulsory reform is the only method worthy of consideration, and are cemented in one unanimous opinion that the contest is worth fighting.

THE Royal College of Surgeons of England have just come into possession of the marble bust of Mr. Simon, F.R.S., late medical officer to Her Majesty's Privy Council. The likeness is a fairly good one, but not particularly striking. Many will remember it at the last exhibition of the Royal Academy. The cost has been defrayed by subscription.

THE mortality last week in the four principal cities of the United Kingdom, was 16 per 1,000 in Edinburgh, 21 in London, 21 in Glasgow, and 26 in Dublin. The highest rate attained in the other large town was in Birmingham 28 per 1,000 of the population.

ENTERIC FEVER IN RELATION TO BRITISH TROOPS IN INDIA.

THERE is unfortunately among medical authors a tendency to ignore the writings of their predecessors, and to imagine that certain types or forms of disease with which they are familiar, escaped the observation of those who had the same opportunity of recognising such diseases as they have themselves. Thus with regard to the prevalence or not of typhoid fever in India, either at the present day or in past times, the statement is officially made in the Report of the Sanitary Commissioner with the Government of India (for 1876) that typhoid fever, as it affects British soldiers in India, is not a disease new to that country, but that until a very recent date its existence had been overlooked by army medical officers, According to a leading organ of public opinion in England, "the great prevalence of typhoid was long concealed from view behind the forms of fever which were denominated malarious; everything was at one time 'jungle fever,' whereas it is now perfectly well known that a great part of the so-called jungle fever is neither more nor less than common typhoid." Again, in reference to climatic and other endemic influences in connection with the diseases of India, the same writer doubts "whether there is a fever of the country at all, that is to say, a fever due to climatic influences or natural emanations from the soil, and not to conditions artificially produced by the inhabitants themselves." On the other hand, it is maintained by writers of great authority and still greater experience, that specific enteric fever, as described by British authors and in the Report of the Sanitary Commissioners, if it exist at all as a disease affecting white troops in India, does so to a very inconsiderable extent; that the phenomena of the disease so-called are the results of endemic influences alone; and that so far from having been overlooked by the older medical officers, they were perfectly recognised by them and described in their writings.

In the course of the inspection tour made during the cold season of 1877-78 with His Excellency the Commander-in-Chief, Madras Presidency, Surgeon-General C. H. Gordon made it his special duty to inquire into the alleged prevalence of enteric or typhoid fever as a specific pythogenic or filth disease among the British troops in this part of India. The result of his inspection has been an elaborate and able Report which shows, by the strongest possible evidence, on which side the truth lies. As the question involved is a very important one, we shall proceed to notice the chief facts to which Dr. Gordon draws attention.

In the first place, as a standard of comparison and to prevent any fallacy that might arise from ignoring the diagnostic features of enteric fever, Dr. Gordon summarises the views of the best authorities with regard to the causes, symptoms, and other conditions said by them to constitute the specific disease so called. He then proceeds to ascertain how far the cases said to be of enteric fever occurring among British troops in Madras and Burmah harmonise with the descriptions so given. After carrying out the first part of his programme, Dr. Gordon concludes that authorities differ as to the exact nature of the conditions and influences upon which enteric fever depends; whether a specific poison is, or is not, necessary for its causation; and that, although in many instances enteric fever is caused by water, milk, or air contaminated by fæcal matter, there are numerous other instances in which persons exposed to those influences for long periods are not thus affected. We certainly think that the data at our disposal justify Dr. Gordon in coming to that conclusion; but we do not see that the propositions which he would lay down, with respect to the causation and conditions of typhoid fever, has much to do with his main argument, which, as will hereafter be seen, is that enteric fever, as described by British and Continental authors, exists in India, but to a very inconsiderable extent. That there is still some doubt as to the exact nature and origin of typhoid fever will be generally admitted; but there is no doubt that such a fever exists in this country and on the Continent, which is perfectly distinct from typhus and other forms of fever, and the diagnostic features of which are, as a rule, pretty well marked.

The question, therefore, is narrowed to this—whether well-marked typhoid or enteric fever has long prevailed, and is still prevalent among our troops in India to the extent to which some have ventured to assert. In order to answer this question satisfactorily, Dr. Gordon has given abstracts of 175 cases of enteric fever, which were reported to have occurred at various stations. The reports of these cases have been carefully taken from hospital records, and are "believed to present a faithful account of so-called enteric, or typhoid, fever, in the patients whose names are given, with all other particulars regarding them." Now a careful inspection of these records reveals the fact that in only a very few instances could the disease be said to be a case of true typhoid, or enteric, fever. Thus, to take a few stations, at Wellington five cases, with three deaths, of enteric fever were returned for 1876; while in 1877 there were said to have been eleven cases, three proving fatal. But when Surgeon-General Gordon comes to examine for himself the records of twenty-six cases of so-called enteric fever, which occurred at this station during the years 1872-78, he finds that six only presented indications of a typhoid state; while as to specific enteric fever, pythogenic in its origin, not a single case occurred. At Bangalore enteric fever had, it was reported, been very prevalent in 1869, 1870, 1872, 1873, 1874, and 1877; but from an examination of 35 cases of so-called enteric fever, extracted by Dr. Gordon from the case-books, and most of which occurred in the years 1874 and 1877, it appears that six were of adynamic fever from endemic influences, one an example of typho-malarial fever, and four described so indefinitely that it was not possible to say what was their precise nature. In three cases only did the phenomena correspond with those of typhoid fever; and in not one of these was the attack traceable to the operation of specific pythogenic causes. We now come to the abstracts of 40 cases of so-called typhoid fever, which were reported to have occurred in the years 1876-77 at Secunderabad, the average strength of which station is over 3,000, men, women, and children. After a careful perusal of the record of each in the case-book, Dr. Gordon states that "there is absolutely not one that comes up to the standard of specific enteric fever." They were all examples of ardent fever, irregular remittent, climatorial continued fever, and even of febricula, phrenitis, heat apoplexy, &c. And so with

regard to several other stations, a great variety of cases were originally grouped and described as being of typhoid fever; while their actual nature was climatorial, their cause endemic and non-specific. Altogether, we have in this Report records of 175 cases of so-called enteric fever, only seven of which approximate to the standard of typhoid fever, according to British authors; while in not one instance was the disease traced to pythogenic causes.

Of course it may be said in opposition to this statement that the records inspected by Surgeon-General Gordon were imperfect, that many of the cases may have been enteric fever modified by endemic influences, and that any inferences that may be drawn from these cases only apply to the Madras command. But in answer to these objections we may remark that had the casual conditions and symptomatic phenomena of enteric fever been present, they would not have escaped the observation, nor have been omitted from the records of those who were impressed with the idea that many of the cases of fever, previously ascribed to endemic causes, were neither more nor less than true enteric fever. With regard to these cases being modified forms of the disease, as some perhaps may assert, we may reply that if a fever, supposed to be typhoid, was so far modified by endemic causes, that the casual conditions, the symptoms, and the *post-mortem* appearances said to be peculiar to typhoid fever were wanting, in that case we have no more right to call it a case of typhoid fever than we should have in calling it small-pox. We think that the evidence which Dr. Gordon has adduced in this valuable Report fully bears out his views of this important question. Nor is he the only experienced Indian medical officer who would ridicule the habit that so many medical officers have of referring every symptom to typhoid, and of attaching this appellation to every fever they meet with. One medical officer of lengthened service believes that many cases have been recorded as enteric fever *pur et simple* which were no more enteric fever than they were small-pox. Writing of Bangalore, he believes that enteric fever is a rare form of fever in this place, and that the fever of that place should be classed with continued fevers of an ardent type, modified by the previous habits of the patient. Surgeon-Major Tydd, another medical officer of long Indian experience, states, in a letter written to Dr. Gordon, in March, 1878, that he is very doubtful whether typhoid fever should be recognised as existing in India at all as a definite specific disease.

It may now be asked how came so many cases to be classed as cases of typhoid fever, and how came it to be officially reported that typhoid fever was of common occurrence in India, but that it has been overlooked by the army medical officers? In the first place the returns were generally based upon the observations and reports of the local medical officers, which were in many instances imperfect and unreliable. Thus, to give an example of the misrepresentation arising from this fact, the Sanitary Commissioner with the Government of India for 1876, stated that in Madras 38 out of 49 cases of enteric fever in the Presidency occurred at Secunderabad, and remarked that this great prevalence in certain stations of a disease so dependent on local insanitary conditions as enteric fever calls for close inquiry. The statistics which gave rise to this observation of the Commissioner were furnished through the office of Surgeon-General Gordon, who relied upon the correctness of returns sent to him by executive officers, and who had not personally examined the records of individual cases for himself. This omission on his part has since that date been supplied, and with the satisfactory results recorded in the report to which we are now drawing attention. His examination of 21 cases out of the 38 alluded to by the Sanitary Commissioner as having occurred at Secunderabad, showed that not one of them was an example of specific enteric fever. The other reasons to which Dr. Gordon assigns the misrepresentation that has been made on this subject are the prejudices and preconceived opinions of medical officers new to India, the position of junior with respect to senior medical officers, and the imperfect nomenclature of endemic fever adopted by the College of Physicians, which, he thinks, is insufficient and misleading. He very justly remarks that, "typhoid fever being of late years much discussed by authors at home, the natural tendency on the part of young medical officers is to follow the lead, as it were, in regard to their nomenclature of endemic forms of disease." Moreover, so far as his inquiries have gone, medical officers new to India have not, for some years back, had the benefit of the experience of their seniors in a direct and definite manner, as happened when, all being regimental officers, the influence of their seniors was also direct and defined.

There are many other facts in this instructive Report, to which, had we space, we might have drawn the attention of our readers, but perhaps we have said enough to show that Dr. Gordon has had grave reasons for adopting his views respecting the comparative rarity of true enteric fever in India. Of course we cannot shut our eyes to the fact that as India cannot be exempt from those insanitary conditions which give rise to typhoid fever in this country, we might, on *à priori* grounds, presume that this fever is really more prevalent in India than Dr. Gordon will admit; nevertheless his report will no doubt lead to a further and systematic inquiry, so that the correctness or otherwise of his doctrines may be fairly and honestly tested. From a scientific standpoint, and in behalf of our troops in India, in whose health we must all feel much interested, it is to be hoped that such an investigation will take place.

Notes on Current Topics.

Of the Comparative Action of Chloroform, Chloral, and Morphia, during Parturition.

A WRITER in *La Presse Médicale Belge* remarks, that as a true anæsthetic chloroform holds the first place. Far from having a primary and selective action upon the uterus, it appears to only act upon that organ through the medium of the general system. Where the uterine contractions, and consequently the pain, are very strong, we must, if we wish to produce anæsthesia, employ the inhalations constantly, and in large doses. According to his observations chloroform acts more vigorously and more persistently upon the retractility than upon the

contractility of the womb. To secure this action prolonged inhalations, rather than complete anæsthesias, are desiderated. The contraction of the abdominal muscles is more diminished by the chloroform than uterine contraction is. But whilst both these effects of this anæsthetic are in proportion to the intensity of the anæsthesia, they disappear rapidly, indeed, almost instantaneously, on the cessation of the inhalation, whilst the diminution of uterine retractility continues longer. Moreover, the prolonged inhalation of chloroform modifies the character of the blood, especially its colour.

The effects of chloral are appreciated with more difficulty from the fact of its not being introduced directly into the circulation. Its absorption is slow, almost always indetermined, and its action uncertain. In obstetric practice it is more a hypnotic than an anæsthetic; and little can be said about its actions upon uterine contractility and retractility respectively. With regard to opium, its therapeutical properties are so well known that it will suffice to notice its sedative effect upon the uterus. Morphia, the action of which is more definite and reliable, is rapidly absorbed when administered hypodermically, and has a very marked effect upon the uterus during parturition. It has more effect than any other agent upon uterine contraction. Under its influence this contraction relaxes, is more or less arrested, and at last completely suspended. It has, therefore, a paralysing effect upon the muscular fibres of the gravid uterus, which, unlike that of chloroform, is primarily and directly expended upon that organ. The retractility of the womb, as well as the contractility of the abdominal muscles, are not so much affected. Is this special selective action of morphia more marked when the alkaloid is injected over the region of the uterus? That may be the case, for C. Bernard has particularly noticed its local action, and Kormann, for the same reason, recommends the injections to be made as close as possible to the region of the genital organs.

Fatal Poisoning by Eating Bread Pudding.

An extraordinary case of poisoning through eating bread-pudding occurred recently at Barnsley, and proved fatal to two persons—viz., a man and a child two or three years old. Although several very careful analyses of the contents of the stomach and of other parts of the body of the deceased were made, not the least trace of poison whatever could be found. Mr. A. H. Allen, however, the public analyst for the West Riding of Yorkshire, had reason to suspect that the accident was due to the presence of some poisonous mould in the bread from which the pudding was made. Accordingly, he tested for ergot, one of the most poisonous of the moulds or fungi, and although he failed in detecting this particular species of fungus he discovered another closely allied to it. In his evidence he says: "It appears that the pudding contains a substance giving chemical reactions similar to, but not quite identical with, those of ergot. Under the microscope I found many structures which might represent the fungus by its appearance. I have grown the fungus by inoculating bread soaked in milk and sugar with No. 1 pudding, and have obtained evidence of its propagation. From these experiments and observations I consider it demonstrated that the pudding contained a substance which resembled ergot in its chemical reactions. I have consulted several of the leading toxicologists of the kingdom, and they are of opinion that the presence of particular fungi or moulds is fully adequate to account for the effects observed. The pudding was made from bread strongly suspected to have been mouldy, and which was several weeks old, and had lain in contact with ham, butter, and miscellaneous scraps. The cook soaked the bread overnight in cold water. The oven in which No. 1 pudding was cooked was a notoriously bad one. The pudding when made was sloppy, and had the appearance of being imperfectly cooked. There was no trace of browning or crust, and the starch was not gelatinised. Hence the heat must have been very slight."

It is well known that when bread has been kept a few days, and has become stale, certain species of fungi are apt to be developed. Cases of poisoning by eating mouldy bread have occurred both in England and on the Continent; and Dr. Cameron, the Government Analyst for Ireland, states, in a letter to Mr. Allen, that the symptoms in the above cases (pain, vomiting, purging, delirium, &c.) were exactly similar to those caused by eating mouldy or rancid food. The case is an interesting one, and shows the risk that is run by eating any kind of food that has become mouldy, especially if it is at the same time badly cooked.

Effects of the Heat in the Nevada Mines.

A writer in the *Enterprise*, of Virginia city, Nevada, gives a striking description of the effects of the great heat in the mines on the men exposed to its action. The temperature in the shafts is from 120° to 130° Fahr. The writer says that this temperature, so far above the natural heat of the body, attacks it and causes the flesh to undergo the first stages of cooking. This happens to a miner the moment perspiration ceases to flow from the pores of his skin. The stomach is first affected, then the brain. As soon as this occurs the body begins to cook, and first of all, apparently, the brain, as the man at once becomes delirious—as wildly insane as any patient in a lunatic asylum. Cases of this kind occur much more frequently than is supposed or generally known. Of late they have been very frequent in the California and Consolidated Virginia mines. When a miner suddenly begins to rave or talk incoherently his companions "doctor" him. It is rough treatment they give him, but it is found to be very effective. The man affected is seized and carried to the coolest place in the vicinity, when he is bound hand and foot and put through a process of rubbing. The friction is applied to the stomach, which is found to be the seat of the trouble, and in which knots nearly the size of a man's fist are found to have formed. These must be rubbed out, and as soon as they disappear perspiration again starts and the man regains his senses. The rubbing is sometimes done with a piece of gunny sack, but as this is liable to cause useless abrasion of the skin, a pick handle is preferred. To be rubbed down with a pick handle in the hands of a muscular miner is not such treatment as any man in his senses would be likely to greatly desire, nor does the miner, even

in his delirium, desire it, therefore he is tied in such a way that he cannot resist. The miners say that they can bring a man out all right by their method of treatment in less than half the time that it can be done by the "doctor."

Intractable Hernia Reduced by Esmarch's Bandage.

THE *Chicago Medical Journal and Examiner* notes two cases of this nature successfully treated by the application of Esmarch's bandage, the particulars of which were published in *L'Année Médical*. They occurred in Caen, France, and were admitted to the Hotel Dieu under the care of Surgeon Dennis Dumont. The first case was that of A. J. B——, journalist, æt. 60, subject to hernia (left inguinal, scrotal) for ten years. It remained unreduced for three days; taxis having failed completely, both with and without chloroform, Esmarch's bandage was applied as follows:—"The end was placed over the pubis and held there by the patient; the bandage was then brought down into the left groin under the scrotum, and by three or four circular turns the scrotum was enveloped as far as the penis. Then, the penis being enclosed, the bandage, by means of reverses, was continued pretty tightly as high up as the pubis. The bandage was then secured by means of pins and then carried round the loins. At the end of an hour the patient had heard the rumbling noise characteristic of reduction. An evacuation of the bowels occurred almost immediately afterwards, and the hernia did not reappear."

The second case was that of a widow, seamstress, ætat. 42, constitution pretty robust. She was admitted to the hospital December 31st, 1877, with a left femoral hernia about the size of a hen's egg, hard, and below Poupart's ligament. The abdomen was tympanitic, not painful on pressure, but vomiting had occurred. Taxis failed completely. A graduated compress was placed over tumour, a spica bandage applied pretty tight. At the end of two hours the hernia was completely reduced.

Modern Quackery.

Apropos of our article in last week's issue on "Modern Quackery," a correspondent, whose letter will be found in another part of these columns, has sent us a Scarborough paper, in which there is a full account of the sudden death of a woman while in the house and under the care of one of those learned professors to whose practices we have just drawn attention. It appears that by means of lectures, so-called anatomical and phrenological demonstrations, liberal distribution of hand-bills, &c., Professor H.B. and his wife have been trespassing upon the credulity of some of the simple-minded inhabitants of Scarborough. Among those who flocked to this "phrenologist and hygienic practitioner," was a Mrs. Pickering, who was evidently suffering from a complication of pleurisy, inflammation of the lungs, and heart disease. She had, however, not been long under the care of the Professor and his wife, before she suddenly became worse, and eventually died. On making a *post-mortem* examination of the deceased, several scarification marks were found on her chest, which the "Professor" said had been produced by an instrument which he called his 'Life Awaker." This precious instrument, which no doubt vies with the "stomach-pad" of another distinguished "professor" of the same craft, he states in his hand-bill to be "the most effectual treatment extant" for a number of diseases, and for applying it, he charged the modest sum of "10s. 6d. to 21s. each." On opening the chest, they found a quantity of serum, recent pleuritic adhesions, an abscess in the right lung communicating with the cavity of the pleura, and an enlarged and fatty heart. The treatment of this case had chiefly consisted of baths and the application of the "Life Awaker;" and Dr. Taylor, who made the *post-mortem* examination, said that this treatment had not in any way accelerated the disease or death of the deceased. This may have been the case; but such a serious complication of diseases should scarcely have been left to the management of a charlatan. People are apt to think that only slight and evanescent affections come within the reach of these gentlemen, but the above case shows, as so many others have done, how easily even those who are suffering from serious disease will be imposed upon by the plausible representations of "modern quackery."

Mr. Gladstone on Spiritualism.

A BRIGHTON gentleman, says the *Daily Telegraph* of Saturday, who wrote recently to Mr. Gladstone on the subject of spiritualism, has received the following reply: "London, Oct. 16.—I do not share or approve the temper of simple contempt with which so many view the phenomena. It is a question, in the first instance, of evidence; it then follows to explain, as far as we can, such facts as may have been established. My own immediate duties prevent my active intervention; and I remain, in what may be called contented reserve, without any fear that imposture will rule or that truth can be mischievous.—Yours faithfully, W. E. GLADSTONE.—Mr. J. T. Markley, Horsham, Sussex." Such a letter from so distinguished a writer and politician must be very gratifying to the believers in spiritualism. Lately this faith has received some very rude shocks from quarters from which they were least expected. Some of the jugglerries of certain notorious spiritualists have been more than once very unpleasantly exposed; and the latter must have been sadly in want of some one to assist them in bolstering up an almost moribund piece of imposture. Hence Mr. Markley's letter, the reply to which the reader will admit to be very characteristic of the versatile sympathies and pursuits of the eminent statesman. It reminds us of a similar letter he wrote some time ago with respect on the efficacy of vaccination, and the propriety of making that operation a compulsory one. He then "remained," as he does now, "in what may be called a contented reserve," which means that he has not made up his mind one way or another, or, as we should suggest, that he knows nothing about the matter. It is certainly to be regretted that a gentleman in Mr. Gladstone's position should give any countenance to doctrines and pretensions that have never stood the test of a scientific and searching investigation. The question is certainly one of evidence and facts, but Mr. Gladstone should bear in mind that there are as many false facts as false opinions, and that the former are but tares which choke the ground of truth and allow only the weeds of imposture to grow therein.

Testimonial to Mr. Spencer Smith.

On Wednesday a large number of the old pupils of St. Mary's Hospital, many of them coming from a great distance, attended in the Board Room of the Hospital, for the purpose of offering a tribute of their esteem to Mr. Spencer Smith on his retiring from the office of Surgeon. Mr. Norton, in presenting the testimonial, referred to the part taken by Mr. Smith in the foundation of the Hospital, remarking that the Hospital and School were indeed indebted to him for their existence. He alluded to the many years during which Mr. Smith had held office as Dean of the School, at a time when great extra work was entailed and any recompense impossible, and added that not only were the pupils of the School under an obligation to him for the kindly advice he had ever given as teacher to pupil, but that to his timely suggestions and to his shrewd knowledge both of life and of business, not a few owed their present position and their fortune. The testimonial consisted of a magnificent silver salver, on which was engraved the following inscription: "Presented by the past and present students of St. Mary's Hospital as a tribute of respect and affectionate regard to Henry Spencer Smith, F.R.C.S., on his retiring from the office of Senior Surgeon to that Institution, Oct. 16th, 1878;" and of a massive ring with stone exquisitely engraved, as a work of fine art, with the crest and motto of St. Mary's Medical School.

Illegal Sale of Secret Medicines.

A man trading under an assumed name in one of the streets leading out of Oxford Street, was fined the other day £30 for selling certain specifics, or secretly-made medicines, without having paid the duty thereon. A gentleman from the solicitor's department of the Inland Revenue appeared in support of the summons; and a Government officer produced one of the defendant's handbills, along with a bottle of each of the medicines mentioned therein, and described as 1, 2, and 3 in the bill. The magistrate very justly remarked that it was clear that the defendant was carrying on a nefarious trade, and inflicted the fine above mentioned. Of course the fine was at once paid by the defendant, who no doubt made too much money by his "nefarious" trade to think much of a fine of £20 or £30. But the question is whether the occasional prosecution of the vendors of secret medicines will put a stop to a business which has a very prejudicial influence upon the morals and health of that section of the community upon the patronage of which these men chiefly depend, and, which it is to be feared, is carried on to a much greater extent than is generally supposed. Nor is the Government altogether free from blame, for it puts a premium upon this kind of imposture and quackery by permitting this sale of secret remedies, provided the duty is paid thereon. "They manage these things better in France," as no patent medicine is allowed to be sold in that country unless the Government is previously made acquainted with the nature of every ingredient in it.

The Social Science Congress.

This popular Association commences its first sitting to-day (Wednesday) at Cheltenham, when the following subjects connected with medical science will be brought forward:—"On the Increase of Universities," by Messrs. J. G. Fitch, A. W. Ward, and J. D. Heaton; "Technical Education," by Dr. Sylvanus Thompson. In the Health Department—"Disinfection," by Drs. Hardwicke and Bond; "Sanitary Condition of Houses," by Dr. Alfred Hill and Mr. F. W. Waller; "Overcrowding," by Dr. G. W. Child; "Water Supply," by Messrs. J. L. Roberts and I. Lucas; "Density of Population," by Dr. Farr, F.R.S.; "Diphtheria," by Dr. Haviland; "Hospitals for Infectious Disease," by Dr. E. T. Wilson; "Mortality from Intemperance," by Dr. Norman Kerr; "Mortality of Males," by Mr. T. A. Welton; "Poisonous Paints and Papers," by Dr. Bartlett. In the Economy Department—"Provident Medical Clubs," by Mr. F. Townsend; "Coffee Palaces and Taverns," by Dr. Barnardo and Captain St. Clair Ford; "Intemperance," by Rev. W. Aston.

A General Sanatorium for London.

Beside the question of fever ambulances, the Metropolitan Asylum Board was engaged on Saturday last in the consideration of a proposal of the Camberwell Guardians on the necessity of the establishment of a general metropolitan sea-side sanatorium under control of the managers. The communication pointed out the extraordinary advantage which such establishments produced in restoring heads of families from sickness to health, thus relieving the rates; whilst the amount of such benefit that could be achieved by leaving the parishes to their own isolated action was so small that some more extended scheme was desirable. The guardians fully believed that the establishment of a sea-side sanatorium came fully within the scope of the powers of the managers of the asylums' district. The proposal was referred to the general purposes committee, by whom it will doubtless be thrown out, as the powers placed in the hands of the Board, although extensive, certainly do not embrace the erection of sanitoria at the sea-side at the expense of the already over-taxed ratepayer. Should such a suggestion be carried out, we can well imagine the amount of imposition that would be practised, with the object of getting a sea-side trip "on the cheap," when every pauper, upon shamming sick, would have the privilege of an ocean residence.

The Bill of the Medical Alliance Association.

This Association was formed in March, 1875, for the purpose of suppressing the practice of medicine by unqualified persons, and procuring an amendment of the Medical Act of 1858. In furtherance of these objects, in addition to much other work in various forms, it has already instituted twenty-seven prosecutions, and caused several inquests to be held in cases attended by pharmaceutical chemists. It has also drafted three bills for the amendment of the Medical Act, which were introduced into the House of Commons by Dr. Lush, Sir Trevor Lawrence, and others. It has now drafted a more comprehensive measure, in which provision is made for the direct represention of the profession in the Medical Council, whilst, at the same time, *unlike Lord Ripon's Bill of* 1870, *and the two Bills of the Reform Committee of the*

British Medical Associaton of 1873 *and* 1878 *respectively*, the maintenance of the present privileges of registered medical practitioners will be secured. This Bill will be introduced into the House of Commons at an early period of next session.

Fever Ambulances.

This important question is just now agitating the minds of the metropolitan asylum managers, and at a meeting of the asylums board on Saturday last a report was presented from the parish of Paddington by Dr. Stevenson, the medical officer of health, condemning the present ambulance system adopted in the different parishes for the conveyance of fever and small-pox patients to hospitals, upon various grounds, and suggesting that the managers should take the whole matter under their control. The communication contained a vast amount of correspondence which had taken place with the Local Government Board upon the subject, between that body and the managers; and a full discussion and an authoritative decision may shortly be expected.

The death is announced of M. Foville, whose name is so well known on account of his researches on the anatomy of the brain. His studies on the structure and functions of the central nervous system were commenced during his residence at La Salpêtrière, where he worked under Rostan and Esquirol, and were continued during his charge of an asylum at Rouen, and at a later date at Charenton, where he succeeded his old teacher Esquirol. In 1844 his "Atlas of the Anatomy of the Brain" was published.

In the principal foreign cities the annual rates of mortality, according to the most recent Weekly Returns were, in Calcutta 32, Bombay 34, Madras 49; Paris 22; Geneva 22; Brussels 30; Copenhagen 22; St. Petersburgh 36; Berlin 31, Hamburg 29, Breslau 26, Munich 28; Vienna 25, Buda-Pesth 39; Rome 22, Naples 22, Turin 21, Venice 27; Alexandria 49; New York 22, Brooklyn 22, Philadelphia 16, and Baltimore 18 per 1,000 of the population. Small-pox caused 31 deaths in St. Petersburgh.

The returns published by the United States Surgeon-General show that during the week ending Friday last the number of deaths from yellow fever was—180 in New Orleans, 32 in Vicksburg, 30 in Chattanooga, 16 in Baton Rouge, 16 in Morgan City, 12 in Mobile, and 145 in other places. The frost has now set in in most of the affected districts, and the epidemic is rapidly disappearing in consequence.

Small-pox caused five deaths in London, five in Dublin, and one in Birmingham. No other deaths were reported in the United Kingdom from this disease during the week. The excessive death-rate in Birmingham is caused by the prevalence of scarlet fever. There is a good deal of enteric fever in Portsmouth, Nottingham, Salford and Sunderland.

The death of Dr. Washington Atlee, of Philadelphia, at the age of 71 is announced. Deceased's reputation as an ovariotomist was, probably, second to none in the United States, and as such his name is well known throughout European professional circles.

We understand that the Senate of the Philadelphia College of Physicians have elected Dr. Milner Fothergill, of London, Associate-Fellow of the College, *vice* Dr. Fleetwood Churchill, of Dublin, recently deceased.

Her Majesty the Queen has forwarded to Dr. Poore, secretary to the Parkes' Museum of Hygiene, University College, the sum of £50, as a donation towards the establishment of a Museum of Hygiene.

At the last meeting of the Sheffield Town Council a resolution was passed to apply to the Local Government Board for their sanction to borrow £13,000 for the erection of an infirmary for infectious and contagious diseases.

It has been decided by the Council of the Dublin Hospital Sunday Fund that the second Sunday in November be appointed for the annual collections in the various places of public worship.

It has been decided to have a Hospital Saturday and Hospital Sunday at Crewe. The last week in January is fixed as the time, and it is arranged that a committee shall distribute the funds.

Correspondence.

SOME THOUGHTS ON CRANIOLOGY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—With your permission, I should like to lay before your readers a few thoughts upon a subject which has received but scant attention from the profession in this country, although, to me, an intensely interesting theme. We are all acquainted with the villain as depicted in our transpontine theatres; his features, dress, language, are all formed on a stereotyped plan, according to stage traditions. There are, of course, several types, as the heavy ruffian, brigand, or bravo, and the Bill Sykes, so inimitably drawn by the pen of Charles Dickens. These are specimens of the criminal classes. We also see in museums casts of the heads of murderers and other criminals, which are supposed to be instructive, and to prove that Nature stamps on the outward cranial formation, indications of the base natures contained within. Comparative anatomy undoubtedly establishes that a receding, low forehead and a low facial angle are associated with low mental development and crime. This is a truth only of limited application. Crime in Great Britain and in English-speaking nations, does imprint a distinctive character on the features; heredity perpetuates the type, and we have, fortunately for Society, external evidence to direct our police in their surveillance over our criminal classes.

But the face as a guide to crime, and as an indication of a low or brute nature, is not an infallible guide, for we find underneath a face formed on the most perfect type of beauty, a mind capable of any crime, however revolting. We have ample evidence of this in the cranial formation of the Greeks and of Oriental nations.

Taking the face as a type, an English detective would be puzzled in detecting or pointing out a Greek or Turkish criminal.

We have certain ideas about the human form and face; in some text-books the Apollo Belvidere is pointed out as a standard for comparison in estimating the degree of the facial angle. The highest types are supposed to be those which approach the angle of 100°. Amongst the Greeks, we may find at the present day faces as perfect as those sculptured by Phidias or Praxiteles, and amongst the Turks we also see beauty of form, and cranial proportion approximating our perception of the perfect. A visitor to Athens, on seeing a number of Greeks, and judging by the face, might probably admire one of the greatest cut-throats in

existence. Similarly with the Turks, many of whom we have known, some necessarily good, others bad, but we derived no indications from physiognomy of their respective characters, for under the same exterior goodness and vice were concealed.

The Oriental face does not betray what is passing in the mind. Under an impassive exterior the brain works, but the eyes or features do not respond, so that an Oriental criminal has the advantage over his British congener. Looking at the subject in an anthropological point of view, it has some interesting bearings.

As man recedes farther from the Catarrhine ape, or from his alleged Simian ancestors, his cranial development improves, and the facial angle becomes greater; and in museums we have casts of various heads illustrating progressive development, and the relations of this facial angle to virtue or vice.

Thus we have the skull of an ape with low angle, the cast of the skull of a Hare, or of some other murderer, with a low angle, and next a cast of the skull of a Jeremy Bentham, or Howard, with a high angle, the latter being presented as a contrast indicating a higher type. But if the skull of a Bentham or Howard be compared with a Greek skull, we fancy the latter would have the advantage as regards beauty of conformation, even though it were the skull of a murderer or criminal of the worst type. Hence it seems that we must considerably modify our ideas of cranial formation as indications of a higher development. It might even be asserted that there is as much difference between the facial angle of some of our most eminent scientific men and that of a Greek or Turkish criminal, as there is between an English criminal and that of an ordinary British face. The Oriental or Greek will have a more noble or "god-like" face, though the brain power be low, or if high, may still be viciously inclined, education only teaching it new ways to commit old crimes. Some later modern novelists have made their villains attractive, of which we have an instance in the "Idalia," of Ouida, and we believe that more crimes are committed by the type of attractive men depicted by many of our leading novelists, than by the type represented by Bill Sykes.

A French anthropologist is at present collecting the photographs of all the beautiful women in the world. Probably he may be able by comparison to form an ideal picture of what a perfect woman should be, from an anatomical basis, and thus a perfect type of animal may be sketched. Physical beauty alone can never be an indication of the progressive development of the human race. We want with it a combination, το καλον και αγαθον, or still more, besides beauty and goodness, intellectual power, which can never be measured by the external beauty of the casket containing the brain.

Thanking you by anticipation for your courtesy, I have the honour to be Sir,

Your obedient servant,

Halifax. TH. M. DOLAN.

"IS A UTERINE BRUIT A SIGN OF LIFE AFTER CESSATION OF THE FŒTAL HEART?"

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have noticed a letter, by way of complaint, against a "Neighbouring Practitioner," by P. P. Burke, Medical Officer of Kilcooley Dispensary, co. Tipperary, in your issue of the 9th inst. *I* am a "neighbouring practitioner," and as such I think it quite unfair of P. P. Burke to use so general a term without naming the medical gentleman he appears to complain of.

You, Mr. Editor, and the public will excuse this letter when I state that several friends, whose confidence I am sure I possess, asked me was I the "neighbouring practitioner" in question.

I hope Dr. P. P. Burke will be kind enough to acknowledge that I am writing this only in justice to myself, and will admit that I was not the said "neighbouring practitioner."

I am, Sir, truly yours,

Coalfield House, OWEN CULLEN.
New Birmingham, Thurles,
Oct. 12, 1878.

MODERN QUACKERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I was much pleased with the article in your last number, entitled, "Modern Quackery." A prototype of such we have had for some time in this Queen of watering places (Scarborough), in the persons of Professor H—b and his wife, who, by a gratuitous and industrious distribution of their pamphlet almost daily by men and boys, are inviting visitors to their lectures, consultations, &c. Not a few, I'm told, are induced, or entrapped, to visit their establishment, to hear their nonsense; and, as you may imagine, there are far more fools than sensible persons go to listen to them. Most of the latter leave the room before the so-called lecture or demonstration is over, in disgust, but do not like to confess it. Hence, at the height of the season they have a rich harvest amongst the simpletons. These two impudent creatures have had some knowing advisers. The walls are hung with sketches of heads of public characters. There is also a good supply of human skulls, and specimens of comparative anatomy, to make a display to the vulgar; books, with plates illustrating distortions of the spine, health treatises, and others likely to gull the simple people, whom they seem to attract.

This *soi disant* professor stated to some of his friends a few days ago that he had had 68,000 cases to treat, and had only lost four out of that large number by death; and that the one the other day was the first inquest that had been held in his practice! And out of the above number, 50,000 of them were cases that had been given up as incurable by the regular practitioners—(this is a very old story). He also stated that, during the height of the season he considered it a very bad day if he did not nett £15! This is certainly very humiliating to physicians and general practitioners throughout the country, many of whom, I fear, do not nett £15 in a month.

When the season is over, they visit some of the manufacturing towns to ply their avocations until about July of the next year. Such is their mode of living; and there seems no means of preventing *quacks* riding their hobbies with impunity, unless they manage to kill their patients. In a case, about which there was a coroner's inquest here last Tuesday, it would appear they gave no medicine; and on reading the account in the local newspaper, you will observe what is their chief mode of practice. Fortunately for them, the medical evidence was all in their favour, the patient having died of syncope, accelerated by heart disease, so that Professor Well's "Life Awaker" was not held responsible for the sudden collapse.

I like, however, the Scotch method of a *public prosecutor*, described in a few numbers back of the MEDICAL PRESS AND CIRCULAR, which, if it works well there, ought to be adopted in other parts of the United Kingdom. Towards this end, and the suppression of quackery, you have nobly worked, and deserve the gratitude of others besides

A COUNTRY DOCTOR.

17th October, 1878.

Literature.

LATHAM'S SANITARY ENGINEERING. (a)

FOR it to be worth a man's while to write a special work of 500 pages, with numerous illustrations, in a single branch of sanitary engineering, is in itself striking evidence of the attention now being paid to that science; but it is still more encouraging to find the persons who are anxious for information so numerous as to absorb an edition in five years.

The majority of these readers would doubtless be men who are either engaged, or hope to be engaged, in the execution of sanitary works; and it is by these practical men that the information introduced into this edition will be most highly appreciated. But even though the copious tables and excellent drawings, which are so serviceable to engineers, should seem rather tedious to amateur sanitarians and medical men who are unacquainted with engineering, we think there are few persons possessed of a

(a) "Sanitary Engineering—Sewerage." Second Edition. By Baldwin Latham, C.E., &c. London: E. and F. N. Spon.

genuine interest in the march of sanitary improvement who will not find much to please them in this volume. Indeed, considering the "specialism," which is indicated by the distinctive portion of its title—viz., "Sewerage"—it is surprising how much information of a general nature the work contains.

After an introduction, pointing out the necessity of sanitary measures, and the ill-effect of the lack of them in times past, Mr. Latham reviews briefly the different means for disposing of sewage, and sums up with the conclusion that of all the methods proposed the water-carriage, or sewerage system, is the one best adapted, when properly carried out, for the safe and rapid removal of refuse from towns and thickly-populated neighbourhoods. But the "properly carrying out" is not an easy task in many cases, and requires not only technical skill in making and laying, but also much forethought in regulating the size and inclination of the sewers. In carrying into effect the works necessary for the sewerage of a town three distinct operations have to be performed—the drainage of the surface, the drainage of the sub-soil, and the removal of fæcal and liquid refuse.

Mr. Latham devotes several chapters to the means by which the engineer can obtain answers to these preliminary inquiries; and he then passes on to the main object of the work, giving exhaustive descriptions of sewer-construction, from the minutest detail in the mixing of the cement and the choice of materials, to the shape and size of the valves, traps, pin-stocks, and the like; and the shafts, man-holes, and other contrivances for ventilation.

The *rationale* of modern sewerage consists in securing an adequate gradient for the discharging conduits. Experience proves that it is only necessary to give the sewage a sufficient velocity for sewers to become self-cleansing; and there are, in this work, a number of tables, embodying the experiments of different authorities as to the slope necessary to be given to sewers of the various sizes and shapes in order to keep liquid and semi-liquid continually moving onward through them.

When the fall is insufficient the heavy semi-solid substances are deposited and then putrefy, giving off noxious gases. When this occurs the engineer often attempts to veil the defect by causing the sewer gas, before passing into the air, to pass through charcoal air filters.

The charcoal filters are usually placed directly in the path of the outgoing current of foul air, and if the charcoal is dry and fresh it absorbs the evil odours, and lets the air pass on. It more frequently happens, however, that these filters get damp, when, like a wet blanket, they permit no air to pass through at all, and ventilation is stopped altogether. On this account some engineers object to the use of charcoal air filters, as doing more harm than good. Mr. Latham, however, still upholds them, and states that previous failure has been due to faults in the construction of the filter. On this subject we seriously differ from Mr. Latham's views, and for reasons other than those held by engineers. For what is the effect of the charcoal air filters? Is it not to mask the presence of the gases arising from putrefaction by removing the offensive smell? Fresh sewage has not this foul odour, and so long as it is kept in a liquid condition and continually moving onwards it never smells sufficiently unpleasant in a well-ventilated sewer to render an air-filter necessary. If this be so the charcoal filter can only be a contrivance to hide the fact that bad construction has caused the conduits to become sewers of deposit, and that the deposited matter has begun to putrefy. Again, although a charcoal filter, when in good order, may deodorise sewer-gas, it by no means follows that it disinfects it, for, with Mr. Latham, we think it probable that "all contagia are neither aetherial nor gaseous, that they are in themselves particulate and non-volatile." (*a*) That is to say, that the risk of contagion is not to be expected so much from the foul-smelling gaseous substances as from the non-volatile sewage.

(*a*) Quotation from Dr. A. Carpenter's "Preventive Medicine," p. 24.

We have not made the above remarks in order to depreciate Mr. Latham's book, for we are well aware that if the author sins in this respect he does so in good company. Of the value of his work as a whole we hold a high opinion, and we have great pleasure in recommending it to members of sanitary boards, officers of health, and medical men generally requiring information on this important branch of sanitary engineering.

Medical News.

Royal College of Surgeons, Edinburgh.—At the annual meeting of this College, held on the 16th inst, the following office-bearers were elected for the ensuing year:—*President.*—Patrick Heron Watson, M.D. *Secretary and Treasurer.*—Joseph Bell. *Librarian.*—David Wilson, M.D. *President's Address.*—Andrew Wood, M.D., James D. Gillespie, M.D., James Spence, William Walker, Henry D. Littlejohn, M.D., John Smith, M.D. *Ex-officio.*—Joseph Bell. *Examiners.*—Archibald Inglis, M.D., Peter D. Handyside, M.D., James D. Gillespie, M.D., Henry D. Littlejohn, M.D., Patrick H. Watson, M.D., David Wilson, M.D., John Smith, M.D., D. M. C. L. Argyll Robertson, M.D., Joseph Bell, John Duncan, M.D., Robert J. Blair Cunynghame, M.D., Alexander G. Miller, M.D. *Assessors to Examiners.*—William Brown, James Spence, William Walker, James S. Combe, M.D. *Conservator of Museum.*—Robert J. Blair Cunynghame, M.D. *Clerk.*—James Robertson, *Officer.*—John Dickie. *Assistant to Conservator.*—James Grandison.

College of Physicians in Ireland.—At the October examination the following obtained the licences in Medicine and Midwifery:—

Isaac Ashe, James George Beaney, John Joseph C. Burgess, Joseph Henry Irvin, Richard Williams.

Queen's University in Ireland.—The following degrees were conferred on October 11th:—

Doctor in Medicine.—First Honour Class: James H. Gibson, Lysander Maybury, C. Yelverton Pearson. Second Honour Class: Edward Little, Stephen Little, John F. Tushy, William Whitford. Unclassed: T. Gelston Atkins, Charles Warke Allison, Theophilus Bacon, Alfred Constantine Bennett, Henry Bingham, Daniel Burdon, John Thomas Collier, Patrick Oswald Considine, William Fleck, Alfred Osmond Geoghegan, Robert Evans Hadden, Charles Hall, James P. Hanrahan, John J. Hartnell, J. Courtney Haslett, William Reid Johnston, Alfred Henry Keogh, Charles Kevin, Pershouse William Langley, Andrew T. Love, Joshua Lytle, Brien Sarsfield M'Dermott, John M'Kinlay, William M'Namara, Edward Magner, Thos. H. May, Daniel O'Connor, Daniel Riordan, William Rowney, William Smyth, James Steel, William Stokes, James Wigmore, Ralph Worrall.

Master in Surgery.—T. G. Atkins, Theophilus Bacon, Alfred C. Bennett, Daniel Burdon, John William Byers, Patrick Maurice Carleton, Isaac C. Dundee, William Fleck, James Hill Gibson, R. Evans Hadden, James Hanrahan, John Joseph Hartnell, John Courtney Haslett, Wm. Robert Henderson, Francis Thomas Henston, Richard Jennings, John Reid Johnston, J. Martin Kennedy, Alfred Henry Keogh, Charles Kevin, Pershouse Langley, Edward Little, Stephen Little, Andrew Thomas Lowe, Joshua Lytle, Brien Sarsfield M'Dermott, Isaac C. M'Learn, William M'Namara, Edward Magner, Lysander Maybury, Daniel R. O'Connor, C. Yelverton Pearson, William Rowney, William Whitford, James Young.

Birmingham Medical Institute.—The foundation stone of the building now being erected, was laid a few days since in presence of a considerable number of the profession, by Mrs. Evans, widow of Dr. G. F. Evans. In an address, by which the ceremony was preceded, Mr. Crompton, President of the Institute, stated that when Dr. Evans retired from the office of physician to the General Hospital, £1,000 was subscribed for a testimonial to him, which sum he devoted to the foundation of a Midland Medical Library and Institute. It was, therefore, most appropriate, as was suggested and unanimously agreed to in Committee, that his widow should be requested to lay the foundation stone. When the formalities

usual on such occasious had terminated, thanks were voted to Mrs. Evans on the motion of Dr. Bell Fletcher, seconded by Mr. Gamgee, and acknowledged by Mr. G. Evans on behalf of his mother. Thanks were also voted to Mr. Crompton, on the motion of Mr. Berry, seconded by Dr. Russel. The edifice will contain : on the ground floor, general reading and committee rooms, &c., and the basement will contain several well-lighted rooms. On the first floor will be the medical library and lecture room. The walls will be lined with book-shelves, and there will be a projecting gallary running round the room, at a height of ten feet from the floor, affording access to the upper shelves. On the second floor will be provided housekeeper's and several spare rooms.

Society of Medical Officers of Health.—The opening meeting for the present session of the members of this society took place last evening at the Social Science Rooms, Adelphi, under the presidency of Dr. Thomas Stevenson, who gave an inaugural address on the "Acquisition and Distribution of Sanitary Knowledge by the Medical Profession," enforcing with particular emphasis the desirability for the advancement of sanitary science, of hygiene, or what might be termed preventive medicine, forming an obligatory and systematic part of the instruction given at our medical schools. Attention was drawn by Dr. Dudfield to the recent case in a Registration Court, in which a person's vote was objected to on the ground that his child had been a patient in the district small-pox hospital, and strong opinions were expressed that sick relief of such a kind ought not to pauperise, but be placed on the same footing as gratuitous vaccination. The matter was ultimately referred to the council to take what steps they might consider advisable, with a view of obtaining an amendment of the law. The report for last year, which was presented, states that the society now consists of 158 members, of whom 36 are metropolitan, and 67 country members. For the present session papers are promised to be read, amongst others, on "Past Sanitary Work," by Mr. Leach ; on "Autumnal Diarrhœa," by Dr. Buchanan ; and by Dr. A. Haviland, on "The Climate, Geology, and Distribution of Diseases in London."

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

LOCAL NEWSPAPERS.—Several correspondents are thanked for newspapers sent during the past week, but we must again call their attention to the necessity of marking the articles or news to which they wish to draw our attention. We at times receive so large a number that it is impossible to hunt for stray paragraphs.

DR. H. T.—In our next.

MR. MESSENGER BRADLEY.—Paper received with thanks—has been put forward for an early number.

A. X.—The questions would have been more properly addressed to a law journal. We will, however, endeavour to furnish you with replies in our next.

RINGWORM.—1. An ointment of chrysophanic acid can be prepared by beating together, over a water-bath, two drms. of the acid with 1 oz. of lard, and stirring them till cold. 2. Mix 18 grs. corrosive sub. with 10 oz. lime-water. Use with caution.

MEDICAL REMUNERATION.—Doctor : "Um ! Most insolent !" (To his wife) : "Listen to this, my dear." (Reads letter aloud) : "Sir—I enclose a P.O. Order for thirteen shillings and sixpence, hoping it will do as little good as your two very small bottles of 'physic' did me."—*Punch.*

HUNTERIAN SOCIETY.—This (Wednesday) evening, at 8 o'clock, Mr. Clement Lucas will show a Patient after Operation for Genu Valgum by Ogston's Method. Dr. Ernest Sansom, "On some common Disorders of Children."

CLINICAL SOCIETY OF LONDON.—Friday, Oct. 25, at 8½ p.m., Mr. Callender : "Effects of the Elastic Bandage" (living specimen) ; "Cases of Stricture of the Urethra treated by the aid of Supra-pubic Incision into the Bladder." Mr. Howse, "On a Case of Supra-pubic Incision for Relief of Traumatic Stricture" (living specimen). Sir James Paget, "On Profuse Discharge of a Watery Fluid from one Nostril," Dr. Farquharson, "On Quinine Rash."

DR. J., Chester.—You have rightly guessed the proper name of the learned professor referred to in our last weeks' leader on "Modern Quackery."

A SURGEON.—This is often the case ; the book is actually out now, as we have it in hand for review.

T. C. D.—We were unaware of the fact until the receipt of your letter ; many thanks.

THE DUBLIN HOSPITALS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Within the space of a month or two savage attacks have been made by members of the legal profession against the internal administration of the great hospitals of Dublin. On Saturday last, a medical student named Cormack Gordon, who was a patient in this institution suffering from delirium tremens, was found guilty of illegal possession of a book, the property of Mr. Sullivan, resident pupil, Whitworth Hospital. The prisoner, who was identified by the pawnbroker in whose establishment he pledged the book, charged Mr. O'Donovan, also a resident in the Whitworth, with having given him the book. Mr. O'Donovan at the time the accusation was brought forward was in England. On his return the prisoner's solicitor denied ever having made the charge against Mr. O'Donovan. Prisoner's solicitor, in extenuation of the offence, stated that it was "a matter of every-day occurrence" for medical students to steal each other's property and pawn it.

We, representing the body of professional students attacked, beg that you will afford us the space to emphatically deny such an abominable and degrading charge as that which has been published concerning us.

(Signed) ARTHUR CAMPBELL, B.A., M.B., T.C.D.
HENRY O'DONOVAN.
JOHN W. MULLEN.
JOHN P. SULLIVAN, A.M., Q.U.I.

House of Industry Hospitals,
October 12.

VACANCIES.

Armagh Co. Infirmary.—Surgeon. Salary, £200, with residence, &c. Applications to the Secretary, on or before Oct. 28. (See Advt.)

Bromyard Union.—Medical Officer. Salary, £50, exclusive of fees. Immediate application to the Clerk of the Union, Bromyard, Worcester.

Maidstone Union.—Medical Officer for the Workhouse, and Medical Officer for District No. 5 of the Union. Salary for the former, £100, exclusive of fees ; for the latter, £40, exclusive of fees. Applications at once to the Clerk of the Union, Maidstone.

Rotunda Lying-in Hospital.—Clinical Clerk. Salary at the rate of £30 per annum, with apartments. Election, Oct. 25.

Sheffield.—Medical Officer of Health for the Borough. Salary, £300. Applications to the Chairman of the Health Committee, Town Hall, Sheffield.

University College Hospital.—Resident Medical Officer. Full particulars of the Secretary, University College, London.

APPOINTMENTS.

BROWN, W. P., L.R.C.P.Ed. L.R.C.S.Ed., Dispensary Surgeon to the Bradford Infirmary (to visit patients at their homes).

DARTNEL, G. M., L.R.C.S.I., Senior Assistant House Surgeon to the South Dispensary, Liverpool.

EVE, F. S., L.R.C.P.L., M.R.C.S.E., Curator of the Museum at St. Bartholomew's Hospital and College.

GAMBLE, E. L. G., L.R.C.P.Ed., M.R.C.S.E., House Surgeon to the Lincoln County Hospital.

GRIFFITH, R. P., M.R.C.S.E., L.K.Q.C.P.I., Medical Officer for the Llanfihangel District of the Festiniog Union.

MILLARD, W. W., M.B., C.M., House Surgeon to the Wrexham Infirmary and Dispensary.

MOORE, C. A., M.B., C.M., M.R.C.S.E., House Surgeon and Apothecary to the Leicester Infirmary and Fever House.

PATTINSON, H. A., L.K.Q.C.P.I., M.R.C.S.E., Medical Officer of Health for the Seaton Urban Sanitary District, Devonshire.

PAXON, H. E., M.R.C.S.E., House Surgeon and Assistant Secretary to the West Herts Infirmary, Hemel Hempstead.

PLAXTON, J. W., M.R.C.S.E., Medical Superintendent to the Lunatic Asylum, Ceylon.

ROSS, J., M.D., M.R.C.P., Assistant Physician to the Royal Infirmary, Manchester.

WILMOT, T., L.R.C.P.L., M.R.C.S.E., House Physician to the Bradford Infirmary and Dispensary.

Deaths.

ALDRICH.—Oct. 5, at Kiveton Park, Rotherham, Frederick Edward Aldrich, M.R.C.S.E., aged 33.

BECK.—Oct. 6, at Haverhill, James Theophilus Beck, M.R.C.S.E., late of Cambridge.

DAVIS.—Oct. 13, at Brentford, Edward Davis, M.R.C.S.E., aged 56.

DERINGTON.—Oct. 5, at Minehead, William Derington, M.R.C.S.E., aged 68.

FIRTH.—Oct 14, at St. Giles, Norwich, George Warren Watts Firth, F.R.C.S.E.

FOSBROOKE.—Oct. 8, at Arnold Street, Liverpool, Frederick James Richard Fosbrooke, L.R.C.P.Ed., aged 32.

HULL.—Oct. 17, at 89 Holland Road, Kensington, George Hull, M.D., F.R.C.S.Edin.

LOMAX.—Oct. 4, at Cleethorpes, William John Lomax, M.R.C.S.E., late of Lincoln, aged 63.

MCLACHLAN.—Oct. 5, at Worthing, Robert McLachlan, L.R.C.S.Ed., of Shelf, Yorkshire.

MARTIN.—Oct. 3, at Weston-super-Mare, Edward Martin, M.R.C.S.E., aged 55.

IRISH POOR-LAW INTELLIGENCE.

THE SANITARY CONDITION OF IRELAND.

Abstract of the Registrars' Notes from the last Quarterly Return of the Registrar-General.

(To be continued.)

No. IV.—North Midland Division.

GRANARD, W.—This district has been, during the past three months, the habitat of an epidemic which, with the exception of a few cases of typhus and typhoid of a grave nature, consists of a relapsing fever of a mild and almost innocuous type. Its highly contagious nature, and its liability to frequent relapse, have been palpably demonstrated to me. I have been led to believe that it did not arise here sporadically, but that it was brought in and disseminated by tramps. I have, however, observed that it has nestled most in the small, dark, smoky, dirty, unventilated and overcrowded cabins of the poorer classes; and that, wherever I could succeed in procuring for the patients good air and freedom from the injudicious meddling of friends, recovery has invariably resulted, except in the case of one old man, who was not removed sufficiently soon. The few suggestions which I have made for the sanitary improvement of the district have, I believe, been all of acknowledged utility, and in no way oppressive to any person. From consideration to owners and occupiers I have withheld many recommendations which I might otherwise have made; yet, notwithstanding this leniency, I have experienced considerable disapprobation, and brought upon myself the most implacable hostility—not from the sanitary authority, which has shown willingness to adopt my recommendations, but from occupiers and owners of land and house property, who cannot be got to understand the utility of alterating time-honoured plague-spots, and who regard every sanitary outlay as an unjust personal infliction. The atmosphere of ignorance surrounding them is too dense for sanitary science to pierce. *Nox atra cavá circumvolat umbra.* I think it right that those directing the administration of the Sanitary Acts should know that adequate protection is scarcely afforded to such of their officers as are actuated by a conscientious desire to obey the law and protect public health; and that, according to my experience at least, the sanitary officer who desires to avoid stirring up a nest of hornets, should do as little as possible in the way of sanitary improvement.

STREET.—The sanitary arrangements are pretty good, but owing to the area of taxation being so small, sanitary work, as regards sewers and pumps, comes heavy on the ratepayers of small towns, and we must be content, unless in very bad cases, to do the work little by little. Very little can be done as regards household sanitation until the Artizans and Labourers' Dwellings Acts become law, as it is impossible to expect cleanliness in the dwellings in which the poorer classes are compelled to exist at present.

No. V. South-Midland Division.

ATHY; *Monasterevin.*—I regret I cannot report favourably of the sanitary state of the district.

KILPATRICK.—I have had to make some sanitary reports during the quarter to abate cesspools and nuisances about yards. Notice in each case has been served by sub-sanitary officer. I feel pleasure in stating much good has been none to the dwellings of all classes through my district; in fact, people—poor and rich—(save in few exceptions) have cultivated a wish to make their places clean and respectable.

MOUNTMELLICK; *Emo.*—The sanitary state of the district is much improved, with one exception (a small village, Clonamore), the cabins of which are overcrowded, badly ventilated, and seldom without some case of illness. Some improvement is contemplated which could have been accomplished long since, but for the worst class in Ireland (Middlemen).

BORRISOLEIGH.—The sanitary state of Borrisoleigh is still unsatisfactory.

LAURENCETOWN.—The *imperfect sanitary* law is being carried out as best we can, and I trust with good results.

ATHENRY.—Though sanitary arrangements are strictly looked after, there are several cases of fever under treatment. Diphtheric sore throat has been exceedingly prevalent during the quarter.

CLONMEL; *Clonmel, W.*—The Sanitary Act is, in general, acting well; and now that the streets of the town are to be separated from the county and vested in the municipal authorities, I expect further progress in this regard.

ENNISCORTHY.—The sanitary condition of this district continues to improve, owing to the provisions of the Public Health Act being vigorously enforced, particularly relative to sewage matters.

OULART.—A case of small-pox recorded; I have taken all precautions to prevent the spread of the disease; but the guardians refused me an order to have the clothes and wearing apparel burned, stating that such a course was not necessary.

CASTLEMARTYR.—The sanitary state of the district is very good, as I exercise the strictest supervision over the district while paying my professional visits.

MITCHELSTOWN; *Kildorrery.*—One death registered at 112 years, that of a farmer in rather comfortable circumstances, who lived within a mile of this town. I have known him since I came to the district to be never unwell, and I believe he never required the services of a medical man during his life-long years. He was very inquisitive, but never wished to be questioned at any length, he died after a few days illness from exhaustion. I am informed that his sister, who is only a few years younger, attended his funeral, and that she is well able for a walk of ten miles.

THOMASTOWN; *Thomastown, W.*—The sanitary arrangements of the district are gradually improving, the supply

of good water meets with attention on the part of the guardians.

WATERFORD ; *Kilmakevoge.*—Sanitary arrangements are improved so far as lime-washing and the disappearance of dung-heaps from the doors of the poor cottiers, but the cabins in which they dwell are, as a rule, small, ill-ventilated, and overcrowded.

ULLID.—The sanitary condition of Mooncoin is far from satisfactory, there are a number of cabins grouped together which are unfit for human beings to live in ; there are open gutters containing liquid filth in front of those dwellings at each side of the public street.

YOUGHAL ; *Ardmore.*—During the past quarter this district has been overrun by a severe epidemic of measles, followed in almost every case by whoping-cough. The deaths registered as from measles were caused by the naturally weak constitutions of the patients, together with their other surroundings, such as bad food, bad air, bad houses, &c., rather than by the violence of the epidemic. Sixty-three cases of measles appear on the medical relief register for past quarter, but this does not represent a third of those affected, the medical officer being only called in when the usual amount of local *nostrums* had been tried without effect. Every case seen suffered from violent diarrhœa, caused by the administration of a noxious compound called *Crooke.* This consists of a mixture of porter, sulphur, and (horrible to relate) the excrement of the sheep, collected in the fields. Every unfortunate child in this district that showed any symptoms of measles, was compelled to drink large and continued quantities of this mixture. All ordinary remedies failed to stop the diarrhœa thus produced. In many cases the children nearly died from exhaustion after this long-continued diarrhœa.

CLASHMORE.—There has been a marked improvement in more than one point of our sanitary arrangements. First, some of the very worst of the worst class of houses in the district having become manifestly dangerous to life, or otherwise unfit for human habitation, were abandoned by the occupiers, and the roofs of several have fallen in or been pulled down. There is an improvement also in the manner in which the manure-heap or pit in the yard attached to the labourer's cottage is kept ; still, the manure-pit or heap is there. And but too frequently the house to which the yard belongs has but one apartment for an entire family to eat, drink, sleep, to be sick, and die in. I note as a sign and event, that one poor man (fisherman and labourer), having obtained the assent of his immediate landlord, under threat to bring the sanitary authorities down on him, has set about building a second apartment for his family, numbering six.

No. VIII.—South-Western Division.

CORK ; *Dripsey.*—The sanitary arrangements are satisfactorily improving ; the people are ready to carry out any improvements suggested to them by me.

KENNARE ; *Kenmare W.*—Sanitary arrangements of the district much improved, consequently the general health of the locality is in a most satisfactory state. Measles have been very prevalent this quarter ; at present nearly disappeared. Five deaths from this complaint.

KILSHANNIG.—The sanitary state of the district is good, and the guardians are well inclined to carry out any suggestions made under the Sanitary Act.

RATHKEALE, W.—I am happy to say the district is, as regards its freedom from epidemic or zymotic disease, a sanitary paradise. The public are being so gradually educated as regards the necessity of hygienic measures, that a hint is almost quite sufficient to get compliance with sanitary requirements. I am convinced that a great deal more could be done by gentle suasion, combined with firmness and a desire to educate the people, than by harsh, or, what the poor would call, inconsiderate measures.

CASTLEMAINE.—Fever has prevailed extensively in the western portion of the district, chiefly caused by want of cleanliness and keeping of cattle and pigs in the dwelling houses. I have known instances where, the beds being on the ground, the patients in typhus and the pigs slept side by side.

THE ABUSE OF DISPENSARY TICKETS.

WE have, as may be conceived, been interested to observe the reception by Boards of Guardians of the recent letter of the Local Government Board, warning them against the indiscriminate issue of dispensary tickets. We give a few excerpts from the proceedings of various boards in the matter.

CARLOW UNION.

Mr. Alcock—The doctors will not take less than their regular fees.

Chairman—The Local Government Board say it could not be made compulsory on the medical officers.

Chairman—At Buxton the leading medical man only charges 5s. for each visit.

Mr. Alcock doubted if the average fees to medical men in this country were more than 5s. each visit.

Mr. J. Nolan—It is 10s.

Mr. Rochfort—It strikes me the whole question is one for the faculty themselves.

The subject then dropped.

SLIGO UNION.

On the question of small fees, the chairman said, as long as our medical men keep up their fees to a guinea, this will occur.

Mr. Morrison—Just so ; they require too large a fee. A great many would call them in when required if their fee was a small one.

Mr. Higgins—About 10s.

Chairman—There is no doubt, however, that abuse exists in the issuing of these tickets, and members of dispensary committees ought to be careful in issuing them, to see that only the proper persons get them.

BALLINASLOE UNION.

Major D'Arcy said that with regard to that communication a charge was made against the Committee of Management of Dispensaries which was not altogether deserved. If the Local Government Board found that any particular committee had permitted the irregularities complained of, or that the persons authorised by them had issued the tickets in this way, their attention ought to be called to the circumstances. He did not see that the complaint should be addressed to the committees, who were in the habit of seeing that the tickets were issued in a perfectly legal way.

Mr. M'Donnel believed the practice pointed out was resorted to—that of signing the tickets and leaving them to be filled up by some member of the family. They had had a complaint made against Dr. Hetherington, who refused to attend on a ticket so filled up. There was an investigation, and the doctor came out of it. In this instance the ticket was not filled by the person who signed it.

Mr. Kelly, J.P., considered if the case was an urgent one, and the party was a fit subject for relief, if the ticket was filled up by a member of the family, it could make no serious difference to anyone. The serious part of the matter was if the relief was given to persons who should not receive it.

Mr. M'Gann said the practice was common and led to great abuse.

Mr. M'Donnell said there was a great difference in issuing a ticket in blank in favour of persons who were fit subjects for relief, and giving relief to parties not deserving of the relief under the Medical Charities Act.

Major D'Arcy said the law provided the proper way. Leaving tickets to be filled up was perfectly illegal, and might be used by a numerous family.

Mr. Kelly—I think tickets are given very indiscriminately sometimes.

The communication was referred to the dispensary authorities.

GOREY UNION.

Mr. Wolaham said that he never did, nor never should refuse a ticket to any tradesmen, labourer, or farmer who applied for it, and that he did not consider it degradatory in any way to a farmer to avail himself and his famiiy of the Medical Charities Act.

BALLINA GUARDIANS.

EXAMINING A LUNATIC.

The Clerk presented a certificate signed by two magistrates, entitling Dr. Scott to one guinea, fee for examining a lunatic.

Mr. Dillon said he had received a letter from a ratepayer saying that a lunatic recently examined from that division had been brought into town on a car at the expense of his friends, and that although such was the case the medical man had claimed the full fee, which he did not think fair. We are paying a medical officer, and why should it not be part of his business to examine those lunatics and save the union additional expense?

Clerk—Any doctor may certify.

Chairman—Is that the law?

Clerk—It is.

An order was made for payment.

[The clerk is in error. The law (30 and 31 Vic. cap. 118, sec. 10, Irish Medical Direct., page 488), says that the "the justices should call to their assistance the medical officer, or if there be more than one, the nearest available medical officer of the dispensary district in which they shall be at the time"; and if there shall not be any such medical officer available, then the nearest available medical officer of any neighbouring district." —Ed. M. P. & C.]

BALLINASLOE UNION.

WINE FOR PAUPERS.

The following letter was received from the Local Government Board :—

Dublin, 1878.

Sir,—The Local Government Board for Ireland have had before them the minutes of the proceedings of the Board of Guardians of Ballinasloe Union on the 11th inst., from which it appears that tenders were accepted for the supply of port wine at 14s. per gallon, and sherry wine at 13s. 6d. per dozen. The Board request that a report may be obtained from the medical officer as to whether he could recommend the articles supplied at this price as fit for use in the treatment of the sick.

By order of the Board,

B. Banks, Secretary.

In reference to this subject the medical officer reported :

My Lord and Gentlemen,—The subject of stimulants having been under your consideration last board day, and my attention having been directed to it, for the purpose of reporting thereon, I beg to say that whiskey at 14s. per gallon, and wine at a like price per dozen bottles, could not, without increasing the quantity usually given, produce the effect to be desired as a stimulant in mental and bodily depression. I therefore, as I have successively informed your board, in reply to communications received from the Local Government Board, have had to act accordingly in all such cases.

I have the honour to be,

Your obedient servant,

Dominick Burke, Medical Officer.

The Chairman—Send that report of Dr. Burke's to the Local Government Board. Wine at this price could only be a mere excuse for wine, and he did not see how the sick people could live who would use it.

Mr. Fowler thought that if a patient took double the usual quantity of this 13s. wine he would become totally irrecoverable in a short time.

DUTIES AND REMUNERATION OF THE MEDICAL OFFICERS OF HEALTH.

The following letter relative to the duties and remuneration of the Medical Officers of Health under the Public Health Act has been addressed to the Local Government Board.

Irish Medical Association,
Royal College of Surgeons,
October 2, 1878.

To the Secretary, Local Government Board.

Sir,—I am directed by the Council of the Irish Medical Association to express a hope that in defining the duties of the Medical Officers of Health under the "Public Health (Ireland) Act, 1878," the Local Government Board will—without in the least degree depriving the public of any of the benefits conferred by that Act—take especial care that those officers may not be subjected to annoyance from ill-disposed persons.

The Council have directed me to suggest that complaints as to the alleged existence of nuisances should be made, in the first instance, to either the Clerk to the Sanitary Authority, or the Inspector of Nuisances. It can hardly be necessary that such complaints should be made directly to the Medical Officers of Health, unless in cases of alleged default or inattention on the part of the other sanitary officers. The Council consider that it is not necessary or desirable, or even consistent with the standing of a medical practitioner, that he should be placed in the position of an Inspector of Nuisances at the instance of any ill-disposed person, whose sole motive might possibly be to annoy. At the same time they consider it very desirable that the Medical Officers of Health should report the existence of nuisances which come under their immediate observation. The duties of the Medical Sanitary Officers, as laid down by the Local Government Board under the "Public Health (Ireland) Act, 1874," empowered any person to require the Medical Sanitary Officer of the district to make unnecessarily frequent inspections of, and reports as to the condition of, any ashpit, &c., which was alleged to be a nuisance.

The Council are of opinion that, as far as may be consistent with the terms of the Public Health Act, the duties of the Medical Officers of Health should be confined to those which properly come within the province of a medical practitioner to perform; and, with regard to the detection and abatement of nuisances, that it should be the duty of the Inspectors of Nuisances in all uncontested cases to have the nuisances abated—in contested cases the certificate of the Medical Officer of Health would of course be necessary.

I am further directed to add that the Council believe that, unless the Medical Officers of Health are renumerated much more liberally than hitherto for their services, they will not act with that cheerfulness and acquiescence which are so much to be desired in carrying out the important provisions of the Public Health Act, to which a thorough effect can hardly be given otherwise. In a word, there is good reason to fear that unless these officers are fairly requited for the duties compulsorily imposed on them, the result will be a failure.

I am, Sir,

Your obedient servant,

John William Moore, M.D.,
Hon. Sec. to Council.

40 Fitzwilliam Square West, Dublin.

TOBERCURRY GUARDIANS.

THE LATE DR. MASSEY.

THE following resolution was unanimously adopted :—

"This Board, to mark its deep sense of the great loss the public have sustained by the death of Dr. Massey, our late medical officer, desires to place on record our sincere regret for the early demise of a man who possessed in such a large degree those qualities of head and heart which endeared him to everyone who had the pleasure of knowing him, and to the poor especially, to whom he was always most kind and attentive. The Board sympathise with his aged father and family in their sad bereavement."

PORT SANITATION IN IRELAND.

THE subjoined letter has been addressed by the Local Government Board to the Boards of Guardians :—

"Dublin, 24th Sept., 1878.

"SIR,—Under the provisions of the Sanitary Act, 1866, and the Act 36 and 37 Victoria, both now repealed, the Local Government Board for Ireland, by a series of orders in the year 1873, prescribed certain port nuisance districts round the coast of Ireland, and assigned to each of such districts its proper nuisance authority, being in each case a board of guardians, comprising or abutting on the port nuisance district prescribed. These arrangements are recognised by the Public Health (Ireland) Act, 1878, which provides that for the purpose of any regulations to be made under that Act for the prevention of the spread of infectious disease, 'any ship or vessel lying in any river, harbour, or other water within the district of a sanitary authority shall be subject to the jurisdiction of that authority, in the same manner as if it were a house within such district, and any ship or vessel lying in any water not within the district of the sanitary authority shall be deemed to be within the district of such sanitary authority as may have been or may be prescribed by the Local Government Board; and where no sanitary authority may be prescribed, then the sanitary authority whose district adjoins the place where such ship is lying.' Other provisions make the board of guardians charged with the functions of port sanitary authority the proper parties to see to the execution of any regulations issued by the Local Government Board when the country is threatened by an invasion of any formidable epidemic. As stated in the Local Government Board's circular of the 11th September, 1873, the object is not only to prevent the introduction of dangerous infectious diseases, and its spread when introduced, but to provide promptly and permanently for the treatment of patients arriving in ships. For this purpose the cordon of port nuisance districts which encircles all the coast of Ireland appears well designed, for in every case there is at the command of the port nuisance authority a well-ordered hospital for the reception of contagious disease, situate at the workhouse of the union. In harbours so frequented as Dublin, Cork, Belfast, Limerick, Waterford, and Londonderry, there are, or ought to be, available against the introduction of any formidable epidemic special hospitals, called intercepting hospitals, for the reception of patients from ships arriving infected with dangerous contagious disease, of whatever character it may be. In 1873, when the port nuisance districts were prescribed, the threatened invasion was that of cholera; but although the cholera has not since arrived, intercepting hospitals, wherever they were provided, were equally available against importation of smallpox and every kind of fever, which has prevailed so severely in some of the Southern districts of the United States, and is lately reported as having broken out at New Orleans. It may not reach any part of Europe; but the Local Government Board take this opportunity of reminding the port nuisance authorities round Ireland that should such danger from these sources threaten any part of the coast, the responsibility of protecting her Majesty's subjects in this island from so serious a disaster will rest with these authorities, and that every preparation should be made to meet the possible contingency.—(By order of the Board),

"B. BANKS, Secretary."

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, Oct.* 12, 1878; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, OCTOBER 15, 1878.															
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	26	156	156	24	40	5	...	5	...	1	5	2	2	1	49
BELFAST . .	20,687	182,082	22	127	78	19	10	...	...	8	...	1	3	3	...	...	3
CORK . .	13,816	91,965	30	54	53	6	18	...	...	...	...	3	1	3	1	1	24
LIMERICK .	8,509	44,209	11	18	9	3	3	...	...	...	...	...	1	1	...	...	4
LONDONDERRY .	21,865	30,884	15	11	9	1	2	...	...	...	...	...	...	..	...	...	3
WATERFORD .	17,209	30,626	27	17	16	3	3	...	..	...	...	...	...	...	...	3	4
GALWAY .	21,358	19,692	5	...	2	...	...	2	...	...	...	...	...	...	...	..	1
SLIGO . .	30,835	17,285	24	2	8	...	2	...	...	...	1	...	1	...	...	...	5

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 30, 1878.

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First Ophthalmological Society of Heidelberg. Extract from the "Klinische Monatsblattern fur Augentriel Kunde, 1877." Translated from the "Annales d'Oculistique," By Archibald Hamilton Jacob, M.D. Dub., sometime Ophthalmic and Aural Surgeon to the City of Dublin Hospital, and Dublin Eye and Ear Infirmary..... 352
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THE MECHANICAL SYSTEM OF UTERINE PATHOLOGY.

By GRAILY HEWITT, M.D. Lond. F.R.C.P.,
President of the Harveian Society, &c., &c.

(*Continued from page* 327.)

LECTURE III.—(*continued.*)

Reflex phenomena observed in connection with disorders of the uterus.

THESE reflex phenomena are very important, and the highest interest attaches to any discussion concerning them. In the limited space at my disposal I fear that scant justice can be done to this part of the subject. These reflex phenomena I propose to consider under five heads: 1. Sickness or Nausea; 2. Hysteria; 3. Convulsions; 4. Cephalalgia; 5. Melancholia.

1. *Sickness* or *Nausea.*—This symptom is an exceedingly common one. There are few cases in which the uterus is diseased in which the symptom in question is not more or less observed. It varies in degree from a slight feeling of nausea, or disinclination to eat, to severe and almost constant and apparently irrepressible vomiting. It takes various forms, too, in different cases. In some instances it is only ascertained after careful inquiry that the patient has no decided nausea, but only a feeling which induces her to avoid taking food; the idea of food is distasteful. Again it is observed only at certain times of the day, or when the patient is tired after any particular exertion. I have seen patients reduced to such a condition after duration of this continued nausea produced by the very idea of food, for several months, that they were literally nearly starved. I recollect well the case of one lady concerning whom I was consulted, and whose condition had become so alarming that it was thought she would actually perish of inanition, the smallest particle of food being rejected instantaneously, and this state of things had existed for some weeks. So frequently have I observed nausea or vomiting, more or less marked, in cases of uterine disease, that I have come to look for it almost as constantly as dyskinesia or any other common symptom of uterine disease. Not unfrequently we observe this symptom particularly well marked in cases of dysmenorrhœa, for, in addition to the pain and difficulty present at the menstrual period, there is not seldom very intense sickness present at the same time. Here, again, I have observed certain cases where the symptom in question has assumed a really alarming character from its mere severity and intensity.

The nausea or vomiting observed in cases of uterine disease appears to be a reflex symptom, and arises out of the close sympathy subsisting between the uterus and the stomach; and it seems identical in its nature, whatever that may be, with what is observed in many cases of pregnancy, when nausea or vomiting occurs in connection with this process.

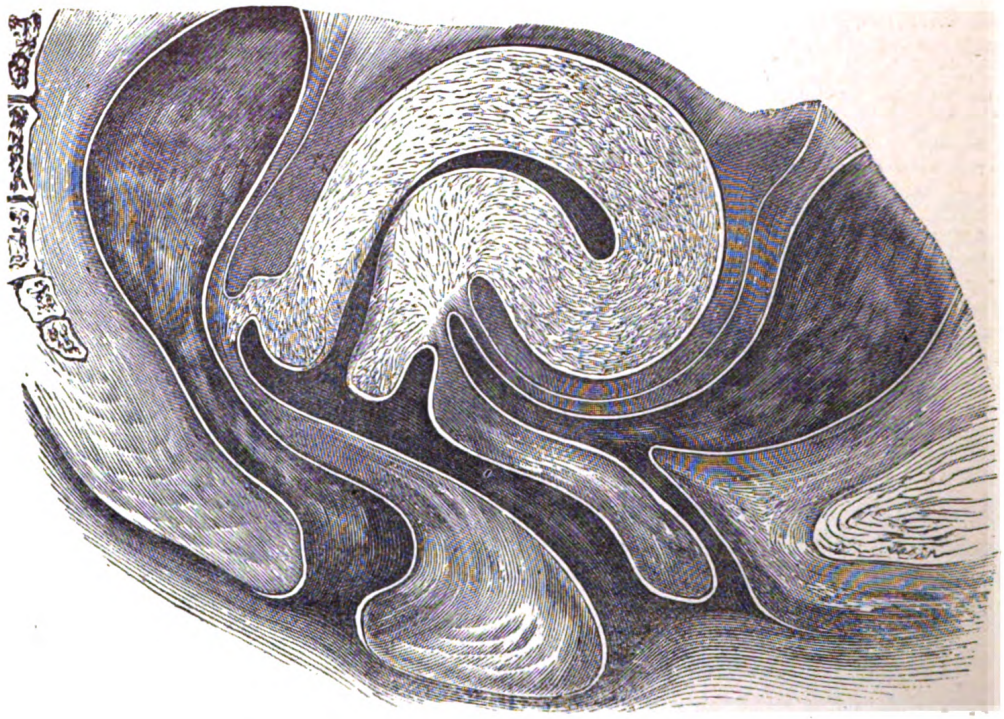
That disordered conditions or diseases of the ovary may give rise equally with the uterus to nausea or vomiting is probable, and cases of this kind have been recorded. Marked dislocation involving compression of the ovary appears to be the most important of ovarian causes of reflex nausea and vomiting. I say nothing of peritonitis or of other well-known possible causes of vomiting, and it is not my intention to give an exhaustive list of other possible causes of chronic vomiting or nausea. My sole object is to examine carefully those cases in which facts and circumstances show conclusively that the uterus is the irritating organ, and that the vomiting and nausea arise out of this irritation.

The organic diseases of the uterus are responsible for some instances of reflex vomiting. Cancer and fibroid tumour may either of them produce it in a marked form. Fibroid tumours do not commonly give rise to this symptom, but cases do now and then occur where it exists in great severity. It is not the large tumours by any means which occasion the most trouble in this respect; the reflex vomiting would appear to be due to compression or stretching and tension of certain portions of the uterine tissues and of the nerves contained in these tissues.

Various writers have alluded to vomiting and nausea as a symptom attendant on certain cases of uterine inflammation. There is nothing new, therefore, in so associating it with the irritation of this organ. What is meant, however, by inflammation of the uterus? and what are the particular cases which are liable to be attended with vomiting? The answer to these questions is, that distortions of the uterus, coupled with engorgement or congestion of the organ, are most commonly the cause of this particular reflex phenomenon. Flexion of the uterus is directly or indirectly responsible for its occurrence. I have carefully observed the frequency of the symptom, have watched its commencement, seen its increase, and witnessed its decline and disappearance, in a large number cases. It is not constantly observed in cases of flexion; but in cases where there is reflex uterine sickness, it may be confidently stated that, excluding organic and ovarian causes, the cause will, on examination, be found to be flexion of the uterus, more or less marked in degree. Indeed, I may go so far as to say that severe reflex uterine sickness is invariably so associated. It is most marked and most alarming when there is considerable congestion of the uterus accompanying the flexion. In such cases every movement of the body calculated to exercise pressure on the uterus excites the attack; even the sitting position may give rise to it, and, clinically it is demonstrably aggravated by precisely those alterations in the position of the trunk which would be likely to increase temporarily the degree of the flexion present. The more chronic, slighter cases, where only nausea is present, are very frequently found to be due to a slighter degree of the affection, coupled with a very decided softnese of the uterine tissues. The erect position of the trunk in such cases temporarily produces increase in the flexion, and consequent nausea. In such cases the patient is often able to take food when lying down all day, whereas the moment she attempts to sit up to dinner the nausea becomes evident, and the food is sent away untasted.

There is a class of cases to which special attention is directed, and in which the continual presence of nausea leads finally to a state of extreme feebleness, simply in consequence of starvation. They occur in an insidious way; the appetite fails, and less food is taken than before. After some weeks or months the appetite is less, the idea of food producing nausea. So the case runs on, until in two or three years' time, or sooner, we find the patient, not unfrequently a young woman from seventeen to five-and-twenty years of age, a feeble, almost helpless invalid. In these cases the uterus is found to be unduly soft: there is flexion: this flexion is aggravated by the upright position, and the nausea is thus produced. Dietetic errors, as I have previously explained, cause weakness of the uterus. It is ill-nourished, loses its tonicity, any over-exertion distorts and displaces it, and from that time nausea, more or less severe, sets in. The remarkable feature of these cases is that the power of taking food is restored, sometimes at once, in such cases, by enforcing the horizontal position. I have witnessed this sequence of cause and effect so frequently that there can be no doubt about it. The power possessed by this slow, never-ceasing, irritation of the uterus to produce such constant nausea, and in the end to give rise to such profound derangement of the whole economy, constitutes a fact of the highest therapeutical interest.

FIG. 25.



Representing the second stage of anteflexion of the uterus.

2. *Hysteria.*—On the subject of hysteria I propose next to say a few words. I should like to say much, but want of space forbids. I have for some time past held views on this subject which I will now venture briefly to lay before you. *Hysteria* is a general term implying presence of symptoms, which I need not describe, in a more or less marked degree. And it would seem not to be a disease absolutely limited to the female sex. But it may be said that it is almost, though not entirely, a disease peculiar to women. In the female sex, it may originate in two ways. 1. From external emotional disturbance, fright, mental shock, &c. 2. It is excited by some inter-

nal disturbance. All gynæcologists are aware that when due to an internal disturbance, the internal disturbance resides in the generative organs almost exclusively. Those not well acquainted with the diseases of the female generative organs do not admit this. The real question for us is, what is the nature of the internal disturbing element which causes these hysterical phenomena? Is the ovary or is the uterus the organ chiefly concerned?

I do not pretend to criticise the statements of other writers or observers, but will simply state the result of my own observation, and they will go for what they are worth. I must confess that I have not, in a practice extending now over some years, met with a very large number of cases of well-marked hysteria. And I must further state that I am unable to give a full account of those cases which came under my notice formerly. But, for these last six or seven years I have had my attention particularly directed to the investigation of this symptom, and have been engaged in testing, whenever an opportunity presented itself, the correctness of an idea which I had been led to form on the subject.

I say nothing of what may be termed slight hysterical symptoms. I wish only to speak of cases which may be described as follows: The hysteria is more or less chronic, and generally present in a greater or less degree of severity. There is, in fact, a general chronic state of hysteria. Here it is not a question as to a single emotional outbreak, but there is a more or less constant presence of severe toublesome hysterical symptoms, recurring at various intervals, and causing more or less inconvenience. There is, in short, a decided liability to severe hysterical attacks. I have seen some few such cases, and have investigated them carefully. The result of such examination is, that in every one of them there was found to be present a well-marked distortion of the uterus. Not only so, but the worst cases of hysteria were those in which the distortion was most severe. Five years ago in writing on this subject, I stated, "when a young woman, having enjoyed good health up to a certain time has become suddenly liable to hysterical attacks, it is almost certain that the uterus in such a case will be found to be affected with marked flexion." (*a*) And subsequent observation confirms the accuracy of this statement. Want of leisure has hitherto prevented the further development of this interesting subject. I feel certain, however, that cases of hysteria, such as I have alluded to, only require to be investigated, in order to substantiate the connection I have pointed out.

Anteflexion is the common form of uterine distortion present; but I have known hysteria of a very great degree of severity in cases of retroflexion also.

I have a further statement to make, which is simply this. Not only have I found severe flexion associated with severe hysteria, but it has been always observed that the hysterical symptoms cease altogether, or undergo a most decidedly marked amelioration on restoring the uterus to its proper shape. And I have observed this amelioration generally to occur suddenly and immediately. Experience and observation have led me to consider hysterical symptoms as liable to occur in cases of acute flexion of the uterus. They do not occur in all cases. There is probably something in predisposition, all women not being equally liable to suffer in this way.

3. *Convulsions.*—Between hysteria and convulsions, another reflex symptom of disorder of the uterus, there is but a step. In certain cases of hysteria, convulsions constitute a part of the phenomena present. On the other hand, women occasionally suffer from convulsions without hysterical complications. The convulsions known as puerperal convulsions belong to this latter category. It is not, however, my intention to speak now of puerperal convulsions, but of convulsions occurring in unmarried women and evidently associated with the uterus. I have seen a few such cases, and have followed their history with care. They offer instances of convulsions pure and simple without prodromata and without after-consequences. Cases of this kind are rare; they are noticed in young women from eighteen to twenty-five years of age. They are due to the same cause as severe hysteria, and their explanation as regards origin is the same. They are undoubtedly produced by reflex irritation starting from the uterus, and that irritation is a chronic flexion of the organ. I have publised some of the cases which have come under my notice in the third edition of my work on "Diseases of Women," together with certain reflections on this interesting subject. The distinction between such cases and cases of epileptic convulsions, seems generally capable of being easily made; but I know that they are occasionally confounded.

4. *Cephalalgia* is another reflex symptom deserving mention in connection with the uterus. I have observed it in some cases in a very intense and troublesome form, the facts of the case conclusively showing its dependence on some morbid condition of the uterus. Fibrous tumours growing on the walls of the uterus are, I believe, not uncommonly the cause of this symptom. I have not particularly associated it with chronic flexion of the uterus, except in a very few cases.

5. *Melancholia.*—A not inconsiderable number of cases are observed in which decided mental disturbance is produced by chronic flexions of the uterus. The equability of temper and thought is lost; various forms of derangement may result, but the most noticeable one is a species of melancholia not attaining such dimensions as to render it a matter of actual solicitude, but materially interfering with the patient's enjoyment of life. It is an incapacity for thought or mental exertion, a dislike for conversation, for social intercourse, and it shows itself by the desponding views taken by the patient of her own case and of things in general. The relief of the uterine flexion is in such cases followed by a corresponding relief of the mental disorder.

(*To be continued.*)

(*a*) "Diseases of Women," 3rd ed., p. 410.

REMARKS ON MORBUS COXARIUS.

WITH EXHIBITION OF THE EPIPHYSES, AND PORTIONS OF BONE REMOVED, IN THREE CASES OF EXCISION OF THE HIP-JOINT.

By H. MACNAUGHTON JONES, M.D., F.R.C.S. Edin.,
Surgeon to the City and County of Cork Hospital for Diseases of Women and Children.

(*Continued from page* 331.)

Hannah C., æt. 6, admitted 2nd January, 1877. Had been unwell, suffering from morbus coxarius, in the second stage of the disease. No history of injury of any kind, parents positive on this point. There was considerable shortening of the limb 12 inches. She was suffering also on admission from diarrhœa and vomiting, with violent periodical pain both in the stomach and hip-joint; had outside one or two attacks of syncope, with some severe epigastric pain, when her friends thought she was dying: these recurred in the hospital. On admission, the child was put under chloroform, and the limb gently extended, and kept so with weight and pulley. After a short stay in hospital, the parents took a panic after one of the attacks of syncope, and removed her. She suffered such pain at home that she was brought again to the hospital on April 19th, 1877, with symptoms of acute inflammation about the joint, and threatening of abscess. This rapidly formed, and the abscess was opened antiseptically shortly after, and a quantity of purulent matter evacuated. The leg was kept from this out under extension, and antiseptic dressings used. Very soon another abscess formed under Poupart's ligament, beneath the pubes, which was treated in the same manner as the first. From this out the child passed through the usual painful course of suppurating hip-joint with discharges, pain, hectic, occasional diarrhœa, wasting, &c. On Sept. 23, 1877, I determined to excise the head of the bone, and remove any of the diseased por-

tion. Accordingly, I did so, finding the head of the femur completely destroyed, and the shaft softened to about two inches below the trochanter. I gouged away portion of the acetabulum. The entire operation was performed antiseptically, and the subsequent dressings for some months were antiseptically applied. I did not expect much from this operation, and my fears were confirmed by the subsequent complications which made the nursing and care of the case extremely difficult. Large pale flabby granulations formed over the wound, of an unhealthy strumous nature, the abdomen became tumid and tympanitic, there were periodical attacks of diarrhœa and hectic, and to make matters worse, the child got an attack of strumous corneitis, and an eczematous eruption over the entire face. However, for the past few months, the wound, with care, and by alternative disinfectant dressings, such as carbolic oil, salicylic acid, &c., has put on a healthy appearance, and is now healing. The child is looking well, the appetite is restored, and the limb is kept in a box splint, in which it has lain from the first, after the plaster of Paris dressing, with extension by weight. Certainly the present condition of the little patient exceeds my utmost expectations.

Mike Collins, æt. 4, brother of this last patient, was admitted on January 12, 1877; had been ailing for twelve months, now in the third stage of morbus coxarius, râles all over right lung, and diarrhœa, with perspirations and hectic. He remained in hospital until the 19th of May, under extension with weight and pulley; he was then so much improved that he was sent for change to the convalescent home. He did not come back to hospital (having been taken from the convalescent home to his own house), until Sept. 1st, when he was admitted again with an abscess on the point of bursting over the trochanter. This was aspirated, and the cavity washed out antiseptically. But from this out he became worse, diarrhœa set in, and he suffered great pain. On Dec. 19th, I operated as in the last case, and the subsequent treatment was the same. For a time he appeared to do remarkably well, and the wound healed; there have been two or three fresh formations of pus, which have been evacuated. The wound followed much the same course; there was, however, great emaciation, and more tympanitis, than in the case of the sister. He is still in hospital, and it is difficult to say how the case may terminate. (*a*)

Mary Collins, æt. 8, sister of these two children, was admitted May 1, 1877, with pain in the hip and knee. This pain had rapidly come on with lameness since she had had a slight fall, fourteen days previously. There was acute pain in the hip on admission. She had bronchial râles in both lungs; was delirious, with a nightly temperature of 102°. This girl was treated in the hospital at first with a long splint, subsequently by weight and pulley, with constitutional remedies. The pain left, and she was greatly improved; all sign of deformity had disappeared. The father begged to take her out of the hospital after three months stay in it, to send her to friends at the seaside. This, I afterwards found, was not done, and she was sent back to me on Sept. 1, her health otherwise fair. She was again treated by extension with weight and pulley, which I afterwards changed for side splints, but gradually an abscess formed over the trochanter, which was early evacuated by the aspirator, and re-aspirated on re-filling.

On April 14, 1878, she was taken home, and there used the long splint, and is, I heard, now doing very well.

E. P., æt. 8½, admitted in December, 1876, with morbus coxarius, otherwise in fair health; shortening to an extent of 1½ inches; under chloroform, and without force, leg readily came down; put up then with leather pelvic splint and side splint. Subsequently, I put him up by extension with weight and pulley. He went on well for some time, when an abscess formed below Poupart's ligament, and on aspiration a quantity of purulent matter was withdrawn. This abscess was aspirated on three occasions antiseptically, but re-filled after each evacuation. Subsequently I opened it freely, and a quantity of pus escaped. From this out, he followed the precarious course of the disease; the abscess continued discharging, the health gradually failing; he began to assume the characteristic waxy look which accompanies the latter stages of the disease, and the nightly temperature range averaged 101° to 103°. I hesitated, by the parent's wish, to interfere, though pointing out the ultimate prospect of an operation. There was no doubt of extensive bone implication, though at no time was there any albumen in the urine. I found, on probing, general destruction of the joint. Keeping up his strength as fairly as possible, I waited my return in August to interfere, and I was anxious for Dr. Sayre to see this and another case I record. A second opening now came at the inner side of the thigh by the inner border of the pectineus. Dr. L. H. Sayre, who saw the case with me, agreed as to the necessity for excision, remarking, however, on its unpromising nature. Accordingly, on September 23, I operated for excision of the head of the femur in the usual manner, under the antiseptic method, removing the pieces shown. The joint was completely disorganised, so I gouged away the diseased portion of the acetabulum. There was difficulty in thoroughly carrying out the antiseptic method, on account of the inner opening and sinus, which I did not think it prudent to interfere with further than to slit it carefully up and cleanse it with carbolic solution, otherwise the wound was dealt with in an antiseptic manner.

There was little or no discharge from the part, and the only pus which formed came from the old sinus, and that was very slight. The child continued for several months to promise fairly; the wound healed; the tympanitic abdomen reduced; the child's spirits and appetite improved, but the diarrhœa continued.

Again, in February, 1878, the wound put on an unhealthy appearance; grey exuberant granulations sprouted out. A fresh abscess appeared at inner side, and though he held on until May 28, 1878, and the wound again became healthier, he died on this date from the prolonged diarrhœa, which resisted every means used to check it.

Exsection of portion of Femur for Morbus Coxarius.—This photograph represents a child, æt. 2½, on whom I operated, removing a portion of the great trochanter and shaft of the femur (a wedge-shaped piece), for disease of the bone, which I decided did not involve the joint. I performed this operation antiseptically. The child had been three or four times aspirated previously, and was in wretched health at the time of this operation. He remained in the hospital altogether 25 months, being 10 months old when admitted, and 21 months when this operation was performed. There was complete re-formation of bone, and perfect consolidation. The child can walk, and was able to stand (both legs being of an equal length) before he was discharged from the hospital.

Referring to such cases, Mr. Erichsen says:—"In such operations, I have not only successfully removed the greater part of the trochanter, but have even scooped out a portion of the interior of the carious neck of the thigh-bone at its trochanteric end, thus preventing the inevitable disorganisation of the hip-joint, which would have resulted if the carious bone had been allowed to remain in close proximity to the articulation. In this operation, the surgeon necessarily comes into very close proximity with the capsule of the joint, and unless great care be taken, this may be opened, and thus the very mischief induced which the operation is undertaken to prevent."

I should mention that in the child I have just referred to, a fall from a table was traced as a cause for the disease.

The practical features of interest in these cases are—1st. Three children of the same family suffer from hip-joint disease; two, as far as could be ascertained, having received no injury; the third, from a very slight cause, immediately exhibited symptoms of the disease. In two out of the three the disease runs its course, ending in

(*a*) Death from diarrhœa occurred since the reading of this paper.

complete destruction of the joint; the third is saved by early recognition of the disease, and subsequent aspiration. This certainly would point to a special constitutional and diathetic cause. Excision gave great relief in all the cases in which it was carried out. The one fatal case died of the constitutional complications rather than of the local disease. One thing only was to be regretted—namely, *that the operation was not performed earlier*, before such extensive disorganisation of the joint occurred; but the difficulty of estimating the extent of the mischief was specially illustrated in these children, this uncertainty rendering the time of interference an exceedingly difficult matter to decide on. But this taught me that this is an operation to be carefully considered, and not lightly put aside (for the reasons before assigned), in any of those desperate cases of morbus coxarius in which disintegration of the joint has happened. It is very simple of performance, the entire difficulty being in the subsequent dressings, and the great attention which the children require. My little patients were watched incessantly day and night by the ladies in our Children's Hospital, and no bed sores or stripping from first to last were present.

I would put these propositions before the Section:—

1. Morbus coxarius is a disease which, in a large number of cases, has a purely constitutional or strumous origin, and may occur without any injury, or from so slight a shock to the joint that he cannot, strictly speaking, assign the term, traumatic, to it.

2. Aspiration, to be successful, must be performed in the earlier stage of effusion, or of pus formation; and hence the importance of detecting the first sense of fluctuation, and watching closely the symptoms of approaching abscess in or about the joint.

3. Though we may be guided by the situation of the sinuses, yet it is extremely difficult, by means of the probe, to ascertain the extent of the joint implication; and in those cases where sinuses form and suppuration has occurred, without accompanying symptoms of waxy degeneration, the propriety of excising the head of the bone should be considered; and the earlier this step is taken, when once the necessity for it is foreshadowed by the urgency of the case, the better.

Clinical Records.

HEMIPLEGIA FROM CEREBRAL ABSCESS.

By SYDNEY PEARCE, L.R.C.P.L., M.R.C.S.,
Assistant-Surgeon H.M. Convict Service.

J. S., Æt. 22, was admitted into hospital Jan. 28, 1877.

Previous History.—Says his health has been bad since a child. Is subject to rheumatism, having had an attack of rheumatic fever five years ago. Has been under observation for the last four years, during which his weight has remained the same (127 lbs.). Twelve months ago had an attack of pleurisy (left side), and since then has occasionally suffered from pain at base of this lung. Has been subject to hæmoptysis for the last six months. Denies syphilis, and knows nothing of his family history.

Present State.—Is a delicate looking lad, very pale, and anæmic; muscles flabby. Has lately complained of bronchitis, the expectoration being tinged with blood. Present attack commenced three days since, with numbness and loss of motion in right arm. This has gradually been getting worse. Yesterday the speech became affected, and he is now almost completely aphasic. The right pupil is smaller than the left, and the reaction is much less marked. The upper eyelid on right side is moveable, but cannot be raised as high as left, and will not meet the lower lid. When the facial muscles are at rest there is no marked deformity of the face. The alæ nasi on both sides are in action, and, apparently, in an equal degree. On protruding the tongue the deviation is slightly perceptible to right side. The angle of mouth is drawn to left side in speaking and raising the upper lip. The inside of arms and forearms are sensitive to a slight degree, but the right leg is quite numb. The movement, too, of this leg is quite lost. The abdominal muscles move equally well on either side. Patient has command over the sphincter and bladder. The temperature in different parts of the surface of body is equal. He complains of no pain and sleeps well. Patient reports that he lately—two days ago—brought up a quantity of bright-coloured blood, apparently from the lungs. Physical examination of the chest shows no signs of any morbid condition of the lungs, except a little bronchitis. Respiration, 20. Organs of circulation: Impulse of heart normal, other cardiac signs, ditto; pulse 80, equal on two sides; no tortussity of arteries. Genito-urinary organs normal. Ordered—

Calomel, gr. v. statum;
Pot. iod., gr. v. ter die.

Jan. 29th.—No recurrence of the hæmoptysis. Still a little bronchitis. Bowels have been opened, but tongue is furred. The loss of sensibility and movement is more distinct, especially the numbness of right arm. For the first time complains of slight pain in head, on vertex, and over forehead.

Feb. 1st.—The bowels are confined, and vomiting has commenced. Appetite, till now, has been good, but to-day is indifferent. Tongue still furred; says he can taste different substances. His mind is quite clear. Ordered milk diet and a draught of sulph. magnesia.

2nd.—Bowels have acted freely. The pain in head now become severe. There is no pyrexia. Hair cut short, and cold lotions applied over seat of pain.

4th.—Much the same condition. Tongue coated; vomiting still continues. Pain more severe.

6th.—Bowels opened three times. The deviation of tongue to-day much more distinctly marked than before. Muscular sense of face (right side) is now visibly impaired, even when at rest. The sensibility of skin, however, does not seem to suffer. The aphasic condition is somewhat improved if anything. Headache continues. Temperature normal.

9th.—Has slept well during the night. Bowels again confined. Repeat magnesia.

12th.—There has been moderate action of the bowels after ol. ricini ℥j. yesterday. The paralysis of aphasic muscles is more marked, and his mind appears to be wandering. The sickness is diminished, but tongue still coated.

15th.—Patient appeared to improve in a slight degree, although the aphasia continued to increase till last night, when he became much worse, and died asphyxiated this morning.

Autopsy. — Eight hours after death. Body well nourished. *Rigor mortis* marked. The lividity of surface has disappeared. Chest opened: Heart is in normal position; size as usual; a white patch at apex, otherwise quite healthy; no signs of pericarditis or endocarditis. Lungs: Right—Emphysematous, easily removed, no adhesions, a little hypostatic congestion at base, otherwise healthy. Left—Some old pleuritic adhesions at base, in other respects resembles right; there is some capillary injection of bronchial tubes, but very little mucous in the tubes; no evidence of hæmorrhage to be found. Liver, Spleen, and Kidneys: Congested, otherwise healthy. Skull opened: Dura mater looks quite healthy; on removing the dura mater the convolutions of the left side appear to be considerably flattened; seen through a thin portion of grey substance, there is an irregular patch of black discolouration about as large as a florin, situated on the upper part of the left ascending parietal and left ascending frontal convolutions, and reaching to within one inch of the longitudinal fissure; no hæmorrhage of any part is visible on the surface or base of brain after removal. On making an incision through the black surface a quantity of yellowish-green putrid pus escaped, altogether about two ounces. This pus was lodged in a tolerably thick and well-defined sac,

which, when distended, was equal in size to a hen's egg, and was imbedded in the white substance of the brain. No large vessel could be traced to the sac. The right half of the brain appeared healthy, but on opening the lateral ventricle the corpus callosum was seen to be pushed to right side. The outer wall of left lateral ventricle was pushed against the optic thalamus, which, too, slightly deviated to right.

Summary.—There was no pyrexia, the thermometer usually indicating a sub-normal temperature. There was no perceptible fall in temperature of paralysed parts. He had perfect control over bowels and bladder. The paralysis of facial muscles did not increase during the last few days; the aphasia, however was progressive. There was no difficulty in deglutition. The pupil of right side was affected to a trifling degree. The sight, however, remained unaffected. There was no history of syphilis. As he had suffered from well-marked rheumatism the case was thought to be one of embolism, although no murmur was audible. Patient was young, and his arteries appeared healthy. He had been taking no violent exertion, and had received no blow. There was no pain in the head till Jan. 29th, four days after the commencement of the paralysis. In all probability the tumour existed in the brain some time before giving rise to any of the symptoms. He was under observation for four years previously to beginning of illness.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

REPORT ON MEMBRANOUS CROUP AND DIPHTHERIA.

At the ordinary meeting of this Society, held on the 22nd inst.,

Dr. Andrews presented the following *Report of the Scientific Committee appointed to Examine into the Relation existing between the diseases commonly known respectively as Membranous Croup and Diphtheria.*

Debate was adjourned in order that the Fellows might receive copies of the report.

1. Membranous inflammation confined to, or chiefly affecting, the larynx and trachea may arise from a variety of causes, as follows:—

(*a*) From the diphtheritic contagion.

(*b*) By means of foul water, of foul air, or other agents, such as are commonly concerned in the generation or transmission of zymotic disease (though whether as mere carriers of contagion cannot be determined).

(*c*) As an accompaniment of measles, scarlatina, or typhoid, being associated with these diseases, independently of any ascertainable exposure to the especial diphtheritic infection.

(*d*) It is stated, on apparently conclusive evidence, although the committee have not had an opportunity in any instance of examining the membrane in question, that membranous inflammation of the larynx and trachea may be produced by various accidental sources of irritation—the inhalation of hot water or steam, the contact of acids, the presence of a foreign body in the larynx, and a cut throat.

2. There is evidence in cases which have fallen under the observation of members of the committee, and are mentioned in the tables appended, that membranous affection of the larynx and trachea has shortly followed exposure to cold, but their knowledge of the individual cases is not sufficient to exclude the possible intervention, or co-existence, of other causes. The majority of cases of croupal symptoms definitely traceable to cold appear to be of the nature of laryngeal catarrh.

3. Membranous inflammation chiefly of the larynx and trachea, to which the term "membranous croup" would commonly be applied, may be imparted by an influence, epidemic or of other sort, which in other persons has produced pharyngeal diphtheria.

4. And, conversely, a person suffering with the membranous affection, chiefly of the air-passages, such as would commonly be termed membranous croup, may communicate to another a membranous condition limited to the pharynx and tonsils, which will be commonly regarded as diphtheritic.

It is thus seen that the membranous affection of the larynx may arise in connection with common inflammation, or with specific disorders of several kinds, the most common of which in this relation is that which produces similar change elsewhere, and is recognised as diphtheria.

In the larger number of cases of membranous affection of the larynx the cause is obscure (*i.e.*, in any given case it is difficult to predicate the particular cause in that case).

Among those in which it is apparent common irritation seldom presents itself as the source of the disease; accidental injury is but very infrequently productive of it. But few cases of undoubted origin from exposure to cold are on record.

On the other hand, in a very large number of cases infective or zymotic influence is to be traced.

The membrane, even when chiefly laryngeal, is more often than not associated with some extent of a similar change in the pharynx or in the tonsils; and whether we have regard to the construction of the membrane, or to the constitutional state as evinced by the presence of albumen in the urine, it is not practicable to show an absolute line of demarcation (save what depends upon the position of the membrane) between the pharyngeal and laryngeal forms of the disease.

The facts before the committee only warrant them in the view that when it obviously occurs from a zymotic cause or distinct infection, and primarily affects the pharynx, constitutional depression is more marked, and albuminuria is more often and more largely present, though in both conditions some albumen in the urine is more frequently present than absent.

The most marked division indicated by the facts before the committee is that between membranous and non-membranous laryngitis.

The committee suggest that the term "croup" be henceforth used wholly as a clinical definition, implying laryngeal obstruction occurring with febrile symptoms in children. Their croup may be membranous or not membranous, due to diphtheria or not so.

The term "diphtheria" is the anatomical definition of a zymotic disease, which may or may not be attended with croup.

The committee propose that the term "membranous laryngitis" should be employed, for the avoidance of confusion, whenever the knowledge of the case is such as to allow of its application.

W. Howship Dickinson, Chairman.
C. Hilton Fagge.
Samuel Gee.
G. F. Payne.
H. G. Howse.
R. H. Semple.
W. S. Greenfield, Secretary.

CLINICAL SOCIETY OF LONDON.

October 25, 1878.

The President brought before the Society two cases illustrating the good effects of Martin's strong elastic bandage, the one a case of varicose ulcer, which healed in a few days, and remains well, the patient himself managing the application of the rubber; the second a chronic effusion into the knee-joint, with a rheumatic history. The limb could not be raised from the bed when the rubber was first applied, but a few days later the man was able to walk down into the hospital square, and the effusion into and thickening of the tissues of the joint had subsided. So far as his present experience went, Mr. Callender thought that these bandages would prove of great use in hospital practice. The President then read the notes of four cases bearing upon the revival of an operation mentioned by John Hunter, cases of intractable stricture of the urethra, in which, the bladder having been punctured above the pubes for retention, a catheter was passed through this opening into the bladder to the stricture, acting as a director towards which the stricture was divided in the perinæum. The two first were cases in which the bladder was punctured above the pubes for retention. At a later period the stricture was divided in the perinæum, the position of the urethra in the further side of the obstruction being

guided too by a catheter introduced by the supra-pubic opening. Both patients made good recovery. The third case illustrated the difficulty of opening the urinary bladder when contracted and empty. After its puncture, the patient who did well so far as the mere operation was concerned, slowly sank from renal disease, and died from uræmic poisoning. In the fourth case, under the care of Dr. Macdougall, of Carlisle, the preliminary puncture of the bladder above the pubis was followed by great relief, but the final operation upon the urethra was never practised, the patient's life being suddenly cut short by profuse hæmorrhage from an artery exposed at the base of an ulcer of the pyloric end of the stomach. These cases the President said, showed the possible advantage the operation which might be practised in certain rare cases. They also showed the difficulties it might be associated with, especially in attempting to open a contracted bladder, and the complications which, in such severe cases, might co-exist.

Mr. H. G. Howse read a paper on

A CASE OF SUPRA-PUBIC INCISION INTO THE BLADDER FOR THE RELIEF OF TRAUMATIC STRICTURE OF THE URETHRA CAUSED BY COMPOUND FRACTURE OF THE PELVIS.

Alf. B., æt. 22, was admitted into Guy's Hospital on Sept. 18th, 1877. Seventeen months before admission he had sustained a very severe compound fracture of the right side of the pelvis, from a large piece of stone falling upon it. His left ankle-joint was dislocated at the same time, and the urethra ruptured, probably by the fractured ischium, for the wound through the skin was at the junction of the perinæum and right thigh. He was taken at once to a provincial hospital, where the dislocation was reduced, and the limb put in splinters. Catheters were at first passed, but they were not continued; and subsequently it was found impossible to introduce any. His constitutional state, which at first was extremely bad, gradually improved, and at the end of seven months he was discharged from hospital for change of air. At this time he was passing the bulk of his water, with great straining, from the wound, and from two abscess-sinuses in the groin. A little dripped from the penis. Repeated attempts at catheterism had entirely failed. After two months' stay at home he was re-admitted to the same hospital. The attempts at catheterism were now repeated, both from the penis and from the sinuses; and on one occasion a catheter was introduced from the wound into the bladder. A week later perinæal section was performed with this catheter as a guide, and a No. 9 gum-elastic catheter was introduced into the bladder from the median line of the perinæum. This was continued in for many weeks; but at last, in the necessary changes, it was found impossible to introduce instruments of equal size, so that by degrees smaller and smaller sizes were used, until finally none at all could be introduced. After six months' stay in hospital he went home in much the same state. Attempts were then made at home, during two months, to pass instruments, and once he took chloroform; but this failing, he was sent up to Guy's. During the first few weeks after admission various operative procedures were adopted, with the view of finding the end of the vertical portion of the urethra, or providing the patient with an easy mode of exit for the urine. These may be summed up thus—1. The sinuses were carefully slit up and explored to see if they could be traced into the urethra. 2. A "Cock's" operation was performed, in order to open a way into the bladder through the portable portion of the urethra. This resulted in showing that the urethra was not in its normal position, probably from the contraction of the dense mass of cicatricial tissue, which occupied the lower aperture of the pelvis. The operation therefore failed. 3. Cystotomy was performed from the perinæum through the prostate. This operation gave so much relief to the patient, as furnishing him with an easy mode of exit for the urine, that it was determined to try and connect the new prostatic passage with the penile portion of the urethra. This was accomplished towards the end of December, and by the beginning of April the new passage in its entire length appeared to be pretty well established. A sharp attack of cystitis, produced by the patient taking exercise with a somewhat stiff gum-elastic catheter in him, here interrupted his convalescence for some time; and after this had disappeared it was found that when he attempted to pass water without the catheter, it would *begin* to flow through the new passage, and then would suddenly stop altogether, just as if a calculus had fallen against and plugged the new aperture. The reason of this appeared to be that the *cul-de-sac* of the old prostatic urethra ran down by the side of, and close to, the new passage; and that when micturition took place the urine entered and filled the old *cul-de-sac*, as a bag; and this, in its distended state, pressed on and obliterated the new passages. Hence, to complete the cure it would be necessary in some way to utilise the old *cul-de-sac* of the prostatic urethra. With this object the following operation was resolved on:—On June 25th the bladder was washed out with thymol solution, and then hyper-distended with some of the same fluid. A supra-pubic incision was then made, and the surface of the bladder exposed. One or two double sutures were then passed into its muscular coat, on either side of the intended puncture. On the puncture being made the thymol solution welled out freely, and was recoguised by its smell. A large curved sound was then passed into the viscus through the puncture, down to the back of the bladder, and thence into the prostatic urethra, where it was arrested by the *cul-de-sac*. This sound was then given into the assistant's hands to hold steady, and the patient put into the lithotomy position. The point of the sound could then be felt from the rectum, in spite of the dense cicatricial tissues by which it was surrounded, and it was seen to deviate very considerably to the right side, hence accounting for the failure in finding it by "Cock's operation." Incisions from the perinæum readily reached it, and a director was passed into the bladder on this side. On this director, subsequently, a No. 12 catheter was passed into the bladder. The large sound was then removed from the hypogastric incision, and the wound in the bladder closed by carrying the sutures across the incision, threading them in, as for a cleft palate operation. The external skin wound was left open to granulate up. No constitutional disturbance followed this operation, which was performed under the carbolic spray in all its details, though recognisedly it was only possible to keep the anterir wound *entirely* antiseptic. No escape of urine ever took place from the hypogastric incision. A month after the operation a catheter was passed the whole length of the urethra into the bladder, and the external perinæal wound left to close as far as it would. Early in September the perinæal wound was so far closed that the catheter was left out at intervals, and the patient showed that he could pass urine down the whole length of the urethra in a good stream without any of the previous obstruction. At the present time the patient remains in good health, generally passing the catheter for himself, by preference, about twice in the twenty-four hours, to avoid any possible future contraction in the new portion of perinæal urethra. It is urged that this supra-pubic operation, though admittedly inferior to "Cock's operation" (for opening the urethra at the apex of the prostate), as far as risk to the patient, facility of performance, and general success in results are concerned, may yet be of the greatest value where the "Cock" fails in success,—as, indeed, is shown by this case. Such failure can only be due when properly performed, to some displacement of the urethra from its normal position. In the present case this arose from the contraction of avast amount of cicatricial tissue produced by a very bad compound fracture of the pelvis, but itmay be also due to the pressure of tumours, or to unsymmentrical suppurations about the neckof the bladder, as in some cases of old and repeated extravasations of urine. In the present case the operation was rendered entirely antiseptic by the washing out and injection of the bladder with thymol solution first, prior to the performance of the operation. It is pointed out that even in cases where the bladder is contracted down behind the pubis, and filled with stinking ammoniacal urine, this may probably be done with success by the use of the aspiratory trocar and canula after the skin incisions have been made, but before the bladder is incised. In this way, by alternately pumping in and sucking out fluid, the bladder may be thoroughly washed out, and finally hyper-distended with antiseptic fluid, whereby the subsequent steps of the operatiou are much facilitated. The method of passing the sutures prior to opening the bladder enabled the viscus to be well held up against the external wound in spite of its collapse after opening. And subsequently they enabled the wound in the bladder to be rapidly and completely closed, whereby all risk of subsequent infiltration of urine was avoided.

Mr. Furneaux Jordan alluded to the danger of wounding

the peritoneum in such an operation, a danger avoided by his plan of opening the urethra behind the stricture from the rectum, and passing an instrument forwards to the meatus through this opening, No fistula would result, for it was sloughing, not incision, that was followed by fistulæ.

Mr. TEEVAN considered that supra-pubic puncture was in itself a serious operation, and one not lightly to be undertaken, as numerous deaths had been recorded after it. It was well known that there could never be any stricture in the prostate, and this important fact had been well utilised by Mr. Furneaux Jordan, whose operation of retrograde catheterism effected from the rectal aspect of the membranous urethra was a vast improvement over that of Hunter's, which was made by supra-pubic puncture. He considered that all impassable strictures ought to be attacked from the perineum, by opening the urethra in front of the contraction as practised by Gouley, of New York, Wheelhouse, and himself. A fine whalebone bougie could nearly always be insinuated through the opening into the stricture, and its presence in the bladder demonstrated by sliding over it a fine silver tube, open at both ends, and with drawing some urine. He considered Hunter's method of retrogade catheterism serious and dangerous.

Mr. HULKE mentioned an article by Prof. Dittel, in which supra-pubic puncture is advocated as being attended with little danger, and said that in this article was contained a complete summary of the methods of dealing with difficult strictures.

Mr. MAUNDER thought that rectal puncture was not a dangerous operation, and was superior to that of Prof. Dittel, after which 2 fatal cases out of 27 had occurred. He had been struck with the facility of reaching the membranous urethra by Mr. Jordan's plan.

Mr. HULKE, in reply to Mr. Maunder, recollected two or three cases published during the last four or five years, in which, in London hospitals, rectal puncture had been followed by pelvic cellulitis.

Mr. MORRIS referred to a difficult case of stricture which he had lately dealt with by means of catgut bougies.

Mr. LISTER thought that it was clear that if the stricture could be treated from the perinæum, it was better to do so than to open the bladder. His plan was to open the urethra freely, and to look carefully for the posterior opening. He noticed that fair-sized instruments had sometimes been passed from behind; here surely a careful search from the perinæum would have detected the opening. In some difficult cases only one manœuvre would succeed in overcoming the obstacle.

Mr. BRYANT had observed that the President had not definitely given his approval to the operation he described. In Mr. Howse's case he considered that the procedure adopted was the only available one, but he thought no one would attack the stricture from behind if it could be dealt with from in front.

Mr. RIVINGTON thought the operation a valuable addition, particularly where no fresh incision has to be made above the pubis. After opening the urethra from the perinæum he had found the upper wall a useful guide.

Mr. JORDAN admitted that his operation could only be an exceptional one.

The PRESIDENT remarked that he had brought forward his cases as bearing on Mr. Howse's. That such cases were rare, was shown by his having had but one in fourteen years in which the operation was advisable. Where supra-pubic puncture has already been performed, he could see no objection to his method of treatment, which he classed among the surgical curiosities.

Mr. HOWSE also replied. After which

Dr. BIGELOW exhibited his instruments for lithoaplaxy, an operation which he said was based on the great tolerance by the bladder of the introduction of blunted polished instruments; he considered that these were more readily tolerated than angular fragments of stone. The operation was a new one, having been done about 25 times. Van Buren had had six successful cases. The meatus having been slit, a large tube, 30 to 31 guage (Charriére) was introduced, the end of the tube being formed by an eccentric projection. In passing this tube it was important that it should be introduced vertically as far as possible, when, the head being depressed, it was pushed on with a corkscrew action into the bladder. To it an india-rubber ball was then to be connected by an elastic tube. The ball and a glass receptacle which opened into it, were placed in an upright stand. The capacity of the bladder must first be ascertained, and care be taken not to over-distend that viscus. Then, by gently compressing the ball, and allowing it to expand again, the fragments were speedily sucked into the glass receptacle.

This action was successfully demonstrated.

After a vote of thanks to Dr. Bigelow, the meeting adjourned.

Translations.

FIRST OPHTHALMOLOGICAL SOCIETY OF HEIDELBERG.

TENTH SESSION.

Extract from the "Klinische Monatsblattern für Augentriel Kunde, 1877."

Translated from the "*Annales d'Oculistique,*"

By ARCHIBALD HAMILTON JACOB, M.D. Dub., F.R.C.S.I.,

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FIRST MEETING, 18TH OF AUGUST.

PROFESSOR DONDERS opened the sitting, and after having paid due tribute to the memory of the founder of the Society, begged Professor Manz to accept the office of President at this the first meeting of the Society.

The Secretary, M. Hess, then read the report, after which proceeding the von Græfe prize, founded by Professor Robert von Welz, was awarded to Dr. Theodore Leber for his "Studies on the Interchange of Liquids in the Eye."

President—Professor MANZ.

I.—BERLIN.—*On a case of Detachment of the Retina in a Horse.*—The anatomy of this detachment in a horse resembles that in man, with this difference, however, that a peduncle is rapidly formed extending towards the optic nerve, becoming quickly very thin, so as to break when the atrophy of the eye has attained a high degree. The vitreous humour is always affected, and there are also remains of irido-choroiditis; corpuscles of pus, new connective tissue, &c. On the exterior part of the retina is found an aqueous liquid slightly tinged with blood. Microscopic examination of the retina shows a certain amount of atrophy with slight hypertrophy of the connective tissue.

As no vessels are found in the retina of the horse, except near the papilla, detachment of the retina may easily be confounded with luxation of the lens. All confusion may, however, be avoided by means of Purkinje's "proof by means of images." The detachment usually forms folds radiating from the papilla; it arises from exudations from the vitreous humour, consequent on periodic inflammation of the eye. These exudations retracting, ultimately displace the crystalline lens.

II.—HERMANN PAGENSTECHER.—*On Glaucoma.*—Firstly: *Cases of glaucoma occur in which the canal of Fontana is not obliterated.* In support of this thesis, the author reports two cases: The first, consequent on fracture of the orbit caused by a gun-shot, was accompanied by ex-ophthalmia and consecutive glaucoma; the second was merely a case of glaucoma with serous iritis. The preparations show the canal of Fontana free, having even direct communication with the anterior chamber.

Secondly: *The obliteration of the canal of Fontana is not in itself sufficient to determine glaucoma.* Two cases are adduced in support of this opinion; in the first, the use of the eye first attacked was gradually lost in two years; in this case there was occlusion of the pupil, the anterior chamber was narrow, the iris discoloured, the lens opaque, and the intra-ocular pressure diminished without dilation or atrophy. Detachment of the retina occurs without glaucoma. Obliteration of the canal of Fontana has been produced by the union of the iris and the cornea. The second case is analogous to the first.

Thirdly: In the majority of those cases of glaucoma which last for any extent of time, *the iris and the ciliary muscle are strongly affected.* The iris, with its periphery, is pressed against the cornea, the ciliary muscle and ciliary processes are displaced, pressed either forward or back-

wards. Three cases of glaucomatous hæmorrhage, a case of acute glaucoma, and a case of chronic inflammatory glaucoma exhibit these changes. The question to be considered is therefore, whether occlusion of the canal of Fontana has, or has not, an influence on glaucoma? The author is of the opinion, but does not, however, feel certain, that this occlusion has in reality an active influence. As to the opinion of Kneiss, according to which there would be circumscribed inflammation of the canal of Schlemm (canal of Fontana) producing union of the periphery of the iris and the cornea, and consequently a glaucomatous condition, it is brought forward merely in support of certain particular cases, but, in the majority of cases, the pressure of the iris against the cornea is produced by increase of ocular tension; it is only on the further development of the disease that the union takes place. The author exhibits two drawings of cases of glaucoma, in which iridectomy had been practised; these cases, however, had terminated badly. He attributes this result to the lens when presssed forward exerting a strain on the ciliary processes.

Discussion.

Ad. Weber expressed his opinion that the channels of efflux might suffer diminution without obliteration of the canal of Fontana. In eyes affected by atrophy, the amount of liquid is diminished; the canal might therefore be obliterated without supervention of glaucoma.

Laqueur remarked that a high degree of myopia as well as separation of the retina, are affections almost entirely antagonistic to glaucoma, and, that there is therefore, nothing surprising in the fact that in the cases under consideration, the occlusion of the canal of Fontana has not produced glaucoma.

Stilling expressed his belief that there are two species of glaucoma; one anterior, when the object is found in front; with this is found obliteration of the canal of Fontana, serous iritis, and cicatrices of the cornea; the other, posterior, when the posterior channels are contracted, as for example in the sheath of the optic nerve; by trying the optic nerve, extreme ocular tension, showing itself after a period of from five to ten days, may sometimes be induced. As to the unfavourable termination of cases in which iridectomy has been practised, the discussion showed that such a termination appears to occur more frequently in the case of females than of males; that the position of the lens cannot have the influence previously attributed to it during this discussion, as it frequently happens that the anterior chamber remains a long time empty (from eight to fourteen days) without ulterior consequences; that the extraction of the crystalline, which is not, however, to be recommended in these cases, is not necessary to alleviate pain; that the degree of excavation is not in proportion with the degree of ocular tension; and, that the greater or less individual resistance of the optic nerve plays a most important part.

III.—Von Hippel.—*On the Advisability of Operation in Cases of Total Leucoma.* As this work had only recently appeared in *Græfe's Archiv.* (xxiii. 2), the author gave a summary of its contents.

Firstly, why an artificial cornea, inserted successfully by Nussbaum in rabbits, does not succeed in man? The oblong form of the piece inserted prevents the angles of the wound from closing hermetically; when cicatrisation takes place the retraction is irregular, and ultimately displaces the new cornea. Another point, fatal to this proceeding, is, that the posterior surface of the crystal becomes tarnished, and there is no method of cleaning it. To remedy these causes of failure, the author uses a glass mounted in gold, in such a manner as to allow the glass to be changed without the mounting being removed from its place. This mounting is round, and is adapted to a round opening, made by means of Mathica's improved trepan. When about to undergo trepanning, the patient should be completely unconscious and immovable; the opening is then made through the leucoma, the iris, and capsule. The lens is generally extracted without difficulty. There is not much hæmorrhage; what there is is stopped by means of a piece of lint, rolled to a point and cooled with ice. The circle is then divided horizontally, as far as the extremities of the diameters, by means of the scissors, to allow the posterior edge of the metallic mounting to be introduced. These incisions are furnished with sutures which, when the mounting is fixed, press the edges together; for the normal condition there is scarcely any reaction.

In the most successful case the patient could count the fingers at a distance of six feet; fourteen days after the operation, when lifting a heavy mattress, hæmorrhage of the anterior of the eye took place, and the eye was never again illuminated. Six weeks later it became necessary to extract the artificial cornea, as part of it projected, and pressed against the inner surface of the eyelid. The propulsion appears to have been produced by an excrescence formed behind the artificial cornea; this excrescence was somewhat vascular, and easily reproduced. In one case it had been reduced, by cauterisation, to such a degree of thinness as to allow of partial sight, when the patient, endeavouring to clean the glass himself, drew out the glass and with it the mounting. In the third case the cornea remained in its place fifteen months, and was only then lost through a fall down stairs.

As this method is not frequently practised, the author returned to the subject of *transplantation* of a foreign cornea. In order to perform this operation with success, the following difficulties must be overcome: firstly, to make the opening in the cornea and the portion to be inserted the same size; secondly, to introduce the latter without lesions; thirdly, to fix it; fourthly, to prevent the efflux of all humours from the human eye. The trepan supplies a means of overcoming the first of these difficulties; to have the animal placed very near the patient, and to transport the portion to be inserted on the finger, previously wetted with aqueous humour, suffices to overcome the second. It fixes itself, provided always that the ocular pressure remain for some time without observable variation; this may be obtained by inducing profound unconsciousness, which at the same time overcomes the fourth difficulty.

In the first case, the cornea of a dog remained transparent during five days; it then became vascular and increased three-fold in volume. The injection disappeared fourteen days later without re-establishing transparency. The sight was, however, ameliorated. In the last case, the cornea remained transparent during three weeks. Six weeks after the operation the cornea was sufficiently transparent to permit observation of the capsule in the field of the pupil.

Discussion.

Power has made analogous attempts at London, of which, however, the details are unknown to the author, but up to the present time no transplanted cornea has remained transparent. As to the inorganic cornea, V. Arlt states that all foreign bodies are sooner or later expelled, that the leucoma is irregular in thickness, and fixed to the iris, and that the operation of trepanning must in this case be difficult. Further, that the loss of the crystalline must, after the age of twenty-five or thirty, be followed by that of a certain portion of the vitreous humour, which entails separation of the retina.

It should be remarked, however, that in twelve eyes, Von Hippel has not found even one, in which abstraction of the crystalline was not possible after lateral incisions had been made.

(*To be continued.*)

THE ACADEMY OF MEDICINE, PARIS.

GUERIN ON THE TREATMENT OF PULMONARY PHTHISIS.—EMILE VIDAL ON THE ELEVATION OF TEMPERATURE IN TUBERCULOSIS.

The sitting of the Academy on September 9th was rendered interesting by the two communications abovenamed.

M. Jules Guerin presented a young woman who, for five years a confirmed phthisical patient, was completely cured by *puncture cauteritzé*. In the note read M. Guerin pointed out that she had suffered from hæmoptysis occurring at short intervals, and that her symptoms had been characteristic respiratory *bruit*, dulness at the top of the right lung, almost continued febrile disturbance, with considerable loss of flesh, sub-clavicular depression. Under the influence of cauterisation, repeated twice a week, with slight purgative treatment (pulna, or 20 gr. of sulphate of soda), and the ordinary use of quinine and wine, in less than a year all the symptoms disappeared.

The patient, Madam W——, after treatment went into the country, and returned with an accession in weight of 7 kilogs.

He submitted the following propositions :—

1. Pulmonary tuberculosis is generally announced by a characteristic sub-clavicular depression.

2. This depression is coincident with a defect of pulmonary expansion at this point. It is the result of external atmospheric pressure, which is not properly balanced by pulmonary expansion.

3. Cauterisation, at the first period, does not act as a revulsive, but rouses the vitality of the lungs.

In a recent number we published the observations of M. Peter on temperature, and we find they are supplemented by the experiments of M. Emile Vidal—whose communication to the Academy is entitled, "The Elevation of the External Tegumentary Temperature at the portion of the Lung in which Tubercles are in Process of Evolution."

He stated that the observations of M. Peter were confirmed by his own researches, for on auscultating phthisical patients he was struck by the abnormal elevation of temperature at certain well circumscribed points in the thoracic walls. A sensation of heat was felt, and this led to thermometrical observations. As to priority of observation he did not desire to lay claim, though he wished now only to confirm M. Peter's conclusions, and to offer some original remarks.

In pulmonary tuberculosis, as soon as tubercles began evolution, from that moment the skin over the part increases in temperature. This persists during the inflammatory period, but ceases with it, either when the congestion has disappeared spontaneously or been removed by revulsives. The value of thermometry is daily increasing as a means of diagnosis. We hope some of our readers will test the experiments of MM. Peter and Vidal.

ON ULCERATION OF THE FRÆNUM LINGUÆ IN PERTUSSIS.

The necessity of studying and comparing foreign contemporary literature is again well illustrated by the pathological or anatomical lesions noticed as occurring in a very familiar disease—whooping-cough. In the *British Medical Journal*, Sept. 21st, there is a paper by Dr. Maccall, Manchester, and in the *France Médicale*, Sept. 21st, there is also a report nearly on the same subject; so that side by side we have different observers, in different countries, working at the same phenomena. A comparison of the results and deductions of the French reporters will help in clearing up the value of this diagnostic sign, though we regret we can only give an abstract.

M. Delthill published a "Note on Diphtheroid Ulceration in Whooping-Cough: its Value, Frequency, and Relation with the Disease;" and on this M. Henri Roger reported to the Academy of Medicine, in the name of a commission, in which he took part, with Guéneau de Mussy and Moutard-Martin.

Some observers, amongst whom M. Delthill is numbered, have noticed in pertussis, alterations in the *frænum linguæ*. They consider the phenomena as almost constant, initial, and anterior to the "kinks" related to the different phases of the malady, and in a certain way specific, like the rash in fever.

Most authors, and in particular M. Roger, however, regard these lesions as surgical, produced by mechanical action, by the contact of the tongue with the lower incisors, in the seizures.

M. Roger has arrived at the following conclusions :—

1. The sub-lingual ulceration is proper to pertussis, and as it is only produced after violent "kinks," it becomes almost a certain sign of confirmed intense whooping-cough.

2. It is *traumatic:* the indispensable conditions for its occurrence being propulsion of the tongue outside the mouth during a violent attack, the repeated rubbing of the *frænum* on the free borders of the incisors.

3. The intensity of the cough and the ulceration is one proof of the mechanical action, for it is only formed when the attacks are violent; it persists as long as they are severe, and cicatrises when they become weaker—when the pertussis is on the wane, though not gone.

4. The physical characters of the lesion further confirm this view.

5. It is still further proved by the absence of this lesion at certain times, as in the first months of life, and when the incisors are absent; so that *without offensive teeth* there can be *no possible wound*, and, consequently, *no sub-lingual ulceration.*

6. The frænal ulceration cannot be considered a specific morbid manifestation. Far from being constant, it is only met in a moiety of cases. It does not appear at the beginning, like fever eruptions, but at variable times; it follows the "kinks." It cannot be regarded as an exanthem, since it does not commence as a vesicle, pustule, *tache*, diphtheroid *plaque*, or pseudo-membrane. It is at first an erosion or wound, which ulcerates, and becomes covered with white or grey matter. The microscope points out its dissimilarity from the false membrane of diphtheria.

7. It would be a grave error to believe in the relation of the sub-lingual lesion with the genesis of pertussis, or to compare ulceration of the frænum "with the chancre of syphilis, the aphthæ of enteritis, or the *lyssæ* of rabies."

8. Its importance must not be looked at in a general pathological view; it is only an incidental local lesion; but as it is not met with in any other affection, it becomes in certain cases a capital symptom, a certain sign of whooping-cough, and of great semiotic value for pertussis of an intense type.

ARMY MEDICAL DEPARTMENT.

ABSTRACT OF THE REPORT OF THE COMMITTEE

Appointed by the SECRETARY OF STATE *to Inquire into the Causes which tend to prevent sufficient eligible Candidates from coming forward.*

(*Continued from page* 314.)

i. Questions of Leave.

Medical officers appear to be dissatisfied with the leave regulations on two grounds :—

1st. Because they have to find a substitute during leave, so that no expense shall be caused to the public in consequence of their being on leave.

2nd. Because they have not the same leave as combatant officers.

On the first point, we believe that, as a matter of fact, the rule does not press hardly upon officers; since arrangements are now made by which either military or civilian substitutes are found for those absent on leave.

On the second point, the medical officer does have the leave given to combatant staff officers, though not that allowed to combatant regimental officers; and any demand on his part for the latter appears to us altogether unreasonable. It is true that during certain of the winter months, when drilling and regimental functions are slack, the combatant officers are, within certain limits, allowed to be absent on furlough. We take it, however, that such absence is merely granted because the officers' services do not happen to be required; and that should a sudden influx of recruits, or other cause, render their presence with the regiment desirable, this long leave would be promptly stopped. The medical officer is in no such case. He is always wanted. He may or may not be sufficiently paid—we think he is not—but in any case his pay is far higher than that of a regimental officer, being the pay of a technical appointment. As the holder of such an appointment he cannot fairly claim more leave than other officers similarly situated, notably officers on the general staff. We think that, under ordinary circumstances, two months' leave in the year affords sufficient recreation; and this leave, we think we may safely say, is in excess of the average holiday enjoyed by a medical man in civil practice.

k. Difficulty in Exchanging.

With regard to exchanges, the late Lord Herbert instituted the roster for the express purpose that every officer should go abroad in his turn and have an equal share of foreign service; but under the regimental system it was found that medical officers with corps were enabled to remain at home for periods varying from fifteen years to five, and that the staff officers had to return to foreign stations after fifteen months at home.

Three years' service at home is considered, as a rule, the period after which an officer should be prepared to take another tour of foreign service. Should, however, an officer have had long foreign service, exchange is permitted. In

fact, each case is carefully looked into before a decision is given.

l. Generally, that faith has not been kept by Government, and especially that the Royal Warrant of 1858 *has been departed from.*

This is an allegation on the part of the officers that they have been subjected repeatedly to capricious changes of warrants and regulations.

The accusation is brought and repeated, in very nearly identical words, from almost every medical school—that by the frequent issue of new Warrants, Government has skaken faith in the permanence of any institution connected with the medical service, and has led intending candidates to doubt whether advantages offered at the time of entry would be secured to them in later life.

This is a serious charge, and demands careful investigation. The constitution of the Army Medical Department has, indeed, been altered from time to time by Royal Warrants.

By the Warrants of 1856 and 1858 all changes were to the advantage of the officers. Pay was increased, relative rank raised, and the status of a field officer secured after 20 years' service. The consequent Warrant is appealed to by medical officers as the Magna Charta of their department.

In 1866 a mixed committee of naval and military officers sat to consider certain complaints of medical officers.

Although all the suggestions of this committee were not adopted in the ensuing Royal Warrant of 1867, it is difficult to see that any of those which were adopted could prejudicially affect the medical officers.

About this time, in order to meet a requirement of the Indian Government, the qualification of three years' service in India was required from every officer promoted to be deputy inspector-general (now deputy surgeon-general).

The Royal Warrant of 1867 was cancelled by a Warrant of the 1st March, 1873, which substituted the title of surgeon-general for that of inspector general of hospitals, abolished the rank of assistant-surgeon, and brought down the field-officer's rank of surgeon-major to about 15 years' service. It so far in appearance injured an officer of less than 15 years' service, that it left him with the relative rank of major till he became a surgeon-major at 15 years' service; whereas previously he had obtained the relative rank of major earlier if promoted from assistant-surgeon to surgeon. This loss, however, was only apparent.

This Warrant also enunciated with greater distinctness the former rule, that forage was restricted to the number of horses necessarily kept for duty; but by a later Warrant of the 23rd October, 1873, officers who, prior to the 1st March, 1873, had, by custom, been in receipt of forage, or forage allowance, in appointments they then held, were permitted to continue to receive such forage, or forage allowance, as long as they continued respectively to hold the same appointments.

Service with a regiment was to be, "as a rule," for five years. This was an intermediate step from the regimental to the staff system.

The power of selection for promotion to administrative rank was increased, and qualifying service for promotion to surgeon-general was abolished.

The next and last Warrant was that of the 28th April, 1876, instituting the ten years' system. This system was, of course, a very great change; but as it had no effect upon any officer already in the service, no breach of faith could possibly arise in connection with it.

With regard to existing officers the following changes were made by the Warrant of 1876:—

The relative rank of surgeon-general and deputy surgeon-general was increased.

The field officer's rank of surgeon-major was guaranteed after 12 years' service.

Officers of from 12 to 15 years' service were granted the pay and allowances of surgeon-major.

Examination for the rank of surgeon-major was abolished.

Regimental service ceased to be mentioned in Royal Warrant.

Retirement for surgeons-general and deputy surgeons-general was made compulsory at the age of 60 instead of 65.

Every change made by this Warrant was a gain to the officers of the department, except the earlier retirement from the administrative ranks. In that case, however, the officers were protected by a vested interest clause, adding to their pensions severally a sum equivalent to any prospective loss; while their juniors clearly benefited by an increased promotion.

About this time, regulations were introduced abolishing regimental service.

Looked at generally, it must be admitted that the Royal Warrants of the last 20 years have *progressively improved* the status, pay, and promotion of army medical officers. The only points on which there are colourable grounds for the charge of breach of faith are the following:—

1. Partial loss of forage.
2. Substitution of the staff system for the regimental system.
3. Increased difficulty in obtaining promotion to the rank of deputy surgeon-general.

m. The Abolition of the Regimental System.

In 1873, and in the years immediately following, medical officers were in the first place, limited in their tenure of regimental appointments. Subsequently they were withdrawn from regiments altogether; and converted into staff officers.

With the regimental system in force, reliefs were impracticable with any fairness. The tour of an infantry regiment at home is 12 years, of a cavalry regiment about 24. In India the united staff is universal; and more than two-fifths of the department are required to serve there. As a result, with the medical officers fixed in their regiments at home, the reliefs fell almost exclusively on the comparatively small body of staff medical officers serving at home. It follows that these could only look for a very short period (in some cases only 15 months) of home service before having again to preceed abroad. On the other hand, it might easily, and often did, happen that the regimental surgeons had very little occupation, while the neighbouring staff officers were overwhelmed with work.

The change may have deprived the former regimental medical officers of certain social advantages; but the incidence of foreign duty now falls equally throughout the department, and the director-general has it in his power to turn the strength of the service wherever it may most be needed. Among the positive gains to the officers by introducing the unified staff system may be included the increased allowances, as shown below; and the saving of mess and band subscriptions:—

Relative Rank.	Regimental Allowances per diem.			Staff Allowances per diem.			Gain annually
	Lodging.	Fuel and Light.	Total.	Lodging.	Fuel and Light.	Total.	
	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	£ s. d.
Colonel	4 0	1 0	5 0	5 6	1 6	7 0	36 10 0
Lieut-Col.	4 0	1 0	5 0	4 6	1 6	6 0	18 5 0
Major	3 0	1 0	4 0	4 0	1 6	5 6	27 7 6
Captain	2 3	0 6	2 9	3 0	1 0	4 0	22 16 3
Lieut.	2 0	0 6	2 6	2 3	1 0	3 3	13 13 9

By ceasing to be regimental officers and being attached to station hospitals, medical officers have been relieved from the expense of providing their cases of capital instruments valued at about £30.

We have made these observations in the hope of reconciling medical officers to the unified staff system; but not with any idea of discussing the relative advantages of that and of the regimental systems. We look upon that question as having passed beyond the stage of argument, and as not being within the scope of our inquiry.

We think, however, that in some respects the social losses to regimental medical officers might be made up. At a few large stations a medical institute might be established, to act as a club, a library, and a scientific resort. Government might provide the building, with fuel and light. It might also make a limited annual grant towards the formation of a station library of medical scientific books, microscopes, &c. We believe that the advantages offered by such an institute for social reunion and professional study would be highly appreciated by medical officers.

At smaller stations also it may be a subject deserving of consideration, whether officers of the several departments might not be encouraged to combine for messing and social purposes; Government affording facilities.

n. Increased difficulty in obtaining promotion to the rank of Deputy Surgeon-General.

In 1867 the Indian Government made a rule requiring three years' previous service in India from every officer allowed to have administrative charge there.

A large proportion of the administrative appointments are in India; an increase from 5 to 15 was made in the administrative ranks in 1867, specially to provide for Indian service; and the Indian Government, in giving these appointments, made this qualification a condition for holding the rank in India. As India pays for the administrative officers serving there, it has a perfect right to insist on any condition it pleases. Of course an officer might be promoted without being called upon to serve in India; but in such a case the State would have an officer not eligible for general foreign service, and the tour of duty in India for other officers of the rank would be unduly increased. As a matter of fact it was found impossible to work the roster on such a basis. It is stated that the rule is well known to the officers concerned; but we do not find that it has ever been officially promulgated. This, we think, should now be done.

(To be continued.)

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 30, 1878.

CROUP AND DIPHTHERIA.

A PERUSAL of the Report of the Committee appointed by the Royal Medical and Chirurgical Society to examine into the relation between croup and diphtheria (see p. 350 of our present issue) will scarcely shake the opinion of those who regard croup and diphtheria as distinct diseases. It appears to us that the Committee have come to the conclusion that croup and diphtheria are one and the same disease, and certainly they are justified in coming to that conclusion, if, as they assert, what is commonly called "membranous croup" may be imparted by an influence, epidemic or otherwise, which in other persons has produced pharyngeal diphtheria; and if, conversely, "diphtheria" may be "caught" from a patient suffering with "croup." This would certainly be a crucial test which should settle the question, and the profession will no doubt be anxious to hear the evidence on which this statement has been made. But many other facts admitted by the Committee would appear to justify a different conclusion. In the first place, we must observe that we must not look to the throat as the ground on which we can decide the question as to the identity or not of the two diseases. That question must, in our opinion, be decided by the nature of the constitutional symptoms, and of the causes to which the disease is due. For, as the Committee admit, membranous inflammation, confined to, or chiefly affecting the larynx and trachea, may arise from a variety of causes, and, as they should have added, a variety of diseases from "diphtheria" so-called, from zymotic poisons, as an accompaniment of scarlet fever, measles, &c., from various accidental causes of irritation (such as inhalation of hot water), and from exposure to cold. It is evident, therefore, that the mere locality of the two diseases is no guide in forming an opinion with regard to their relationship. The nature of their causes and constitutional symptoms should be the ground on which we should base our decision, as to whether they should have a separate nomenclature. The disease that originates in a common cold, which arises in connection with common inflammation, which presents neither the constitutional symptoms, nor is followed by the sequelæ of diphtheria, has no more right to be called by that name than scarlet fever has. In all these diseases, scarlet fever, so-called croup, and so-called diphtheria, the throat affection is a prominent and constant feature of the disease.

But the clinical history and causes of those diseases have hitherto claimed for them distinct appellations. If "croup" and "diphtheria" can be shown to be mutually communicable, to arise from one and the same cause, and to be attended, in many instances, with the same constitutional symptoms, then, and then only, must the old distinction between these diseases fall to the ground. But with regard to this point the Report of the Committee is not so clear as might be desired. Thus, in allusion to the causation of these affections, we are informed in one place "that in the *larger number* of cases of membranous affection of the larynx the cause is obscure;" and in another place that "in a very large number of cases infective or zymotic influence is to be traced." Moreover, the Committee appear to hesitate to proclaim the identity of what have been hitherto regarded as two distinct affections, for it is suggested that the true "croup" be used as a clinical definition, implying laryngeal obstruction in children, which may be membranous or not membranous, due to diphtheria or not; while the term "diphtheria" is to be regarded as the anatomical definition of a zymotic disease, which may, or may not, be attended with croup.

The subject, however, will receive fuller consideration when the postponed discussion on it takes place; and then, perhaps, we may venture to make some further remarks on a question on which the profession appears to be much divided, but on which the valuable labours of the Committee above mentioned has contributed a vast amount of information.

THE ANTISEPTIC AND HEROIC TREATMENT OF SPECIFIC FEVERS.

No one who is familiar with the medical literature and the medical practice of the present day, will deny that the treatment of disease is very different now to what it was formerly. Whereas it used to be always active, too often heroic and perturbating, and carried out with the assistance of large quantities of drugs; it is now more mild, more discriminating, and more expectant. Hygiene and pathology have monopolised a large share of the attention that used to be devoted to therapeutics. Less reliance is placed upon medicines, more upon Nature; patience, careful dieting, and good nursing, have in a great measure taken the place of blood-letting, calomel and opium, antimony, and black draughts. And yet so far is the practice of medicine from being an exact science, and the treatment of disease a settled point for all time to come, that we find that, as in political and social questions, so in medicine, history is constantly repeating itself. A pamphlet that has been recently published by Dr. W. T. Gairdner, reminds us that we have not yet given up the heroic and perturbating treatment of disease practised by our forefathers, and that this plan of treatment has been adopted for a class of diseases to which it would be commonly thought the least applicable, and in a country which one would expect to be the last to practise it. In this pamphlet, which is a reprint of a paper read before the Glasgow Medico-Chirurgical Society, Dr. Gairdner challenges the opinion of the profession with regard to the very active and heroic treatment of typhoid fever advocated by Liebermeister in one of the longest and most elaborate articles in "Ziemssen's Cyclopædia of Medicine." To put the question as briefly as possible, this treatment—which Liebermeister calls the *antipyretic* treatment—consists of frequently plunging the patient into cold baths, and in the administration of large antipyretic doses of quinine, of digitalis, and of veratria. In some cases, moreover, he recommends what he calls "the specific treatment," which consists in giving calomel and iodine—especially calomel—in large and repeated doses. With regard to the cold baths, he has given in some cases as many as twelve in twenty-four hours, and in some instances, the number of baths required by a patient during his illness has exceeded two hundred! Equally surprising are the doses of quinine given by this physician. Ten grains twice a-day would, in his opinion, be mere trifling, indeed, quite inert. To adults, he usually gives 22 to 45 grains, which must positively be taken within the space of half-an-hour, or at the most an hour. Of digitalis, he gives, under certain restrictions, from 11 to 22 grains of the powder for a dose—the dose of our Pharmacopœia being only ½ to 2 grains.

"The fourth element in the treatment" is veratria in large doses. Of this alkaloid, 1-12th of a grain is ordered every two hours, until decided nausea or vomiting occurs, to be followed if necessary, by wine and other restoratives, to counteract the collapse and rapid fall of temperature that may attend the administration of this alkaloid. Lastly, with regard to the calomel, which was given in a large proportion of Liebermeister's cases, 10 grains were given for the first dose, and afterwards 7½ grains, 3 or 4 doses being given in the 24 hours. This treatment was often followed by salivation, but "never in such a degree as to produce any serious consequences." Of course we do not infer that all these remedies were used at the same time. The baths were given up to six, eight, or more, all through the day and night, along with large and repeated doses of quinine. Digitalis was added if the quinine failed, and veratria to the point of nausea and vomiting, if both quinine and digitalis failed. As to calomel, it appears to have been given as a matter of routine, for Liebermeister's experience of this drug in typhoid fever extends to 839 cases. But putting this treatment in as favourable a light as possible, we think that the profession will agree with Dr. Gairdner in saying, "that taken as a whole, it is a prodigious innovation on the ideas that have prevailed in this country for the last twenty years or more." Certainly no more active treatment could have been adopted for any disease, much less a fever, the nature of which is such that we may alleviate it, but never hope to "cure" it. Dr. Gairdner is not far wrong in saying that it "consists in keeping the patient, partly by means of cold baths and partly by those other remedies, in a state of constant oscillation between fever and incipient collapse."

The question will naturally be asked what proof has Liebermeister given that his heroic and vaunted method of treatment is preferable to any other that has been adopted. For in the face of accomplished facts that would tell in favour of his plan of treatment, we should be ready to drop any such criticism as prejudice or *à priori* considerations might tempt us to advance. The tree is to be judged of by its fruit, and if Liebermeister could show that his cold baths, his calomel, and his large doses of quinine, digitalis, and veratria, were more efficacious in typhoid fever than the mild, cautious, and expectant treatment usually adopted, then, wonder as we might, we should be ready to bow to his decision. It would, however, take us beyond the limits of this article to examine with Dr. Gairdner, the statistics which Liebermeister has adduced in support of his views. We hope in our next issue to return to a subject of great interest, and which involves principles that are of the greatest importance not only with regard to the treatment of typhoid fever, but with regard to the treatment of disease in general.

Notes on Current Topics.

Afghanistan—Doctors and War.

MEDICAL men are interested medically in this war, especially during the intermediate period between the massing of the troops and the commencement of hostilities. Great truths have been learnt by previous experience, but unfortunately, they are usually disregarded. It is only by reiterated appeals that we can hope to make our military authorities feel the importance of medical organisation and medical sanitation. Only so lately as the occupation of Cyprus we have an illustration of the neglect of sanitary precautions in connection with our troops, but even though fever is present in Cyprus, and though it is admitted by the most competent authorities, yet Colonel Stanley, as *Punch* so well puts it "paints the head-quarters of the Fiend of Fever in such *couleur de*

rose that it defies all the bitterest water in the well of truth to wash it out."

Will the authorities profit by the experience of the past in this new expedition, or appreciate a few simple formulæ or axioms?

In modern times the issue of a campaign is as frequently settled by sickness as by battle, and more men are sacrificed by disease than by the sword. Much, if not all, this disease is preventible. For this end an efficient staff of medical officers and engineers is necessary.

In the interests of our troops, Indian and European, we trust that the policy of the Government will be marked by the most considerate attention to the health of our troops, and that this will be proved by taking precautions before entering on the campaign. It is but a poor remedy to lock the stable door when the steed is stolen. There are, we understand, from fourteen to twenty-one medical officers now in Cyprus, with a force of 2,000. They were sent out when the mischief was done; they would never have been required had sanitary science been considered. Should cholera sweep down the Peshawur Valley, devastating with its fatal breath our lines, we hope our medical organisation will be sufficiently complete to grapple with it. We must be prepared for any emergency. Therefore we expect that Government will fill up a more than sufficient *cadre* of medical officers, and that the selection will be carefully made, so that we may have medical officers fitted by antecedent experience to advise commanding officers, and to issue such sanitary regulations as circumstances require. For this purpose a medical map of the whole country should be prepared, so that even before occupation every position will be known in reference to its water supply, healthiness, and suitableness for camping ground. If competent medical officers are selected they will be able to issue directions framed in accordance with the latest standard of hygiene as regards dress, diet, quarters, medicines, stimulants, drill, camping ground, and the rest; and should the campaign end without striking a blow or without a single shot, we shall have the satisfaction of knowing that human life has been spared by the efforts of science, and the laurels of the conquerors will not in one degree be less deserved by a victory won by engineering, generalship, and the co-operation of the highest application of medicine—hygiene.

Popular Treatment of Measles in the Nineteenth Century.

The Registrar of Ardmore district in the Youghal Union (co. Cork), reports to the Registrar-General as follows:—During the past quarter this district has been overrun by a severe epidemic of measles, followed in almost every case by whooping-cough. The deaths registered as from measles were caused by the naturally weak constitutions of the patients, together with their other surroundings, such as bad food, bad air, bad houses, &c., rather than by the violence of the epidemic. Sixty-three cases of measles appear on the medical relief register for past quarter, but this does not represent a third of those affected, the medical officer being only called in when the usual amount of local *nostrums* had been tried without effect. Every case seen suffered from violent diarrhœa, caused by the administration of a noxious compound called *Crooke*. This consists of a mixture of porter, sulphur, and (horrible to relate) the excrement of the sheep, collected in the fields. Every unfortunate child in this district that showed any symptoms of measles, was compelled to drink large and continued quantities of this mixture. All ordinary remedies failed to stop the diarrhœa thus produced. In many cases the children nearly died from exhaustion after this long-continued diarrhœa.

Treatment of Chorea.

Prof. Germain See (*Union Med.*, Aug. 1) has but a very low opinion of the efficacy of drugs in the treatment of chorea. In the slight forms, he observes that treatment is wellnigh useless, and we ought to content ourselves with prescribing sulphurous baths. When the disease has lasted a considerable time, and its subjects have become anæmic, the administration of the various tonics, and especially iron, is indicated. Finally, in very bad cases, we may have recourse to inhalations of chloroform, for the purpose of curbing the movements when these are very violent. Arsenical preparations also possess a certain amount of efficacy; but it is right to say, in a general manner, that chorea cures itself, and that the various modes of treatment which are resorted to exert little effect on its duration.

Algerian Remedy for Hydrophobia.

The Arabs of Algeria are said to treat hydrophobia successfully by administering, internally, some species of blistering beetles. In the French journal *Les Mondes*, M. Reiche states that the fragments which were sent him are those of coleoptera of the species *Meloë tuccius* and *Mylabris tenebrosa*, belonging to the family of blistering beetles, and well known as powerful vesicants. Their congeners are common in France (and America), and possibly the same effect would be produced by cantharides.

The Dental License of the Irish College of Surgeons.

We understand that at the examinations held last week by the Royal College of Surgeons in Ireland, sixty-six candidates presented themselves. Of these, two withdrew, four failed in the written test of the first day, sixty were examined *vive voce* on the second day, and of these nine were rejected. The next examination will be held probably early in December. In future, it will be necessary for applicants to lodge their papers ten days before the date of examination, in order that there may be time adequate for enquiry. The Registrar of the College is alone authorised to give official information on the part of the College.

A most disgusting method of obtaining money by the exhibition of dead bodies, occurred last week in Bristol. Two children were recently murdered by their father in that city, and it was shown at the inquest on Wednesday, that the mother of the deceased had taken their bodies from the hospital, and exhibited them until the funeral at a charge of 1d. a head. Hundreds of persons visited the disgraceful exhibition.

The Great Walking Match.

LONG-DISTANCE walking matches have lately become very popular, and as we have hinted more than once in these columns, they are entitled to a certain amount of encouragement, provided they are kept within due bounds, and are conducted in a becoming and respectable manner. We all know that, from a hygienic point of view, there is no exercise at once so good and so convenient as that of walking, no other exercise within the reach of every one, that can be kept up so long without unduly taxing the system, or that brings so many muscles into uniform and moderate action. Perhaps we ought to have excepted riding on horseback, but that is a luxury which only a few can enjoy, and, therefore, we may dismiss it from consideration. And yet, notwithstanding walking is so healthful and so generally practicable, it is surprising how many there are who seem to be quite ignorant of their capacity for this kind of exercise, and of the good effects of regularly practising it. Through sheer force of habit, or from a sort of constitutional laziness, or from want of practice, they get to think that they cannot go any short distance without taking to a cab, or a 'bus, or some other conveyance. The less the muscles of the body and lower extremities are used the less tolerant they are of exertion; and, consequently, we find men in the prime of life who cannot walk two or three miles without being fatigued, who will take a cab if they have only to go from one end of Bond Street to the other, and whom a walk of ten miles would "knock up" for two or three days. We have no doubt that the cheap and manifold modes of transit now at our command have much to do with this disinclination on the part of the public to take much walking excercise. At the same time their health, both of body and mind, would be all the better if they yielded less to the temptation offered by the facilities of modern travelling. Perhaps, therefore, these matches may serve one good purpose by making pedestrianism more popular than it used to be, and, for the future, more generally practised than it is at the present day. At all events, they will show the power of the human body for great and sustained exertion, and will teach us that if we do not walk much, it is not that we *cannot*, but because we *won't*.

The Roll of Honour.

WE learn that already more than one hundred medical men have succumbed during the yellow fever epidemic in America. Whilst the citizens of all shades and grades were panic-stricken and in full flight, to the honour of our profession be it said, that not one quitted his post of duty, and many even volunteered their services from parts where the fever was not raging. Such devotion in the cause of humanity has ever been characteristic of our calling, and we often wonder, when effervescent grumblers are letting off their gassy lampoons in order to bring it into disrepute, that an occasional glimpse of our brighter side does not rise before their dimmed vision, so that our profession may be represented with at least a small sifting of good in it. Anti-vaccinators, anti-vivisectors, and the like, are particularly advertised on this point.

A Danger in Perambulator Linings.

Is it absolutely necessary that white-lead should be used in the manufacture of linings? We put this question, and trust that it will be answered in the negative, on account of the extreme danger which is likely to result from its employment in clothing or otherwise where childrens' little fingers are too apt to convey its insidious particles to the mouth. This is but another of those cases to which the attention of manufacturers should be immediately drawn, and, if necessary, legislative interference brought about to prohibit the use of this dangerous mineral. Who knows, even now, the number of little ones that may have gradually pined away, and doctor and parent alike have been utterly at a loss to account for it? Appended is a letter just received from Professor Emerson Reynolds, whom the public have to thank for this timely discovery:

Laboratory, Trinity College, Dublin.
October, 26th, 1878.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—A piece of glazed material was sent to me a few days ago for analysis by a gentleman who informed me that he had taken it from the lining of his child's perambulator. On chemical analysis I obtained an amount of *lead* corresponding to 54·5 grains of the carbonate, or "white lead," from a portion of the material which measured only six by six inches.

I need scarcely say this is far too large a proportion of so insidious a poison as lead to be placed within easy reach of a child, whose little fingers are only too ready to pick at anything, and to convey the particles that may be detached to its mouth.

I am, faithfully yours,

J. EMERSON REYNOLDS.

We hope that the lay press will give publicity to this hitherto unsuspected source of evil, the matter being of too serious a nature to be confined to the columns of a medical journal.

An Irish Sanitary Officer's Difficulties.

THE following cogent remarks are made by the medical officer of health for Granard, co. Longford, in his quarterly report of the health of his district to the Registrar-General.

"This district has been," says he "during the past three months, the habitat of an epidemic which, with the exception of a few cases of typhus and typhoid of a grave nature, consists of a relapsing fever of a mild and almost innocuous type. Its highly contagious nature, and its liability to frequent relapse, have been palpably demonstrated to me. I have been led to believe that it did not arise here sporadically, but that it was brought in and disseminated by tramps. I have, however, observed that it has nestled most in the small, dark, smoky, dirty, unventilated and overcrowded cabins of the poorer classes; and that, wherever I could succeed in procuring for the patients good air and freedom from the injudicious meddling of friends, recovery has invariably resulted, except in the case of one old man, who was not removed sufficiently soon. The few suggestions which I have made for the sanitary improvement of the district have, I believe, been all of acknowledged utility, and in no way oppressive to any person. From consideration to owners and occupiers I have withheld many recommendations which I might otherwise have made; yet, notwithstanding this leniency, I have experienced considerable disapprobation, and brought upon myself the most implacable hostility—not from the sanitary authority, which has shown willingness to adopt my recommendations, but from occupiers and owners of land and house property, who cannot be got to understand the utility of alterating time-honoured plague-spots, and who regard every sanitary outlay as an unjust personal infliction. The atmosphere of ignorance surrounding them is too dense for sanitary science to pierce. *Nox atra cavá*

circumvolat umbra. I think it right that those directing the administration of the Sanitary Acts should know that adequate protection is scarcely afforded to such of their officers as are actuated by a conscientious desire to obey the law and protect public health; and that, according to my experience at least, the sanitary officer who desires to avoid stirring up a nest of hornets, should do as little as possible in the way of sanitary improvement."

Those who are conversant with the origin and progress of the existing sanitary law of Ireland, may recollect with what emphasis it was urged upon the authorities, on the first framing of the Public Health Bill, to make the sanitary officer independent in the discharge of his duties. The MEDICAL PRESS heartily joined in these entreaties, and pointed out that it was hopeless to expect a sanitary officer to see or smell the nuisance kept by his master, and ridiculous to suppose that he would do his duty conscientiously and firmly, when to do so would be to bring down upon him the antagonism of his superiors. Time has proved the truth of our prediction, and the Registrar for Granard has given expression to its verification. The medical officers of health do the most they can or dare, but they are compelled by their dependence on nuisanee proprietors to see as little as they can, and to forget to report all but what they mus t; and, at the same time, they see the policy of painting their returns to head quarters of a lively rose tint.

We have not heard whether the Registrar for Granard has been dismissed his dispensary for insinuating that the Irish sanitary system is imperfect, as one of his brethren in sanitation was not long since. He would do well to take our hint and realise the propriety of making his reports more laudatory of the Public Health Act and the Irish Local Government Board. He is plainly forgetful of his loyalty to head-quarters, and will get himself into trouble if he does not put a strong curb upon his truth-telling proclivity when Irish sanitation is in question.

Juvenile Criminals.

A FEW days ago at the Chelmsford Quarter Sessions, a boy of only ten years of age was sentenced to five years penal servitude for having broken into the parish church of Littebury, Essex, and stolen the contents of the poor-box, together with a prayer book. Sir H. Selwyn Ibbotson, in passing sentence, said the prisoner, since he was eight years old, had pursued a course of continual crime. He had committed three or four misdemeanours, for which he had suffered punishment, and had been sent to a reformatory for five years, on a conviction for felony. His behaviour in that reformatory had been of such a character, and his corrupting of the other boys so bad, that he was obliged to be dismissed from that institution by an order of the Secretary of State. Though it was painful to have to pass so severe a sentence on a boy of his years, yet it seemed to be the only possibility, in the interest of society as well as his own, to give him an opportunity of turning to an honest and respectable life.

A worse instance of juvenile depravity could not perhaps have been found. Both in the interests of society, and from a psychological point of view, the story is one which conveys a very painful moral, and might be made the text for a long and suggestive essay on the physical and moral causal conditions of crime and the criminal propensity. No doubt the materialist will find in such an incident an argument in favour of his peculiar views with respect to the physiological relationship of mind and matter. It would be interesting to know full particulars respecting the birth, parentage, and education of a criminal so young in years, and yet so old and hardened in vice. Perhaps he was vicious and criminal from almost his earliest infancy. Perhaps he was the offspring of drunken parents, and perhaps the vicious character of his early education and the force of example, completed what Nature—inexorable Nature—had so cruelly begun. However the case may have been, the most scientific and the most charitable way of looking upon this and other similar examples of juvenile depravity, is to say that the conduct of this boy was the result of disease, or of such a peculiar and perhaps congenital organisation of his brain as prevented him from having that control over himself that he might otherwise have had. No doubt all his surroundings were much against him, and no doubt proper discipline and a purer moral atmosphere may yet do much for him. But even this may not be possible. There is an old saying, Pope's version of which is, "Just as the twig is bent the tree's inclined;" but there is another which says, "What is bred in the bone will creep out at the flesh," and unfortunately the latter is more frequently verified than the former, as the history of this boy's conduct too truly shows. The reformation of such a character as his, the eradication of such an innate tendency to vice as he possesses, must always be a task which great patience and perseverance, conjoined with the greatest tact and judgment, can alone accomplish. Nor in such a case would moral treatment be sufficient. The most careful attention as regards diet, exercise, occupation, legitimate amusements, and even attention to the general health, and to individual idiosyncrasies and inclinations, must also be observed. It may be doubted whether in some instances all this can be satisfactorily carried out in our reformatories, where a good deal of the treatment to which juvenile criminals are subjected must be necessarily of a routine character, and left in a great measure in the hands of subordinate officials, and where, moreover, the young reprobates have to be dealt with collectively, rather than individually. Hence, probably, the unsatisfactory results of his detention in the reformatory to which he had been sent. Now he has been sentenced to five years penal servitude, a punishment which, to say the best, is like some other remedies, that will either "kill or cure." In his new home he will be associated with criminals of a worse character than himself—a place over whose portals it might almost be written, "Give up all hope all ye who enter here." Perhaps an asylum would have done more for him; perhaps nothing will.

An Irish Centenarian.

THE Registrar for the Kildorrery district of the Mitchelstown union in the co. Cork reports that he has registered one death at 112 years, that of a farmer in rather comfortable circumstances, who lived within a mile of this town. The Registrar, since he has had charge of the district, had never known this old man to be unwell, and believed he never required the services of a medical man

during his life-long years. The centenarian was very inquisitive, but never wished to be questioned at any length, he died after a few days illness from exhaustion. The Registrar states that his sister, who is only a few years younger, attended his funeral, and that she is well able for a walk of ten miles.

Mrs. Weldon's Case.

With reference to the case of Mrs. Weldon, which has occasioned a certain amount of excitement, we are authorised to state that Drs. Winslow and Winn did not sign the lunacy certificates for the confinment of Mrs. Weldon as a person of unsound mind. It is true they were consulted in the case, and gave their professional opinion on it. We are, therefore, not at all surprised that they have paid no attention to the remarks made in the daily press concerning them, as from their professional connection with the case, they are prohibited from stating publicly the facts connected with it.

What is a Dream?

An American author defines our sleep-thought as being "the automatic and generally irregular revivals of impressions made upon antecedently sensitived cerebral cell-groups, or elements, whether sensory, emotional, motor, ideational, or all combined, and the ideation produced by such a reproduction." Which is this definition, "sensory" or "ideational?"

Death of a German Anti-Vaccinator.

In Marlenbad, on the 10th of this month, died Frau Gormon, the famous lady-physician and Leipzig professor, who was both the heart and head of the German agitation against compulsory vaccination.

In the principal foreign cities from which the Registrar-General receives weekly returns, the last rates of mortality were in Calcutta 33, Bombay 32, Madras 50; Paris 21; Geneva 21; Brussels 23; Amsterdam 20, Rotterdam 24, The Hague 22; Copenhagen 19; Stockholm 18; Christiana 19; St. Petersburgh 30; Berlin 28, Hamburg 27, Dresden 20, Breslau 29, Vienna 25, Buda-Pesth 39; Rome 22, Naples 25, Turin 25; Alexandria 48; New York 23, Brooklyn 21, Philadelphia 16, and Baltimore 16 per 1,000 of the population. Small-pox caused 26 deaths in St. Petersburgh.

A German Doctor of Medicine was last week convicted in London and sentenced to six months imprisonment with hard labour for stealing a pair of opera glasses. Prisoner feigned insanity, but it was not of sufficiently developed a type to pass muster. He will now have a little leisure to complete the assumption.

We regret to hear that yellow fever of a very verulent type has broken out amongst our troops at St. Thomas's Island. Precautionary measures are being taken to localise it as much as possible.

The rate of mortality in the fonr principal cities of the United Kingdom last week was 16 per 1,000 in Edinburgh, 20 in London, 21 in Glasgow, and 25 in Dublin. Hull gave the highest rate with 29 per 1,000.

Scarlet Fever is still fatally prevalent in Birmingham, Liverpool, Sheffield, and Oldham. A good deal of enteric or typhoid fever exists in Portsmouth, Salford and Hull; whilst small-pox seems almost to have vanished for the present.

The next evening meeting of the Pharmaceutical Society of Great Britain will be held on Wednesday, November, 6th, 1878, at eight o'clock.

Literary Notes and Gossip.

The first number of a new journal, entitled the *Book Analyst*, will be issued to-morrow (Thursday), for which the Editor solicits authors to send copies of their works for review. As almost every journal published has a department for book analyses, we fail to see the *raison d'être* of this new venture.

* * *

The death of Dr. David Laing, Librarian of the Signet Library, at Edinburgh, in the 87th year of his age, is announced. He was Secretary to the Bannatyne Club, founded by Sir Walter Scott in 1823, during the whole term of its existence, and edited many of the works published by that club.

* * *

A new work "On Animal Chemistry, or the Relations of Chemistry to Physiology and Pathology," by Mr. Kingzett, author of "The History and Products of the Alkali Trade," was issued last week. We believe that Mr. Kingzett was the prime mover in the introduction of Sanitas, and we can only wish for him that his new work of 500 pages will find greater favour than did "Sanitas Sanitatum et Omnia Sanitas."

* * *

In sending us Mr. Clutton's translation of Prof. Esmond's splendid "Handbook on the Treatment of Wounded in War," the publishers, Messrs. Sampson Low & Co., ask us the favour of an early review "now that we are on the eve of war." Are we? that is the question. When, however, it does unhappily take place, the work before us will be found a most serviceable companion to army surgeons. We shall notice the book more fully anon.

* * *

The last number o the *North Carolina Medical Journal* suggests "a simple remedy for" muscular fatigue of the fingers from which literary and professional men suffer when engaged in continuous writing: "The pen should be taken between the forefinger and the one next to it, after the fashion of phonographers, and only held loosely in position by the natural contact of these two fingers, while the forefinger, middle finger, and thumb rest in loose contact with the pen-holder. The motion then, is gliding from left to right, the up and down strokes being performed mainly by the motion of the wrist." To those members of the profession whose manuscript is so hopelessly indecipherable that it has to be cast aside, we would strongly urge the adoption of this new system, the great recommendation being that "a little practice enables one to acquire a legible hand." At the present moment we have before us a letter received from one of Her Majesty's Surgeon's-General which it is simply impossible to make out. After this hint we shall eagerly look forward to the receipt of the next communication in the hope that he will have found out how to place his pen between his fingers instead of, as would at present appear, between his toes.

* * *

A very startling work has just appeared from the pen of Dr. W. H. Triplett, of Washington, entitled "Life." We hesitate reviewing it, lest we may be charged with the "dying of laughter" of some of our readers, after the ex-

cessive tickling our own risible faculties underwent on perusing a few pages of this lunatic production. We, therefore, content ourselves with quoting two short excerpts:—"The relegation of social misadjustment to twelve individuals in a jury has a vast analogue in the conservation of the planetary movement through the influence of the Zodiac. . . . The brain and spinal cord constitute a great magnetic needle supported on moveable stilts. . . . In man the needle stands straight up. *It has lost the power of adjusting itself.* In consequence, he hesitates to send his ten-year-old son away from home; and if himself lose memory, he is lost at a slight remove only; nevertheless, he has the strongest local attachments."

* * *

We learn that Dr. C. J. Campbell, the well-known obstetrician of Paris, is at present engaged in preparing for the press the second volume of his "Considerations Nouvelles sur l'Anesthésie Obstetricale" (Paris: Masson). The publication of the first volume of this excellent treatise has given rise to many animated discussions before the Academie de Medicine, and in the pages of the "Annales de Gynecologie," of Paris; but the objections that, on purely theoretical grounds, have been raised to the views adopted by the author, appear, from an unbiassed inquiry, to be wholly without foundation. Frenchmen, it seems, have not yet reconciled themselves to the fact that anæsthesia by chloroform is not a French discovery. We shall return to the subject and fully review Dr. Campbell's work as soon as it is completed.

* * *

Henceforth, the rôle of the physician and surgeon is over, and the family medical attendant will be a feature of the past. Hitherto, publishers have been content to issue "A Family Doctor for the use of Colonists and others not in the reach of Medical Men;" but now Messrs. Cassell announce, as complete in one volume, shortly: "The Family Physician, a Manual of Domestic Medicine by eminent Physicians and Surgeons of the Principal London Hospitals, about 1,000 pages, royal 8vo, price 21s. This work has been specially prepared with a view to placing in the hands of families a comprehensive and practical guide to the treatment of sickness and disease. Each section is written by an eminent physician or surgeon, who has made such section the subject of his special study and practice. The volume will thus be of the utmost value in every family, as it will contain the best and most trustworthy opinions and advice of the medical profession *on every branch of both medicine and surgery.* The work includes the general diagnosis of disease, with comprehensive and detailed directions for its treatment," &c., &c. The expediency of shutting the house and emigrating to colonies where there exists but an imperfect knowledge of the English language, will naturally suggest itself to our readers after such an announcement!

Correspondence.

"IS UTERINE BRUIT A SIGN OF LIFE AFTER CESSATION OF THE FŒTAL HEART."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The boasted civilisation of the 19th century, to which "A London Physician" appeals in your issue of the 16th inst., is of very equivocal import if increased destruction of life is to go *pari passu* with civilisation. There can be little doubt but that the craniotomy of the 17th century was a blessing as compared with its too general application to-day, for the only advance we can discover in that department of midwifery is a constantly increasing destruction of infant life, without any diminution of maternal mortality; whereas in countries where craniotomy obtains less, more mothers and infants are saved. The indiscriminate *liberty* to kill, *under given circumstances*, taught and practiced by the heads of the profession, has grown into a lawless *license* in the hands of young, inexperienced, and incapable practitioners; under those circumstances, it is not surprising that England enjoys the unenviable notoriety of being the greatest child-killer, as well as the greatest mother-killer, in civilised Europe; and this solely, according to midwifery authors, in consequence of a reckless disregard of the life of the child, and the less frequent employment of the forceps, version, and, I will add, the Cæsarian section, which makes the midwifery practice of France and Germany contrast so overwhelmingly strong with that of Great Britain and Ireland, to the manifest disadvantage of the latter countries. Tyler Smith candidly admits "there is a general belief on the Continent and America, having I fear a foundation of truth, that the operation '(craniotomy)' has always been performed *too frequently* by obstetricians in this country." And further on, he says, "of artificial deliveries, more mothers are lost in this country than on the Continent."

Dr. Fleetwood Churchill gives the proportion of craniotomy frequency in German and British practice, as 1 in every 1,409½ in the former, and 1 in every 342½ cases in the latter; and yet in spite of this so-called "sheet anchor," the crotchet, more mothers are lost in England, in artificial deliveries, than in Germany! Craniotomy or embryotomy has been at all times a great stumbling-block in midwifery practice, and it has never been justified except on the ground of "otherwise impossible parturition." If the Germans can overcome those impossible conditions, by saving more mothers and killing fewer children, then the British Herodians have something to account for on the ground of incompetence or wilful infanticide! The French and Germans practice the Cæsarian section with almost as much success to the mothers as British practitioners perform craniotomy; whether they have souls to damn or not, in selecting the procedure they pay great deference to the conditions of the fœtus as regards life and death. There was wonderful unanimity among the Tipperary doctors too, in this respect, and it is a pity where all agreed in respecting life, that any little *bruit* should disturb the harmony of the details. Strange to say, those Tipperary people, friends, relatives, fathers, and often mothers, would prefer death to allowing craniotomy being performed on a living child. Dr. Collins, whose dictum has received the concurrence of Drs. Hardy and McClintock, said that "in difficult labour the child is always dead before the mother is placed in such a position of danger requiring immediate delivery." My opinion, then, is in accordance with a host of other midwifery authorities, that we should hesitate before we assume the position of "headsman."

Some medical men have held that, morally speaking, we should not kill a living child, others, that on no account should we repeat the operation on the same woman.

The Great Napoleon refused to decide the important issue, whether the mother or child should give way in case of emergency, and told Dubois to treat his wife as if she were that of a mechanic in the Rue St. Martin.

In strange contrast, we find that every modern obstetric tyro, who has got a certificate of having attended "six labour cases," and then succeeded in obtaining a Corporation license to practice, thinks himself competent to decide the issue of life and death, and that without taking, or being capable of taking, the slightest cognisance of the pelvic measurements on which the practice of craniotomy is supposed to depend. He perforates every skull that is giving too prolonged annoyance to the "poor suffering woman;" in fact all the embryo Cæsars with capacious brains will be met by obstetric Brutuses of the humanitarian type,

> And alive, or dead, because they give delay,
> Have their skulls tapped to let their brains away.

And Brutuses will console themselves with the reflection, that they did not love the Cæsars less, but that they loved their mothers more. Or probably give a passing commentary on the doctrine of the survival of the fittest by relegating to obstetric limbo, all big-headed fellows who, in their descent, would prove an eternal source of annoyance to doctors and suffering mothers.

I am, Sir,

Your obedient servant,

Thomas Hayes, M.D. Edin., M.R.C.S. Eng.,
Medical Officer Rathkeale Union
Workhouse and Dispensary.

Rathkeale House, Oct. 21st, 1878.

[It is hardly necessary for us to say that we do not hold ourselves responsible for the terms used, or views expressed, by our correspondents.—Ed. M. P. & C.]

Obituary.

ALEXANDER ROBINSON, M.B.,

Surgeon to the Armagh County Infirmary.

CIRCUMSTANCES prevented our noticing in an earlier number the death of Dr. Robinson, which took place at the County Infirmary, Armagh, about a month ago, and even now we regret that we are unable to give more details regarding him, as he was unquestionably a man of singular individuality of character. Of his early history we merely know that when very young he entered Trinity College, of which he was a scholar. Those who knew him always felt that if he had chosen to devote himself to a University career for life he would assuredly have carried off the highest honours. He had a love of classical learning of the most enthusiastic kind; he possessed a familiarity with the Latin authors (of whom Horace was his favourite) which is rarely attained. Though Armagh is a provincial city, its society has always partaken of the character of a University town. On the staff of the Royal School there (to which Dr. Robinson was medical attendant), there have always been several men who had achieved the highest positions either in Trinity College or at Oxford or Cambridge; and among the Cathedral dignitaries there have ever been men of the highest learning. Surrounded by these Dr. Robinson's classical knowledge was kept alive, and among them, in aptness of quotation and in accurate acquaintance with the Latin authors, the first place was always conceded to him. He had a large family, of whom eight were sons; for their advancement he strained every nerve, and in their classical education he himself always took a part. This circumstance also, no doubt, kept fresh the learning of sixty years ago, so that when in his eightieth year, and hemiplegic, he quoted his old friend Horace with all the pride of a youth airing his recently acquired knowledge.

Dr. Robinson began his medical education as an apprentice of the late Mr. MacDowel (father of the present Professor of Anatomy in the School of Physic), who was then Surgeon to the Richmond Hospital, and a distinguished man; and in 1825 he obtained the license of the College of Surgeons, and the degree of Bachelor of Medicine in the University. Soon afterwards he was appointed Surgeon to the Infirmary at Carrick-on-Shannon, co. Lietrim. He did not, however, remain there long; the Armagh County Infirmary having become vacant, he determined to seek it. He was unknown in that neighbourhood, and often have we heard him describe his arrival and his interviews with the several Governors. No one who knew him could be surprised at his success. Commanding in presence, and singularly courteous and felicitous in address, he was eminently fitted to impress the Primate and other noblemen and gentlemen who were at that time Governors of the Infirmary. The position was an important one; in those days of slow travelling the county towns of Ireland afforded even more than they do at present ample scope for the ambition of a young surgeon, as people seldom thought either of going to Dublin for advice or of bringing a medical man such a distance, and as Armagh possessed a large county hospital and gaol, and a Royal School which, under Dr. Carpendale and Dr. Miller, had attained the highest position, and as it was, moreover, the seat of the Primate, and surrounded by the residences of several noblemen, there had for many years been in the city medical men of attainments and position. About the same time Dr. Thomas Cuming, Lecturer on the Practice of Medicine in the Richmond Hospital School of Medicine, and already a physician of repute, especially for his skill in the recently discovered methods of auscultation and percussion, settled in Armagh, and soon attained the recognised position of consultant in medical cases, not only in the immediate neighbourhood, but in places comparatively distant. During the lengthened period which elapsed from their settlement in Armagh until Dr. Robinson's death, these two, members of the same profession and necessarily exposed to the influence of those circumstances which so frequently lead to misunderstanding and jealously, lived in the same town on terms of the kindliest friendship with one another, and set to all their juniors an example of the strictest regard for professional etiquette.

Dr. Robinson always prided himself on his vigorous frame, and although for several years he had suffered from an exceedingly feeble action of the heart, the pulsations of which sometimes only reached thirty in the minute, he insisted on breasting, unaided even by a stick, the steep hills which led to the Royal School and the Infirmary. This circumstance, together with an extreme abhorrence of stimulants, which he never took except when urgently pressed to do so by his old friend Dr. Cuming, seemed in the end to have shortened his life. After a walk to the country he had extreme dyspnœa and a partial hemiplegia on the left side, evidently from failure of the central organ of the circulation, and though the hemiplegia so far passed off as to permit him on the very day before his death to go into his garden, the breathlessness increased, and at last death took place rather suddenly. In addition to the traits of character we have already indicated, Dr. Robinson was possessed of an extremely emotional nature; when he made a friend of any one he did so with his whole heart, espousing the friend's cause and advancing his interests with the greatest energy and enthusiasm. He showed this especially to the many young men who began their education in the Infirmary; many of these were not his pupils, but apprentices of Dr. Colvan and of Dr. James Armstrong, who held subordinate positions in the Hospital, but to all of them he invariably showed the greatest kindness, and as far as he could gave them his aid in securing a professional position.

Medical News.

Queen's University in Ireland.—The following gentlemen having passed the required examination, received the Diploma in Midwifery on Oct. 11th:—

Thomas Gelston Atkins, J. Fritz Beck, Alfred C. Bennett, John Thos. Collier, Daniel Fegan, Robert Evans Hadden, Richard Jennings, Alfred H. Keogh, Charles Kevin, Edward Little, Stephen Little, John M'Kinley, Lysander Maybury, Thos. O'Sullivan, C. Yelverton Pearson, William Smyth, John F. Tuohy, William Whitford.

King and Queen's College of Physicians in Ireland.—At the annual meeting of the King and Queen's College of Physicians in Ireland, held on St. Luke's Day, the following officers were elected for the ensuing year:—President: Henry Haswell Head, M.D., and Vice-President, James Little, M.D. Censors: James Little, M.D., George Frederick Duffey, M.D., Fleetwood Churchill, M.D., Stephen Myles MacSwiney, M.D. Treasurer: Aquilla Smith, M.D. Registrar: John Magee Finny, M.D. Professor of Medical Jurisdence: Robert Travers, M.D. Examiners in Midwifery: Edward Burrowes Sinclair, M.A.O., Arthur Vernon Macan, M.A.O. Representative in the General Medical Council, Aquilla Smith, M.D.

London School of Medicine for Women.—The successful competitor for the Entrance Scholarship of this School, value £30, is Miss Annie McCall. The subjects were English Latin, Arithmetic, Geometry, and Physic.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

A. X.—1. The Register cannot be altered. 2. The mother can be punished for making a false declaration. Your patient should have gone to the registrar in his district for the information.

DR. HERBERT TIBBITTS will deliver three lectures at 8 o'clock on the evenings of Tuesday, Nov. 5, 12, and 19, at the West End Hospital for Paralysis, 73 Welbeck Street, W. Subjects: "Medical Electricity, Methods of Application, Electricity in Diagnosis and Treatment." Practitioners and senior students admitted free on presentation of their card.

DR. GRIFFITH.—With pleasure if of sufficient interest.

DR. P.—Unfortunately, there have always been found those in our ranks willing to coquette with quacks and their doings, but who scorn the notion directly the matter becomes publicly known. We sincerely hope you are mistaken in your surmise for the credit of our profession.

INQUIRER asks how to obtain payment for examining a lunatic who was *not* taken before the magistrate. There was no committal given by the magistrates. The *Form* was the *old Form*, not the last.

[*** Strange to say, there is — in law — no provision for the cer-

tifying of pauper lunatics. If the relatives of a lunatic apply for a medical examination and certificate they are liable to pay a suitable fee for it. If they are not able to pay, the doctor may refuse to make the examination, nor is it part of his duty as dispensary or workhouse medical officer to give any certificate on the subject. It is his duty, if served with a ticket, to see the patient, diagnose and prescribe if necessary; but that duty is confined to the *treatment* of the insanity as a disease, and does not extend to certifying. As a rule, dispensary medical officers *do* certify in pauper cases, but they are not bound to do so in any case, except that of a lunatic apprehended by the police.—Ed. M. P. & C.]

F.R.C.S. will find a reference thereto in our "Literary Notes and Gossip," present number.

Sanitarian.—The subject is at present under consideration.

An Anxious One.—We hope to redeem our promise by commencing Charcot's series of "Lectures on the Pathological Anatomy of the Lungs" next month.

A Correspondent calls our attention to the following advertisement which appears in the *Nenagh Guardian*—

IMPORTANT NOTICE.

MEDICAL ADVICE and MEDICINE can be obtained from Dr. MINNITT under the following terms—viz.—

	s.	d.
Advice and Medicine at his Residence - - -	2	6
Visits in the Town of Nenagh - - - - -	3	6
Visits to Country within five miles - - - -	5	0

Over that distance, as may be agreed upon.

3 Wesley Place, Cudville, Nenagh,
October 20, 1878.

[** Much as we regret being obliged to refer by name to any medical practitioner in the way of censure, we cannot think it our duty to withhold it in this and similar cases. Personal publicity is the essence of our censorship, and it loses point if the identity of the practitioner be concealed. The gentleman who thus advertises himself is without excuse for so gross an infringement of professional decency. He is a Bachelor of Arts and of Medicine in the University of Dublin, and ought, if he does not, to know what is due to his profession.—Ed.]

Statistical Society.—The following is the title of the Essay to which the "Howard Medal" will be awarded in November, 1879. The Essays to be sent in on or before June 30, 1879: "On the Improvements that have taken place in the Education of Children and Young Persons during the Eighteenth and Nineteenth Centuries." The Council have decided to grant the sum of £20 to the writer who may gain the "Howard Medal" in November, 1879.

AN ASSISTANT WANTED BY A DISPENSARY MEDICAL OFFICER.

Wanted a gentleman fitted to fill
The post of assistant with competent skill,
To a country practitioner highly genteel,
With a union of paupers to physic and heal;
Where against all petitions his heart he must steel,
Nor even presume their distresses to feel,
For a medical man should be always genteel.
So extraordinary genteel.

He's expected to know all the different branches
Into which proper medical science now launches.
He must bleed with precision, ne'er missing a vein,
And draw double teeth without fracture or pain.
The parish is small, twenty-five miles by sixty,
With some culms and gravel-pits scattered between;
And respecting the cases, to state 'tis right,
That they always occur in the dead of the night.
Wanted a gentleman, &c.

The Pharmacopœia by heart he must know,
And not seem reluctant when sent for to go.
He must learn to write Latin in different styles,
And wash all the bottles, flats, mixtures, and phials.
If well educated he chances to be,
He may come in the parlour to dinner and tea;
But when the meal's over he must put by his chair,
And back to the surgery-counter repair.
Wanted a gentleman, &c.

These are the principal matters *au reste*.
He must always appear *comme-il faut*, and well drest.
And since with much practice his mind must be stored,
The salary offered is lodging and board.
Wanted a gentleman fitted to fill
The tooth of a patient with gold-leaf and skill,
Who can walk like a postman, nor ever feel ill,
Nor beyond seven minutes expect to sit still;
But always be making draught, mixture, and pill,
And sleep in a garret small, dreary, and chill,
And succumb to a country practitioner's will.
Most particularly genteel.

Πηνικα.

Purlieu House, Purlieu Town.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Science and Practice of Surgery. Second Edition. Two Vo's. By F. J. Gant, F.R.C.S. London: Baillière, Tindall, & Cox.

Lectures on Dermatology. By Erasmus Wilson, F.R.S. London: J. & A. Churchill.

A Manual of Anthropometry. By Chas. Roberts, F.R.C.S. London: J. & A. Churchill.

Notes on Physiology. By Hy. Ashby, M.B. London: Longmans & Co.

Report on Typhoid or Enteric Fever amongst the Troops in Madras. By Surgeon-General Gordon, M.D. London: Baillière, Tindall, & Cox.

Lectures on Syphilis. By J. R. Lane, F.R.C.S. London: J. & A. Churchill.

Section-Cutting for the Microscope. By Sylvester Marsh. London: J. &. Churchill.

The Journal of Psychological Medicine. Vol. IV. Part II.

The Germ Theory of Infectious Diseases. By John Drysdale, M.D. London: Baillière, Tindall, & Cox.

The Surgeon's Handbook on the Treatment of Wounded in War. By Prof. Esmarch. Translated by H. H. Clutton, F.R.C.S. London: Sampson Low & Co.

Animal Chemistry. By C. T. Kingzett, F.C.S. London: Longmans Green & Co.

VACANCIES.

Cavan Union, Arvagh Dispensary.—Medical Officer. Salary, £100, with fees. Election, Nov. 1.

Cheltenham General Hospital.—Resident Surgeon. Salary, £125. Applications, with copies of testimonials, to the Resident Secretary, at the Hospital.

Lancaster Union.—Medical Officer for the Southern District. Salary, £45, with extra fees. Applications to the Clerk of the Union, Lancaster.

Limavady Union, Dungiven Dispensary.—Medical Officer. Salary, £100 with fees. Election, Nov. 2.

Royal Albert Infirmary, Wigan.—Senior House Surgeon. Salary, £100, with board and lodging. Immediate applications to the Secretary.

Salop Infirmary, Shrewsbury.—House Surgeon. Salary, £100, with board and residence. Applications at once to the Secretary.

Tingwall.—Medical Officer to the Parochial Board. Emolument by fees (average £300). Applications to the Chairman of the Board, Tingwall, Lerwick.

APPOINTMENTS.

Brannigan, R. A., M.D., C.M., an Assistant Medical Officer to the Liverpool Workhouse, Brownlow Hill.

Gabb, C. B., M.R.C.S., L.R.C.P.Ed., a House Surgeon to St. Bartholomew's Hospital.

Garson, J. G., M.D., L.R.C.S.Ed., Anatomical Assistant to the Royal College of Surgeons, England.

Hamilton, J., M.B., an Assistant Medical Officer to the Liverpool Workhouse, Brownlow Hill.

Hemning, W. Douglas, M.R.C.S., Surgeon to the Notting Hill Provident Dispensary and Maternity.

Jackson, R. A., L.R.C.P.Lond., M.R.C.S., Surgeon to the Notting Hill Provident Dispensary and Maternity.

Langley, P. W. L., M.D., C.M., M.R.C.S.E., an Assistant House Surgeon to the South Dispensary, Liverpool.

O'Brien, D., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Lyme Regis District of the Axminster Union.

Rajaonah, Mr., L.R.C.P., L.R.C.S., Assistant House Surgeon to the Darlington Hospital.

Waddell, L. A., M.B., C.M., a House Surgeon to the Western Infirmary, Glasgow.

Births.

Finny.—Oct. 22, at 19 Lower Baggot Street, Dublin, the wife of J. M. Finny, M.D., of a daughter.

Moorehead.—Oct. 15, at Benburb, co. Tyrone, the wife of W. B. Moorehead, M.D., of a son.

Weatherby.—Oct. 26, at Portishead, Somerset, the wife of Lionel A. Weatherby, M.D., of a daughter.

Wynne.—Oct. 21, at Herringfleet, Suffolk, the wife of A. S. Wynne, M.D., Surgeon Major, Artl.y, of a daughter.

Marriages.

Banham—Brown.—Oct. 24, at St. Martin's Church, Scarborough, H. F. Banham, M.A., M.B., of Sheffield, to Edith Maria, only daughter of the late J. J. Brown, J.J., of Woodthorpe Hall.

Cullen—O'Mullane.—Oct. 16, at Gardner Street Church, Dublin, Daniel J. Cullen, L.R.C.S.I., L.K.Q.C.P.I., to Maria Ellinor, eldest daughter of the late J. J. O'Mullane, Esq., of Talevera, Templemore, co. Tipperary.

Henry—Bernard.—Oct. 21, at St. Peter's Church, Dublin, Joseph Henry, M.D., to Ernestine, youngest daughter of the late Aren Bernard, of Metz.

Hudson—Nolan.—Oct. 19, at Taney Church, Dundrum, Alfred Hudson, M.D., to Emma, daughter of the late Chaworth Lyster, Esq., and widow of the late Andrew Nolan, Esq, Surgeon to the Wicklow Infirmary

Deaths.

Acland.—Oct. 25, at Oxford, Sarah, the wife of Henry Acland, M.D., F.R.S., Regius Professor of Medicine, Oxford University, aged 63.

Adams.—Oct. 16, at Stoke Villa, Honour Oak, Arthur Adams, F.R.C.S., Fleet Surgeon, R.N., aged 58.

Butler.—Oct. 14, at Hampton, Middlesex, George Henry Butler, L.S.A.L., aged 70.

Cashel.—At Summer Hill, Nenagh, co. Tipperary, Rowan P. Cashel, M.R.C.S.Eng., &c.

Flint.—Oct. 25, of consumption, at the residence of his father, Canterbury, Edward Flint, M.D., M.R.C.S., aged 30.

Granger.—Oct 17, at Skipton, Yorkshire, Henry Homer Granger, M.R.C.S.E., aged 64.

Johnson.—Oct. 19, at York Road, Lambeth, Hy. Johnson, M.R.C.S.E., aged 58.

Robertson.—Oct. 16, at St. Lawrence, Kent, J. Robertson, M.R.C.P.L., aged 78.

Tracy.—Oct. 24, at Ladbroke Grove, Notting Hill, W., Fanny D. Russell, the wife of S. J. Tracey, L.R.C.P., M.R.C.S., aged 37.

IRISH POOR-LAW INTELLIGENCE.

BALLINA DISPENSARY.

TICKETS FOR MEDICAL RELIEF.

THE Secretary laid the circular letter of the Local Government Board on this subject before the meeting.

Mr. McCulloch remarked that the relieving officer was the principal issuer of tickets in this district. He asked what his practice was?

Dr. Scott said the relieving officer used to leave tickets signed to be issued in his absence, but had discontinued that practice. The only thing he had now to complain of was that the relieving officer obliged him (Dr. Scott) to do part of his duty, for he issued tickets not knowing the circumstances of the parties, leaving the doctor to find these out.

Mr. McCulloch said he would be disposed to propose a resolution, to the effect that the medical officer be ordered not on any account to attend on a ticket which had not been filled up entirely by the person authorised to issue it. Persons authorised to issue tickets should also be obliged to furnish the doctor with a copy of their signatures, so that he might be able to compare the ticket with it.

Dr. Scott said he was acquainted with the signatures of nearly all the members of committee and wardens, and would be able to detect a forgery. Even in a case of doubt he would be disposed to act upon the tickets; what he complained of was being sent to persons not requiring him, or who could pay him.

Mr. Coen seconded Mr. McCulloch's proposition, considering it a very fair one.

Dr. Scott—The law is very clear upon this point. No person has leave to depute his power to another. It must be exercised by himself or not a all.

Mr. Coen asked if the doctor had any reason to complain of tickets improperly issued?

Dr. Scott said he had, and having exercised his power of having the tickets cancelled, he found they were issued over again by the same persons.

Mr. Thompson mentioned one case where he met a man going into town with a load of potatoes for whom a visiting ticket had been issued the day before.

Mr. Coen—How is it that this abuse has crept in?

Mr. Joynt—The ticket-books are left out for any person to use.

Dr. Scott—One man, Tom Turnbull, not only fills up the ticket, but prescribes the medicine to be given, generally a bottle of cod-liver oil. The reason why this circular has been sent out is that a great deal of abuse has been found to exist, not so much in this district as in other districts. The Local Government Board appear desirous to collect the opinions of the several committees as to the practicability of framing a scale of fees, to be applied in the case of persons who may be presumed by the issuer of tickets to be able to pay them.

Mr. Coen referred to a case reported in the MEDICAL PRESS where it was decided that in the case of a ticket issued to a person who can pay a doctor, the medical officer can follow the issuer of the ticket.

Dr. Scott—That is a thing few medical officers would like to do.

Mr. Coen—Guardians and others ought to be cautioned against issuing tickets to persons who can pay a fee. Such a practice is injurious to the doctor, and injurious to the poor, who may be deprived of his services while his time is taken up in attending persons who could pay a medical man. In Collooney it was suggested that the doctor make a small charge for attending persons of small means; and if that could be done generally it would go far to prevent the present abuse of tickets, which are issued rather indiscriminately.

Dr. Scott said it was rather a mistake to suppose that a doctor charged or got £1 for a visit. In many cases that fee covered a number of visits, making the charge for each something very small.

Mr. Thompson—With regard to fees, we cannot lay down a hard or fast line.

Mr. McCulloch—We can only suggest such a course.

Mr. Thompson—This matter was very fully discussed by us before, and then we decided upon drawing a line at £12 valuation, above which no person would be deemed eligible for a ticket, but our ruling became a dead letter, as it could not be enforced in law.

Mr. Crean—Nor would it be fair, as many persons having a smaller rating could pay; while as many more above that figure are very poor, and unable to pay 5s. to a doctor. We cannot adopt the valuation as a test, for it tells you nothing as to a man's means.

Dr. Scott mentioned a case where he got a red ticket, but before he could get to the place another doctor had been called in, who got a £1 fee. Later on, in the same family, there was no time to procure a ticket, and he was telegraphed for; and attending, was paid £2. (A laugh.)

Mr. Crean said it would be a good thing if people of middling means knew they could have the services of a doctor say for 5s. a visit. It would encourage them to call him in, and not apply for a ticket.

Mr. Joynt said if such a scale were framed and adopted by the medical officers he would send many persons to the doctor, to whom he had now to issue tickets.

After some further discussion, it was ordered that copies of the circular be printed and supplied to each member of the Committee, with a request that they attend at an adjourned meeting, to fully consider the question, and arrive at a decision.

CAVAN UNION.

SALARY REDUCTION.

A letter read from the Local Government Board disapproving of the action of the dispensary Committee in

reducing to £80 the salary of the Medical Officer of Arvagh district, which had been fixed by them at £100; and suggesting that the advertisement be amended.

Mr. Grier—It is very unfair.

Mr. M'Givney—They intend to coerce us.

Chairman—I think we must submit, and advertise the salary at £100 a year.

Mr. M'Givney said if they get a man to discharge the duties for £80 a year instead of £100 they should do so. Years ago the dispensary doctor of Arvagh had only £45 a year. Now between salaries and fees it comes up to £140.

Mr. Reilly didn't hear that any of the candidates refused to take it at £80 a year.

Mr. Grier—Not one.

Mr. M'Givney—They would be glad to get it.

Mr. Thompson—In addition to the salary of £80 or £100 as medical officer, there is £20 as sanitary officer, and about £20 for vaccination and registration fees.

It was resolved that the salary (£80) named in the advertisement remain as it is.

PAYMENT OF SUBSTITUTES.

A letter was read from Dr. Alcock refusing to pay his substitute during his illness.

Mr. M'Givney wished to see the doctors' certificate on which Dr. Alcock got leave.

Clerk—They have not been sent here.

Mr. M'Givney said he didn't go on leave for six or seven weeks after he obtained permission; and only stopped away nine days—although it was stated he was labouring under a dangerous malady.

Mr. Thompson inquired if notice of the intended application had been sent to each member of the committee.

Mr. M'Givney said it had not. He would move he pay his substitute, and let the Local Government Board do what they like.

Mr. Nesbitt—Did he object to pay his substitute?

Mr. M'Givney—No, nor he would not do so now only for others.

Mr. Moore said the matter was here twice before, and the question now should be whether they should entertain it or not.

Mr. M'Givney moved, and Mr. Moore seconded that it be not entertained.

As no amendment was moved, the resolution was carried unanimonsly.

Mr. Lee—Dr. Moore paid his substitute when he was ill.

Dr. J. B. Kenny was paid 10s. 6d. for attending at Arvagh Petty Sessions to prosecute under the Compulsory Vaccination Act.

ENNISCORTHY UNION.

Acting on the suggestion of their inspector, Mr. O'Brien, the Local Government Board have requested the guardians of the Enniscorthy Union to increase the salaries of their medical officers. Owing to the arduous nature of the duties to be performed, the formation of the county, and the limited private practice, the Local Government Board point out that the salary paid the doctors is only £90, and £15 for sanitary work; while the average salary in the dispensary districts in Ireland is £121.

THE LATE DR. MASSEY, OF TUBBERCURRY.

The Tubbercurry Board of Guardians have adopted unanimously the following resolution:—

"This Board, to mark its deep sense of the great loss the public have sustained by the death of Dr. Massey, our late medical officer, desires to place on record our sincere regret at the early demise of a man who possessed in such a large degree those qualities of head and heart which endeared him to everyone who had the pleasure of knowing him, and the poor especially, to whom he was always most kind and attentive. The Board sympathise with his aged father and family in their sad bereavement."

NAAS UNION.

SMALL-POX AND WAKES.

Dr. Maturin, the medical officer of the Blessington Dispensary District, reported three cases of small-pox in his district, and that they had been removed to the workhouse hospital. The disease was spread by one of the parties having attended a wake of a relative in Dublin. He (Dr. Maturin) thought there should be an order made to interdict wakes.

The Clerk said under a late Act such wakes were interdicted.

NEW ROSS UNION.

The following was read from the Local Government Board:—

"Adverting to minutes of proceedings of the Board on the 24th ult., containing an entry of a complaint made by James Bolger against Dr. Carey, for neglecting to attend on a woman named Mary Bolger, together with Dr. Carey's explanation thereon, the Local Government Board for Ireland desire to state that Dr. Carey was in error when he stated in his explanation that his responsibility ceased when other medical practitioners were called in."

From the same as follows:—

"The Local Government Board for Ireland have had before them the minutes of proceedings of the Board of Guardians of New Ross Union on the 14th inst., containing an entry of a minute of the Fethard Dispensary Committee on the 5th inst., from which it appears that Dr. Dempster, temporary Medical Officer of the Fethard Dispensary District, refused to attend on receiving red tickets from the relieving officer on behalf of a patient in the district, named Aspel, and with reference thereto the Local Government Aoard desire to state that under the circumstances set forth in the minute of the committee, the Local Government Board will not feel themselves at liberty to sanction the appointment of Dr. Dempster as temporary medical officer on any future occasion.

Marked read.

SWINFORD GUARDIANS.

VACCINATION—SCARCITY OF VACCINE MATTER.

The Chairman observed that the lymph was no longer obtained in London, and doctors had to wait several weeks for supplies from Dublin. He knew where a doctor waited several weeks, and at the end of that time he received six points. What was the doctor to do, and what were the people to do who brought their children to be vaccinated?

Mr. Kelly—In some districts the people have a dedecided objection to give the lymph of their children's arms.

Chairman—When the doctors were allowed to get a supply in London they had plenty. The people are really willing enough to carry out the law.

Mr. Kelly—One must be acquainted with the circumstances and life of the people to understand the hardship of a poor woman, with perhaps her husband in England, having a number of little ones at home, bringing an infant on her back for miles to the dispensary and returning disappointed. And then there is the hardship that such poor people may be returned as defaulters, and we will be called on to prosecute them.

OMAGH DISPENSARY.

LIBERALITY ! ! !

THE following resolution was recently adopted by the Omagh Dispensary District Committee :—

"That Dr. Hans B. Fleming, Medical Officer of the Western Division of Omagh Dispensary District, be permitted to employ a duly qualified assistant *at his own expense* to aid him in the discharge of his duties, till such time as his health will permit him to discharge the whole duty himself, such assistant to be at all times removeable by the Local Government Board, upon complaint."

CLAREMORRIS GUARDIANS.

VACATION.

THE Local Government Board sanctioned the payment to Dr. Kelly, Ballindine, for professional services in the dispensary districts and hospitals during the leave of absence of Dr. Bourke.

Mr. King observed that it was said some time ago that nothing should be paid for doctors in these cases.

Dr. Bourke said he only had a fortnight's leave for two years.

ABUSES OF DISPENSARY RELIEF.

(From the *Irish Times.*)

IN our remarks upon the meeting of the Board of Guardians of the North Dublin Union, we took occasion to refer to the manner in which dispensary tickets are issued by those having charge of them, and mentioned that still greater grievances are to be found in country districts, where guardians and doctors are imposed on to an extent which can only be explained by confessing radical defects in this department of the Poor-law system. We have since read an article in the MEDICAL PRESS which deals with the same subject. Every one acquainted with the daily life of an Irish dispensary doctor must be aware that he is constantly called upon to attend gratuitously persons who have no claim upon his services. The loose, inconsiderate, and blameable manner in which the tickets are distributed, without inquiry or reflection as to the position or means of the applicant, heaps an amount of labour on the unfortunate medical officer, who has not only to go through a great deal of very hard work for very little remuneration, but is obliged to give advice and provide medicines for persons thoroughly competent to pay for both. Curiously enough, Poor-law Guardians and Dispensary Committees show a good deal of apathy regarding the question. We fear that they do not consider it from the proper point of view. As long as it is only so much extra unremunerative work put upon the doctor, that official is allowed to get on as well as he may. But there is another side to the question. It is an imposition on the ratepayers that persons sufficiently well off to pay a medical attendant should be supplied with medicines at the public expense, and be visited by the doctor whom they ask for *in forma pauperis*. The usual flippant and insufficient answer to those who move in the matter at Boards of Guardians and elsewhere is, that the tariff of medical fees is prohibitive, and that only those who are well off can afford to pay, while persons in inferior circumstances must avail themselves of the gratuitous services provided by the law. This answer is misleading and untrue in fact. The Medical Charities Act contemplates no more than the Poor-law, the creation of a class of semi-paupers, who can find money for all other purposes save that of paying a physician whose attention and assiduity they never dream of requiting, and on whose free services—which are supposed to be at the disposal only of the destitute, or those who are practically so—they have no claim whatever. Then, in the vast majority of dispensary districts, the doctor never dreams of charging one pound per visit. Indeed, whatever may be the theoretical charge, practically very few doctors in town or country exact that fee ; but in a poor district the doctor is very lucky indeed if he gets five shillings a visit, and does not grumble very much even though there may be five or six to the pound, knowing full well that it is simply "that or nothing," as the patients have little trouble in securing the necessary "red" tickets. We are aware that some members of Dispensary Committees and some relieving officers exercise, as far as they can, a wise discretion in giving visiting tickets, but we fear these are very exceptional. This is by no means a new subject of discussion, nor is it now for the first time brought under public notice. It crops up periodically in the newspapers, but it every day harasses and worries the victims of the system. The remedy lies, perhaps, in united action on the part of the medical men. They have ample grounds to go upon. When comfortable farmers and small shop-keepers call in the dispensary doctor on a dispensary ticket they intrude on the rights of the poor, and when they receive from the public pharmacy medicines provided for the poor and paid for by the ratepayers, they obtain them—it is not too much to say—on false pretences.

ATHY PETTY SESSIONS.

SMALL-POX CASES—IMPORTANT TO THE PUBLIC.

THE sub-sanitary officer had two parties summoned for disobeying and obstructing an order of the magistrates for the removal of two patients who were both suffering from small-pox to the hospital, contrary to the provisions of the Public Health (Ireland) Act, 1878, sec. 141. The Act imposes a penalty not exceeding £10 on any person who wilfully disobeys or abstracts the execution of any magistrate's order, for the removal of any person suffering from any dangerous infectious disease, and who is without proper accommodation, or who is lodged in a room with persons not so suffering.

The sanitary officer said he would ask his worship to allow these cases to stand over, as it might be dangerous to the health of the public to bring into court the parties necessary to prove the cases.

His Worship acceeded to the application.

The same officer summoned by Mr. James Farrell, Duke Street, for neglecting to comply with a notice served on him on the 19th of August last by the sanitary authority for the abatement of a nuisance on his premises.

The sanitary officer said he brought this case under the 111th and 114th secs. of the new Act, which provides—"That any person not obeying an order to comply with the requisitions of the sanitary authority, or otherwise to abate a nuisance, of which he has been noticed by the sanitary authority, shall, if he fails to satisfy the court that he has used all due diligence to carry out such order, be liable to a penalty not exceeding 10s. per day during his default." He pressed for some penalty to be imposed, for nothing whatever had been done in this case to comply with the requirements of the notice served on him.

His Worship said the section of this Act was a very stringent one, and as the Act itself had only become law in August last, it might perhaps be taking the public somewhat by surprise ; the provisions of the Act would no doubt obtain publicity by these cases, and the public would become aware of its stringency. In the present case he would make an order for the abatement of the nuisance within one week, the defendant paying costs of court.

THE PUBLIC HEALTH ACT, 1878.

PROHIBITION OF WAKES.

A CASE of importance was heard recently at the Tralee Petty Sessions. At the suit of the Urban Sanitary Authority against a woman residing in Abbey Street, for

having violated the provisions of the Public Health Act, 1878, by permitting a "wake" to be held over the body of a young girl who had died of a contagious disease. The sanitary officer who prosecuted, said as the Act was unknown to the great majority of the people, he would ask their worships to mitigate the fine—the maximum of which is £10—as the defendant was a poor woman and ignorant of the law. The Bench said as the case was the first brought under the provisions of the Act, they would let the defendant off by paying a fine of 1s. and the costs.

ATHY UNION.

REMOVAL OF SMALL-POX PATIENTS.

THE Local Government Board forwarded, for the information of the guardians, a letter they had received from Dr. Kilbridge, medical officer of the Athy dispensary district, and there reply thereto. Dr. Kilbride, in the communication referred to, reported the outbreak of seven cases of small-pox in his district during the week ending the 12th inst. Six were in the town and one in the country. Two cases were removed to hospital, and the bed-clothes, &c., destroyed, and the house disinfected. Four of the cases were of the confluent type, two of the discrete, and one of the hæmorrhage form. The latter, the doctor understood, had proved fatal since admission to the hospital. The medical officer added that he had applied for magistrates' orders under the 141st section of the new Public Health Act, for the removal of the patients who had not already gone to hospital, but the orders had not been obeyed. He wished to know what course he should adopt. The Local Government Board in their reply said they presumed the medical officer had caused those exposed to the infection to be re-vaccinated, and that the parties refusing to obey the magistrates' order would be punished by the strict enforcement of the law.

The guardians ordered that prosecutions be instituted against those who had defied the law.

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING OCT. 19, 1878.

Total registered deaths in Dublin and suburbs*				... 149
Ten years average of same week				... 135
Excess of mortality above average				... 14
10 weeks' ratio of deaths	Rathmines			24·8 per 1,000
" " "	Donnybrook†			19·0 "
" " "	Blackrock			10·8 "
" " "	Kingstown			21·9 "
" "	Entire Dublin District			24·6 "
COMPARATIVE RATIOS—	London	...		20·0 "
" "	Glasgow	...		21·2 "
" "	Edinburgh	...		15·7 "

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

The general death-rate is lower than in the week ended 12th inst., but the decline in the mortality from zymotic diseases noted in that week has not continued, 41 deaths from these causes having been registered, being 6 over the average number for the corresponding week of the last ten years. They comprise 10 from fever (4 typhus, 5 typhoid, and 1 simple continued fever), 9 from small-pox, 8 from scarlet fever, 7 from diarrhœa, 3 from whooping-cough, 1 from measles, &c.

With the exception of one case admitted into hospital from without the Dublin registration area, all the deaths from small-pox are chargeable to the South City Districts. Twenty-one new cases of this disease were admitted into the Dublin hospitals during the week, being 8 less than in the preceding week; 20 patients were discharged, 8 died, and 69 remained under treatment on Saturday last, being 7 under the number on Saturday the 12th inst.

Nine children died from convulsions.

Twelve deaths resulted from bronchitis, 1 from pneumonia, and 3 from lung disease unspecified.

Phthisis proved fatal in 13 instances, mesenteric disease in 2, and cancer in 3.

Four accidental deaths were registered.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, Oct.* 19, 1878; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c.	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, OCTOBER 19, 1878.															
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	25	165	149	18	40	9	1	8	...	3	10	7	4	5	41
BELFAST . .	20,687	182,082	22	125	76	13	9	...	...	6	...	3	2	2	1	...	11
CORK . .	13,816	91,965	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
LIMERICK .	8,509	44,209	34	25	29	4	10	...	...	...	...	1	..	1	3	4	10
LONDONDERRY .	21,865	30,884	19	9	11	1	2	...	...	...	...	...	...	1	...	...	...
WATERFORD .	17,209	30,626	15	12	9	3	1	...	..	...	1	...	...	...	...	1	...
GALWAY .	21,358	19,692	8	4	3	1	1	...	...	...	...	...	...	...	...	..	...
SLIGO . .	30,835	17,285	21	5	7	2	2	...	..	...	...	...	...	...	...	...	1

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 6, 1878.

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THE MECHANICAL SYSTEM OF UTERINE PATHOLOGY.

By GRAILY HEWITT, M.D. Lond. F.R.C.P.,
President of the Harveian Society, &c., &c.

(*Continued from page* 347.)

LECTURE III.—(*continued.*)

Disorders of the Functions of the Rectum.

DISORDERS of the functions of the rectum are frequently produced by some change in the uterus. There are, no doubt, sympathetic connections between the two organs, the uterus and the rectum, but the mechanical relations are much more important. The act of *defecation* is frequently hindered or deranged by uterine causes. The axis of the uterus in the pelvis in the normal state is nearly vertical, and in this position, unless it descends very low, no disturbing pressure is exercised on the rectum; but it is very different when the long axis of the uterus lies across the pelvis from back to front. This happens when the uterus is anteverted or retroverted. Thus, when the uterus is retroverted, and particularly if, at the same time, it be enlarged, the fundus lies posteriorly on the bowel, and the pressure downwards exercised by the abdominal muscles in the act of defecation only serves to compress the rectal tube still more. The more the patient strains the more complete is the blocking of the tube. In fact, in many cases of retroversion and flexion of the uterus, constipation of an obstinate kind is one of the common symptoms. It is not a constant symptom, for it occasionally happens that the fundus uteri lies not immediately on the rectum, but a little to the side of it. I have witnessed some curious effects in cases of retroflexion of the uterus in regard to the process of defecation. In some instances the straining efforts in the end propel the fundus uteri actually into the bowel, and even as low as the sphincter of the rectum. The fundus is then driven violently downwards into the bowel, invaginating it, and acting as a complete ball-valve. The repetition of this process may even mould the top of the uterus into a conical shape, as I have seen in more than one case, and was much puzzled to account for it, until I found the uterus actually in the rectum. These latter cases are not common, but they indicate how seriously the act of defecation may be interfered with by the downward pressure of the retroverted and flexed uterus.

Another effect of retroflexion, which is of precisely the opposite kind, is diarrhœa. It is not common, but in a few instances I have witnessed it. It is hardly a diarrhœa, but more properly a frequent, painful tenesmus with passage of small quantities of mucous; and the symptom may persist a considerable time, unless the cause be detected and removed. It appears to be due to the friction and pressure produced by the retroflexed fundus on the lining of the bowel.

In cases of anteversion or flexion also constipation is frequently observed, and may be due to a like cause, viz., the blocking up of the rectum by actual pressure. It is a by no means uncommon result of anteflexion, particularly when the uterus lies rather low in the pelvis, and it is particularly noticeable when the uterus is more anteverted than flexed.

But another symptom is not uncommonly observed in cases of uterine displacement. The act of defecation is sometimes excessively painful, or when not actually painful it is productive of discomfort. It is particularly in cases of retroflexion, when the uterus is congested and very sensitive to touch, that this symptom is observed in its greatest intensity. The straining necessary exaggerates the flexion, the tender, sensitive fundus is compressed more and more, and this has the result of producing intense pain.

In a few cases I have known very troublesome prolapsus of the rectum caused by uterine displacement; and, curiously enough, there have been cases in which the uterus was anteflexed, the whole uterus descending in its anteflexed state so low that during expulsive efforts it in-

vaginated the rectum, and produced considerable prolapsus of the bowel.

Disorders of the Functions of the Bladder.

The bladder and the uterus are most intimately related, a considerable portion of the anterior aspect of the uterus is adherent to the bladder, and to a certain extent the one necessarily follows the other organ in any change of position.

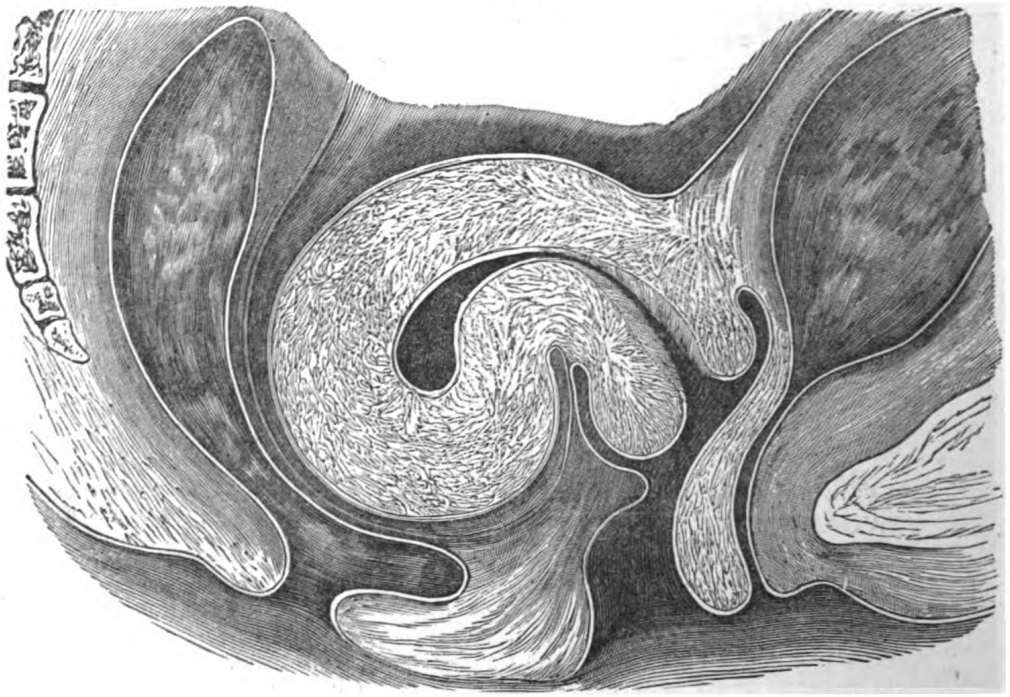
Alteration of the shape and position of the uterus often markedly disturbs the position and shape of the bladder, and thus deranges its functions.

Anterior displacements of the uterus, as a rule, depress the bladder. The body of the uterus comes to occupy the space of the bladder, which it invaginates. The posterior wall of the bladder is thus pressed downwards, until it actually touches the floor of the organ. The bladder becomes distended laterally more than usual as urine enters it, instead of equably, and its spherical shape no longer remains. In certain forms of prolapsus the bladder, as is well known, may be actually protruded at the vulva, with the uterus behind it urging it lower. Anteversion and flexion of the uterus occasion very commonly *frequency of micturition*, the patient often suffering extremely from the constant desire to empty the bladder. It is a very nearly constant symptom of this form of displacement, and it is sometimes so distressing that the patient thinks only of it. It is relieved by the recumbent position. Difficulty in micturition may be observed, but not often, in this form of displacement.

Another symptom I have observed in a very few cases of anteflexion is violent pain after emptying the bladder. It appears to be due to the contact of the posterior with the anterior wall of the bladder, produced by the pressure of the fundus uteri.

The backward displacement and flexion of the uterus are also capable of violently disturbing the bladder function. Retroversion frequently occasions *retention of urine*. The os uteri is tilted upwards and somewhat forwards; it drags the urethra and floor of the bladder upwards, and prevents the escape of the urine, sometimes by the mere tension on the urethra, which probably interferes with the muscular action of the sphincter, or by actually compressing the urethra against the back of the pubic symphysis. When the uterus is much enlarged these efforts are proportionately intensified. It is well known, for instance, how commonly retention of urine accompanies retroversion of the gravid uterus, where the enlarged organ fills the sacral concavity; the os uteri is then elevated sometimes to the level of the top of the symphysis, dragging the bladder and urethra upwards and giving rise to very serious effects. In the non-gravid cases analogous effects are observed, but the symptoms are less severe in degree.

FIG. 26.



Representing the third stage of retroflexion producing much pressure on the rectum.

Changes in the Uterus.

We have completed the survey of the uterine symptoms observed. It will be necessary, in the next place, to consider the changes in the uterus by themselves, and to indicate the respective parts these various changes play in the pathology of the uterus.

The clinical importance of change of shape or distortion of the uterus has been shown to be great. Its pathological consequences can be demonstrated to be equally so.

Looking down the list of possible uterine changes, the one which attracts attention in the first place is change in vascularity.

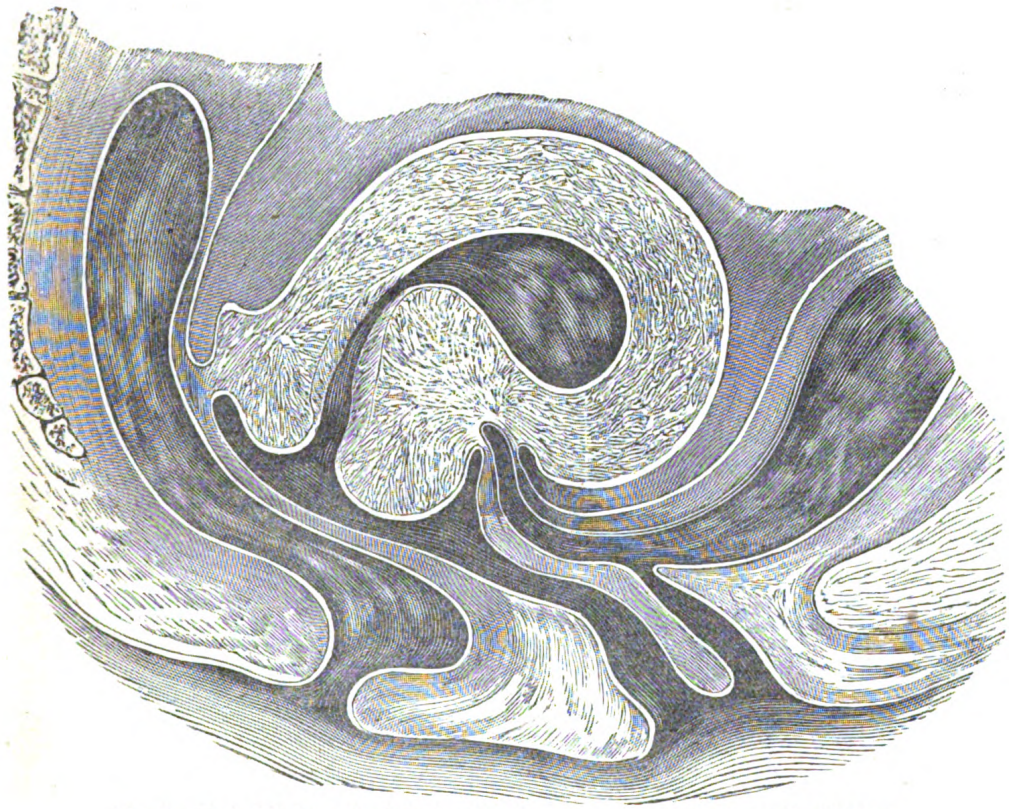
The change in the vascularity of the uterus which very prominently stands forward as an important one is *congestion* or *engorgement of the uterus*. Attentive consideration of the facts renders it evident that engorgement of the uterus or of certain parts of this organ has an exceedingly intimate connection with alteration of shape, and

we find the two conditions so interwoven that care is required to disentangle them. Hence, also, the varying opinions as to the respective importance of congestion and of flexion of the uterus.

Finally, the question to be resolved is really, What is the cause of the congestion? Congestion or engorgement of the uterus is undoubtedly very common. The congestion may be the sole alteration present. This simple congestion may probably be produced in many ways. Luxurious living, sedentary modes of life, undue sexual excitement, are causes of congestion, and others might be mentioned. But it does not appear that congestion of this kind, pure and simple, is clinically noticed, or even decidedly noticeable. Such cases do not apply to us for relief. Undoubtedly, in the end, important effects may results. In some cases, the long perpetuation of an unduly full condition of the blood vessels of the uterus results in an hypertrophy of the organ. As a whole, the uterus enlarges, and becomes heavier; its increased bulk is a source of discomfort; it descends too low in the pelvis; it secretes more profusely than the normal sized uterus, and corresponding symptoms show themselves. But cases of this kind are rare, or, at all events, they rarely come before us. Congestion of the uterus, accompanied by other uterine changes, is, however, very common. Distortion of the uterus is a very frequent associate of congestion, and the two are related in a most intimate and important manner.

The uterus receives the greater part of its blood from vessels which enter it laterally at and just below its centre. These vessels enter the organ and pass out of it at this situation. Consequently the circulation at the two extremities of the organ is necessarily affected by any physical alteration, such as compression, condensation, &c., taking effect at this situation. It is a matter of necessity that the circulation should be less free and natural at the fundus, for instance, if the uterus be sharply bent at its centre, for the calibre of the vessels at the flexed portion is lessened thereby. The effect is as if a ligature had been tied round the uterus. It is true that a flexion of the uterus may not affect very materially those vessels which have not yet entered the organ, and which enter it just above and below the bend, but it is sufficient for the argument that some vessels should be physically compressed. This physical effect of flexion in inducing congestion is recognised by Klob, also by Thomas. The clinical proofs of the operation of this compression in producing congestion are of the most convincing kind. I have over and over again found acute congestion of the uterus disappear in the most rapid manner on simply straightening the flexed uterus, or so elevating the fundus as to lessen the degree of the flexion. The congestion thus produced may, and frequently does, affect both extremities of the uterus, the os and the fundus, or it may affect principally the fundus or cervix alone. The distension, swelling, and increased vascularity of the cervix are obvious enough to the eye as well as the touch. The engorgement of the fundus can be measured by the touch, by the increased size of this part of the uterus, and by its inordinate sensitiveness to the touch.

FIG. 27.



Showing the third stage of anteflexion, the uterus occupying the space for the bladder.

Various views are held as to the relation of the congestion to the flexion. One view is that congestion causes flexion. Dr. John Williams opposes this view, his arguments showing pretty conclusively that the weight of the additional blood would not account for that amount of change of shape we find in cases of decided flexion. In fact mere congestion of the fundus cannot be regarded as a cause of flexion.

Another view is, that flexion is only important when associated with congestion; and the fact that cases in which the two are associated are so much relieved on removing this congestion by application of leeches, by rest, &c., is put forward as a proof of the unimportance of the flexion. But, in point of fact, most of this may be readily conceded. There can be no doubt that the adven of congestion materially aggravates the suffering; it is

equally certain that its removal is a blessing and a comfort to the patient. But to those who argue from these facts that the flexion has no importance, it must be replied that it is so important that by lessening or removing the flexion you at once get rid of, or materially lessen, the congestion.

The state of the congested and flexed uterus may be likened to that of the arm bound up ready for the operation of venesection. The hand and forearm are turgid with blood; the veins are distended; the bandage is the agent by which this distension is produced and kept up. The congestion of the uterus is produced by the constriction consequent on the flexion, and the two extremities become turgid with blood, and remain so to a greater or less degree so long as the flexion persists.

It is merely necessary to observe carefully the behaviour of the uterus when affected with acute flexion to become convinced of the very close connection between the congestion and the flexion. We see the aggravation of the flexion immediately followed by increase of pain, by increase of swelling of the uterus, by fulness and increase of size of the one or both extremities of the uterus, and we see how rapidly the swelling, the pain, and the irritation generally subside when such assistance is given, by position of the body or by internal treatment, as tends to lessen the flexion.

There are many varieties of congestion; or rather, it should be said, the condition of the uterus varies much in different cases, and congestion, added, assumes naturally different complexions. Thus the uterus attacked by congestion, may be normal in texture; it may be very soft, owing, as already pointed out in the first lecture, to malnutrition or like causes; or it may be extremely hard, owing to long-standing disease; it may be very large, owing to subinvolution following labour, or owing to long-standing disease; and the physical condition of the organ, on examination, is therefore not alike in all cases.

It appears to me to be of the greatest importance to distinguish congestion from that condition which I have described as *softness* of the uterus. Formerly I was in the habit of confounding them; but it seems quite certain that there is such a condition as abnormal softness which may be entirely unaccompanied by congestion. It is undoubtedly the fact also that *when* the uterus is unduly soft, it is very liable indeed to become congested. But the congestion is added on, and produces distinct effects of its own. Pain is thereby produced, and the uterus, losing its softness, becomes harder and firmer than before.

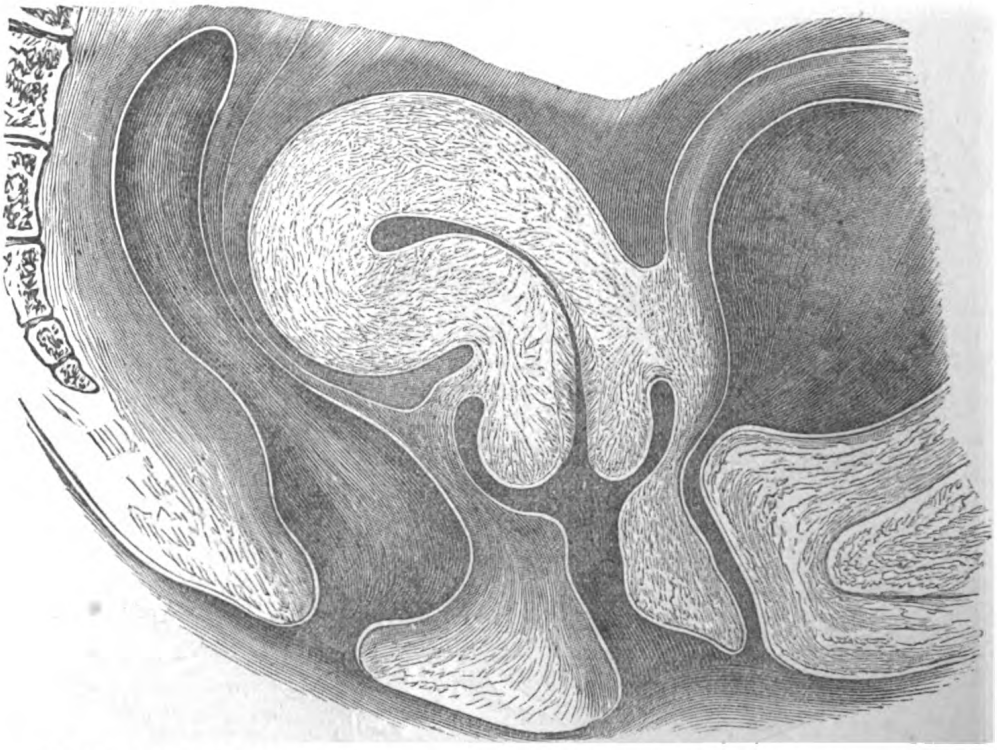
The relation of congestion to enlargement of the uterus —*increase in size*—is of great importance. Chronic congestion of the uterus has the effect of producing, in the end, a permanent increase in its size. This I propose to term *congestive hypertrophy*. Thomas, of New York, designates this condition of the uterus *areolar hyperplasia*.

In chronic cases of flexion of the uterus it is frequently observed, especially in women who have had children, that the os uteri is very much hypertrophied, the lips of the os presenting two large tumefied bodies. These are instances of long persistence of chronic congestion, giving rise to local hypertrophies. Although the fundus cannot be seen, it can be felt, and it is found larger and weightier than normal.

Congestive hypertrophy of the uterus not arising from flexion is occasionally met with, but its most common cause is, as I believe, a chronic flexion, which has been the means of keeping up a more or less persistent congestion of the uterus.

The attention of uterine pathologists has been much occupied with the changes observed at the os and cervix uteri. These changes are certainly important; but they appear for the most part to arise in the manner just pointed out. We find the os swollen, turgid, vascular; we see the secretion of the glands of the cervix largely increased in quantity; we see abrasion of the epithelium

FIG. 28.

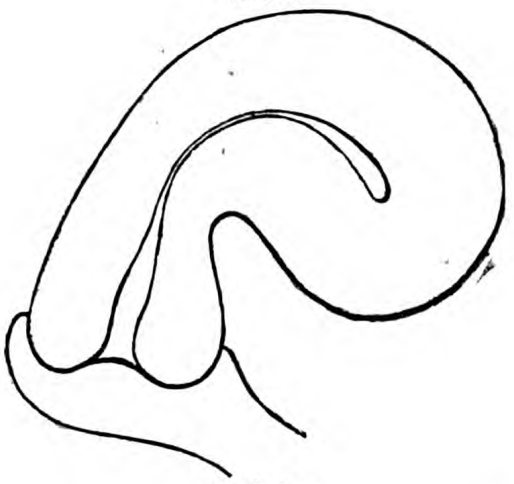


Showing the second stage of retroflexion, with dragging on the neck of the bladder and other effects.

covering the os; we observe the lining of the cervix to have its colour deepened and to be thicker than normal. These various appearances are as a rule connected with the disorder of the circulation produced by the changed shape of the uterus. The mechanical origin of this congestion is frequently shown to us by the alteration in the form of the lips of the cervix. Thus, in cases of anteflexion, the anterior lip is often much more swollen than the posterior; whereas, in retroflexion, it is often the posterior lip which is the more swollen of the two. These local hypertrophies in time come to present themselves as substantial ailments, and remain even after the original cause of the hypertrophy, viz., the flexion, has undergone material change for the better.

Congestion of the uterus is a very prominent feature in the cases which appeal to us for relief. And it is not surprising that much attention should have been bestowed upon it. It is, however, the fact that other elements in the consideration have been, as I have endeavoured to show, comparatively overlooked. In speaking of the cause of the painful sensations on motion it was remarked that the worst cases were those in which great congestion

Fig. 29.



Anteflexion.

was associated with marked flexion. The congestion itself, undoubtedly, adds materially to the pain which the flexion causes. This it does partly by giving rise to a general distension and stretching of the uterine tissues, but mostly, as I believe, by its intensifying the pressure already brought to bear on the uterine tissues at the seat of the flexion.

Concerning *inflammation of the uterus* and its relation to congestion, a word or two may be added. Pathologists have almost agreed to give up the use of the word as applied to the ordinary changes observed in the uterus. What has been called "chronic inflammation" is more accurately described by the epithet "congestion." Acute inflammation of the uterus is one of the rarest of events, and appears to be almost solely observed as the result of actual septicæmic irritation of the organ, the result of wounds, the introduction of tents, certain surgical operations, and the like.

(To be continued.)

POISONOUS AND NON-POISONOUS PAINTS AND WALL-PAPERS. (a)

By H. C. BARTLETT, Ph.D., F.C.S.

Until the Autumn of last year, I was unable to form any accurate idea of the frequency of cases of severe illness occasioned by poisonous paints and wall-papers. But, when I was requested by Mr. Jabez Hogg, the well-known surgeon and microscopist, to furnish some particulars of the more striking cases I have investigated, which are now to be laid before government, I was astonished to find that during the last eleven years I have traced back no less than one hundred and twenty-three cases of illness attributable either to the diffusion of carbonate of lead (common white paint) or to arsenical or antimonial colouring matters in paint or on wall papers.

All scientific authorities of the highest standing give unimpeachable evidence of the wide spread and often unsuspected existence of these poisons, and of the terrible effects they so often produce without the true cause being discovered in the majority of instances.

The only substitute for white lead until lately offered, has been zinc oxide. Many technical objections have been taken to its use. Among the rest, its want of body, and poverty of covering, have rendered the oxide of zinc white expensive in requiring several more coats to be laid on than are necessary with white lead paint.

Working with a view to produce a substitute which shall be harmless in its preparation, application, and throughout its use, several chemists of repute have pushed forward their experiments with other salts of zinc. It was left, however, to Mr. Thomas Griffiths, of the Silicate Paint Company, Liverpool, to bring out a satisfactory commercial article, which, while it obviates all the objections urged against oxide of zinc paint by the painters and decorators, complies with the sanitary condition of being perfectly free from poisonous effects upon the workmen who prepare it the painters who apply it, and upon the people who reside where it is used.

I have reason to believe that other persons have thought of pure sulphide of zinc as being probably the best suited to form the dense white basis of our domestic oil paints. But the natural sulphide of zinc (blend) is commonly rather translucent, and varies in colour from a dingy white to a stone-colour, shading off to a reddish-brown, sometimes appearing opaque with yellow, green, or black tinges—not very encouraging to the paint manufacturer. The excellence of the chemically-pure white sulphide, however, induced a lengthened series of experiments to be tried to carry out artificially the chemical process of making zinc sulphide of the purest white, and, as I shall explain, with almost unexpected success.

In my report upon the effect of lead paint upon the Italian iron-clads, I was able to demonstrate that a sufficient amount of galvanic action takes place between the salts of lead and the iron to prevent such paint affording a good protection against the corrosion of sea water. In the same way, out-door iron work, as we all know, throws off ordinary paints in flakes or scales by the rusting of the iron underneath. This is not the case with the new zinc paint, which withstands chlorides of all kinds, including sea water. It is not affected with sulphurous acid, sulphuretted hydrogen, or ammoniacal gases, and may be submitted to a great heat without blistering off the iron, as lead paints invariably do at temperatures more than 300° lower than that to which I subjected the new zinc paint. The preservation of iron can thus be better secured than by any other material with which I am acquainted, particularly as oxygen does not penetrate a proper coating of zinc sulphide, and rust cannot form.

In suggesting that white lead paints should be banished from the category of those permissible for use in the interior of our dwellings, I have thought I should accomplish that most desirous result by describing the new zinc paint.

I have only to add that the new paint is at least as economical as lead, is as dense, and covers even a larger surface; and being of a more perfect snow-white than any lead pigment, it will remain for years unchanged in colour. No fear need now be entertained of severe illness from a newly painted house.

(a) Abstract of a Paper read at the Social Science Congress, Cheltenham, October 25th.

REMARKS ON ALCOHOL IN SOME CLINICAL ASPECTS.—A POISON: A REMEDY.

By GODWIN TIMMS, M.D., M.R.C.P. Lond.,
Senior Physician to the North London Consumption Hospital.

To alcohol may be unquestionably attributed more deaths than to all the rest of the so-called poisons. But if we grant this, we must also concede to alcohol the saving of more lives than to any other remedy.

It has been the custom to fly to it whenever a stimulant has been required, and it is readier at hand, quicker in its action, and more manageable than any other restorative. To the last of these properties it owes most of its usefulness, for the least experienced are generally successful in measuring the effects of its administration and apportioning the dose.

Out of the body, as every one knows, alcohol hardens, contracts, and condenses freshly removed animal textures; it protects from oxidation, and hinders decomposition, putrefaction, and fermentation.

In the living body its physical influence is modified, not destroyed; it still hardens, contracts, and condenses living tissues, it still protects from oxidation, and hinders fermentation. Added to these properties is the almost peculiar influence which it exercises by its specific gravity upon the universal (in living bodies) process of osmosis.

Taken into the stomach, of its effects some are immediate and obvious, some remote and obscure, many apparently contradictory. In different proportions, and under different conditions, it excites and stupefies; it increases and allays pain; it is a purgative and an astringent, a diaphoretic and a refrigerant, a diuretic and the reverse; it excites and destroys both appetite and digestion. It stimulates the cerebro-spinal nerves at one time, and at another paralyses sensation; it excites muscular action, and destroys muscular co-ordination. It is a direct sedative to the vaso-inhibitory nerves, and thus powerfully influences the circulation; while lessening the proportion of the blood in the vein, assuaging pulmonic congestion, and retarding decarbonisation, it produces warmth of surface, and determination of blood to internal organs. On the other hand, by its paratriptic powers, it restrains oxidation, and diminishes animal heat; it also hardens and contracts the arteries, diminishes the amount of blood sent to, and condenses and indurates organs. It acts differently upon the young and old (less injuriously upon the latter), the healthy and the disordered, upon the accustomed, and those unaccustomed to its use. Many of its effects, which are neither constant nor uniform, are lost by use; but many, and these are generally the most deadly, increase in power of mischief the longer it is indulged in. Finally, all its effects are much modified by the amount and frequency of the dose. Upon a substance so protean is it wonderful that opinions should be numerous and conflicting?

Case 1. *Immediate Fatal Effects of Alcohol.*—There was brought into hospital, when I was House Surgeon to the W. G. Dispensary, the dead body of a man reported to have fallen insensible while drinking a quart of whisky for a wager. The general conclusion at the necropsy was that death had resulted from nervous shock, somewhat in the way that it is supposed to occur from a full dose of oxalic acid or cyanide of potassium.

Case 2. *Death referred to a Single Dose of Alcohol taken Five Years previously.*—A boy, æt. 10, son of a London manufacturer, at seven o'clock on a summer's morning, accompanied by four younger children, found his way into his father's counting-house, where a bottle of brandy had been carelessly left overnight. Filling a tumbler, he offered it to his brothers and sisters, but none of them would taste. Suddenly a step is heard, and the cry is raised, "There's pa.!" The boy tried to pour the brandy back, but not succeeding, he drank the brandy, dropped the glass, and fell insensible. The father coming in on the instant, and hearing what had happened, throws the boy like a limp sack on his shoulder, and hastens off to the nearest chemist, who mixes some ipecacuanha and water and pours a portion of it down the boy's throat. By the chemist the boy is pronounced "dead." Thence the father hurries to the nearest hospital, where also the boy is pronounced "dead." Further on is the residence of the family doctor. To him the father rushes (boy on his shoulder), and by him boy is also said to be "dead." "What would you do," cries the father, "if he were not quite dead?" "So and so," says the doctor. "Then do it," says the father. Boy put into a hot bath, and cold water dashed over face and chest, after a time begins to show signs of life. Father's back was found to be covered with vomit, smelling of brandy, ejected while the boy was being carried from place to place. Ultimately the boy seemed to recover. Three years after, in 1863, the boy was brought to me with disease of the heart. Between his shoulder blades was a round pulsating protuberance, exactly as if half a cricket-ball had been inserted under his jacket. This was clearly his heart enormously enlarged, but not displaced. By gradually lessening the quantity of fluid imbibed, stimulating the excretions, by steel and iodide of potassium, the swelling in the back disappeared, and the action of the heart became less violent and irregular. In the Spring of 1864, anasarca with albuminuria made its appearance. By July, under the use of elaterium, all the dropsy had disappeared, and his urine had become free from albumen. In March, 1865, boy began to droop. Bronchial congestion set in, and heart's action became more feeble and irregular. Remedies took no effect, and he died by asthenia—gradual failure of the heart's action, hastened doubtless by the congestion of the lungs. In the last illness there was neither dropsy nor albuminuria.

After death all his organs were found healthy, except the lungs, heart, and kidneys. Throughout the lungs there was more or less congestion, intensified at the base, and much thickened mucus to be squeezed out of the cut surfaces, but every part was buoyant in water. The kidney structure was perfectly healthy, it might be said to be healthy to exaggeration. The colour and proportion of cortex and medulla, firmness of texture, and absence of every irregularity, gave it the appearance of a large wax model, The right kidney was a little larger than the left. The heart was also apparently healthy, but enormously enlarged. Both heart and kidneys resembled in size those of an ordinary bullock.

Had this boy died immediately after drinking the brandy, the cause of death would doubtless have been paralysis of the heart. The emetic, together with the jolting as he hung like an empty sack on his father's shoulders, as the latter ran from place to place—a combination of Nélaton's and Sylvester's methods—doubtless saved his life, but the heart had been dilated to the utmost extent compatible with the possibility of resuming contraction. The hypertrophy was a sequence of the excessive dilatation, and these necessitated hypertrophied kidneys. Hence we may infer that alcohol paralyses, in less than a fatal dose narcotises the nerves which preside over the contraction of the circulating organs.

Case 3.—A drayman, æt. 35, straight, tall, and healthy-looking, was admitted with compound fracture of the tibia without displacement or laceration. By the end of the first week half of him seemed to have disappeared; from a strong, active-looking, although never bulky, he had dwindled, in spite of full diet and stout, into an emaciated, shrivelled, aged-looking man. Diarrhœa set in at the third week, and he died within the month, in spite of the free ingestion of wine, beer, and spirits, full diet, opiates, and tonics. This man related that his appetite had been for a long time very poor; that he ate scarcely any food, but that, as a rule, he had for years drunk thirty-two half pints of ale daily.

This man's life may be described as a long continuous march over his own grave, as may be that of all drunkards. Although the constant presence of alcohol

in his circulation kept down waste to the utmost, and the soluble form in which he constantly supplied small quantities of food to the absorbents, supported life, immediately a call, and not a very heavy one, was made upon nutrition, cell-growth, and construction, the unreality of his life, in the full acceptation of the term, became apparent. We are not only pieces of mechanism, but self-repairing pieces of mechanism. This man was a machine in activity, but not a self-repairing one.

From this case may be learned that in diseases where no call for constructive nutrition exists, where waste is excessive, and the power of digestion lost, life may be supported for a long time by soluble food mixed with alcohol.

Case 4.—A baby, a month old, became frightfully emaciated from loss of the breast, refused food, even the milk of a wet-nurse, and in spite of every effort of his nurses was sinking fast. The women—there were seven of them—were all turned out of the nursery, and the father installed as nurse. One teaspoonful of brandy and water (one to four) was given every ten minutes, and a teaspoonful of cod-liver oil three times a day for forty-eight hours. Then milk and brandy and water were given alternately every ten minutes with the oil for forty-eight hours. More milk and less brandy were given for the next four days, after which the brandy was discontinued and the infant took the breast. Three ounces of brandy were taken daily for two days, one and a-half ounces for two days, and during the next four days the quantity of brandy was daily diminished. After the ninth day the infant took breast-milk and cod-liver oil only. The boy is now seven years old. In this case the beneficial action of alcohol was three-fold. Its first and chief effect was the immediate endosmosis which attended its ingestion; the second, stimulation of the sensory nerves, veins, and absorbents of the stomach; its third, relaxation of the arteries and facilitated circulation and secretion.

Case 5.—A gentleman, æt. 20, a law student, perfectly temperate, occupied in business during the day, found himself after a six o'clock dinner too sleepy to study. To obviate this he drank tea or coffee freely, with the best effect upon his ability to study, but with the worst upon his digestion. His appetite was soon impaired, and his uneasiness after any but the lighter kinds of farinaceous food became so great as to impose upon him a sort of semi-starvation. Impatient of the little benefit he derived from drugs, he discarded his doctors, and sought relief in a strict meagre dietary. Accidentally, he found so much relief from a glass of strong brandy, that he took to dram-drinking, and for two years his daily allowance was eight ounces of brandy. With the restoration of his appetite and digestion came a growing dislike for alcohol, which compelled him to relinquish his remedy, and to resume, in greater moderation, the slops he preferred. Is it too much to suppose that in this case efforts at digestion being constantly thwarted by large draughts of tea, an unusual activity of absorption was substituted; the veins of the mucous membrane became enlarged, and, as little gastric juice was required, little was produced, and the appetite disappeared—that in the recovery physical astriction of the veins of the stomach was the first step to a restoration of its function, which was completed by the physiological action of alcohol upon its nerves? As a solution of nitrate of silver dropped upon an inflamed conjunctiva increases the inflammation, yet cures the same membrane when in a state of venous congestion, so alcohol inflames a healthy, and heightens the mischief in an inflamed, stomach, yet cures what is called passive congestion of that organ.

Alcohol differs in its effects upon persons accustomed and upon those unaccustomed to its use. The first debauch is followed by most disagreeable results, such as headache, vertigo, nausea, and a feeling of general illness and impotence. A very short apprenticeship, however, soon produces seasoning, and unless the usual dose is much exceeded, scarcely any unpleasant effects result from its use. Pass on still farther, to the confirmed toper, and we find not only a tolerance of poisonous doses, but such a necessity for their repetition, that ruin and death in his path will not turn him from his course.

Dipsomania is an artificially produced condition or disease, in which there is an increased sensitiveness of the sensory division of the nervous system, increased inhibitory action of the vaso-motor nerves, and exaggerated reflex action and sensation. Every sensory filament of the cerebro-spinal system is ready to take umbrage at the slightest irritation, and the condition of the sufferer may be likened to that of a man whose epidermis has been thinned to the utmost without actual breach of continuity. The unrest culminates in the sleeplessness of delirium tremens, but when not so complete or so immediately dangerous, is a source of great discomfort and terror. The dipsomaniac, quivering in every nerve and shivering with surface cold, has a never-failing resource in alcohol. It steadies his tremblings, allays his universal irritability, warms his surface, and brings back his capability of taking the small quantity of food which usually suffices him. The great evil attending this mode of treatment is the increasing doseage required. If he would be content with the relief which a repetition of the same dose affords, he might prolong his life and stave off the more violent and sudden explosions of disease. But still if he escapes the more startling and disgusting effects, mental and bodily, of the immoderate use, he cannot escape the as certain, but slower, evils attending the moderate use of his remedy. For habit very soon masks the poisonous effects of alcohol, those upon the sensorium, upon the stomach, and upon the circulation. The headache, nausea, vertigo, shivering, and general *malaise* soon disappear, and the moderate drinker persuades himself that as he does not increase the daily dose, nor feel any discomfort, the quantity he drinks cannot hurt him. He would not so conclude if he took into consideration the insidious toleration of alcohol which use engenders, and which masks its undermining progress; for although custom destroys the *consciousness* of the mischief, it has not the slightest lessening effect upon the poisonous influence which alcohol has upon the tissues. Indeed, the longer a person indulges in moderate spirit drinking, and the greater the evils his textures receive, the less is his immediate perception of them. The poison of syphilis is said to be harmless to the syphilised; and to take alcohol with present impunity, proves the recipient to be ill or alcoholised; in like manner that a tolerance and fondness for tobacco is only found in those who have become nicotinised. It is as well to keep in mind that the majority of those who apply to us are suffering more or less from alcoholism, and to warn them that according to their habitual indulgence in stimulants they are unconsciously inflicting upon themselves more or less of the insidious evils which attend the ruin of the dipsomaniac.

From a state of intolerable suffering, alcohol, in sufficient quantity, raises the dipsomaniac to a condition of comparative comfort. In a rough way it may be said to have effects the reverse of those observed in the healthy. Instead of excitement of the sensorium and irregular discharge of nerve force, as hiccough, it produces calm and rest, in place of disturbance of the temperature of the body a genial warmth, and in place of nausea increased appetite. What is this artificially produced disease which alcohol has caused as a poison and relieved as a remedy? Evidently a reaction from its primary effects upon the nerve centres. Probably it acts in a similar way upon both cerebral and sympathetic ganglia, but, as might be expected, with results differing according as their functions differ. By its very first and most immediate effect, the dilatation of the arterial system by paralysis of the vaso-inhibitory nerves, alcohol causes determination of blood to the nerve-centres. A slight hyperæmia or congestion increases function, a graver congestion produces perversion, and a complete congestion annihilation of function. (*a*) In other words a moderate dose of alcohol causes excite-

(*a*) This mode of argument was admirably put by a writer in the *Brit. Med. Journal*, 1875.

ment and exhilaration; a larger dose intoxication, staggering, stammering, and double vision; a full dose stupor and insensibility. On the sympathetic, alcohol in excess (as in Cases Nos. 1 and 2) annihilates function and paralyses the heart; in less than a fatal dose it paralyses the inhibitory function and produces more or less dilatation of the arterial system, and determination of blood to internal organs.

The reaction from the effects of alcohol upon the cerebro-spinal system is exhaustion of nerve-force (as exemplified in the shattered condition of the drunkard before his morning dose), accompanied by exaggerated reflex action and sensation. The reaction from its effects upon the sympathetic is increased contraction or spasm of the arterial system. Dipsomania, then, is exhausted cerebro-spinal force and increased vaso-inhibitory action of the sympathetic. As steel relieves the mobility of the anæmic, food the irritability of starvation, arsenic, corrosive sublimate, tobacco, and opium, relieve the habitual consumers of them when suffering from their deprivation, so alcohol by producing the accustomed congestion of the nerve-centres, raises their function temporarily to a bearable and workable condition.

No one can deny the drunkard's assertion, that his drams produce a sensation of warmth at the epigastrium, and raise his surface temperature, for alcohol in a suitable dose would act in a similar way upon the healthy. But this effect is the more obvious in the drunkard, because the reaction from his previous indulgence has caused spasm of the minute arteries. Nor is the agreeable effect of alcohol upon the drunkard an argument for the healthy to imitate him. For an alcoholised person to take his customary dose of alcohol as a defence against exposure to cold may be reasonable, but the healthy person does not protect himself from cold by artificially producing determination of blood to his internal organs and a perspiring skin. Nay, after alcohol he needs more clothing to preserve his surface temperature, lest the determination of blood to his internal organs becomes increased by the astringing effect of cold upon the cutaneous vessels.

Besides exhaustion of the cerebro-spinal system, with its accompanying increase of irritability and reflex action and reaction of the vaso-inhibitory nerves (arterial spasm), the drunkard suffers from the physical effects of alcohol, contraction and induration of the tissues. The only remedy for the latter evil is abstinence from the poison. The benefit, however, of abstinence is only partial, it is not retrospective; for experience proves that the indurated tissues of a reformed drunkard are very seldom restored. For averting the future consequences of his indulgence we are powerless, but we have some remedies for his immediate sufferings, and by their alleviation we deprive him of his excuse for the continuance of his habit. A cup of strong tea is a popular remedy for the sufferings of a previous debauch, and its popularity is justified by conclusions drawn from the experiments of Dr. J. H. Bennett's Committee. From them it is inferred that theine paralyses both the sensory division of the cerebro-spinal nerves and the vaso-motor nerves. It is thus an antidote to the reaction resulting from alcohol, giving the somewhat similar relief to that which alcohol itself gives, but without its evil effects. Its sedative action on the sympathetic resolves the spasm of the arterial system without the reaction which alcoholic narcotism produces; and it allays the increased irritability of the sensory nerves, not by producing the accustomed congestion of alcohol, but by an anæsthetic action.

(To be continued.)

THE deaths in the four principal cities of the United Kingdom last week averaged 19 per 1,000 in Edinburgh, 21 in London, 21 in Glasgow, and 24 in Dublin. The highest death-rates reached were—Liverpool 28, and Oldham 29 per 1,000 of the population.

THE CATHETER AS AN ŒSOPHAGUS TUBE IN THE TREATMENT OF CASES OF INFANTILE CONVULSIONS.

By HENRY CORBY, M.D., M.Ch.,
House Surgeon, North Infirmary, Cork.

ABOUT six months ago I was summoned in a hurry to the female surgical ward to see one of the patients who had a fit. On entering, I found that the patient was an interesting little girl of about seven, who had been in hospital some time suffering from bone disease. She was now in convulsions, and it was suggested that as the previous day had been "visiting day" some of her friends may have brought sweetmeats that disagreed with her. The Sister of Charity in charge of the medical wards happened to be present, and being peculiarly observant, as the result of long practical experience in dealing with the sick, she noticed, and called my attention to, a prominence in the epigastric region. On percussing I found tympanitic resonance, and it instantly occurred to me that if I could eject the contents of the stomach, flatus and all, I might be able to cure the convulsions by removing the cause. But how was that to be done? If I attempted the introduction of an emetic or carminative I should do so at the risk of sending it into the larynx. A thought just occurred to me: I procured a large gum-elastic catheter, opened the mouth by means of a gag, and passed the catheter into the stomach. Instantly a large quantity of flatus came away, and could be heard crackling at the end of the instrument. Fluid also came, which was of a peculiarly tenacious character, being somewhat like the albumen of an egg, and mixed with it were bubbles, such as children make with soap-suds. As the stomach was being relieved the convulsions, previously extremely severe, gradually abated, and by means of a syringe fitted to the catheter I threw in some carminatives, as well as, if I remember rightly, an emetic. The child soon had a refreshing sleep and awoke quite conscious. On inquiry afterwards, I was not able to ascertain that the child had been eating anything particularly objectionable; I should have added that I aided the ejection of fluid and flatus by pressure over the stomach and intestines. This case seems to me peculiarly instructive; and that the catheter treatment will prove useful in very many instances of infantile convulsions may be easily inferred by a perusal of the notes I subjoin below. The introduction of the catheter is, I may say, attended with no difficulty, and almost the only danger to be feared is that of passing it into the larynx, which may be avoided by the most ordinary care. The catheter process has, I consider, two advantages over the ordinary medical treatment; it is more expeditious and more certain in its action. I believe, too, it is applicable in nearly every instance of convulsions supposed to result from worms, indigestion, &c., and it has the merit of aiding us in a diagnosis as to whether the convulsions may be centric or eccentric.

The following notes will aid in illustrating the treatment recommended:—

CASE I. (Nov. 23, 1877).—M. L., æt. 5½, was brought to the Infirmary in the early morning, about 5 o'clock. The mother states that when putting the child to bed last night, about a quarter to eight o'clock, she noticed "a wheezing on its chest." She saw the child this morning between three and four o'clock, and found that "the wheezing" had increased. About half-past four, her attention being attracted, she found that the little one was frothing at the mouth, had its eyes turned, and was generally convulsed. She took her out of bed and brought her to the Infirmary. Had been convulsed about three times before arrival at the Infirmary, and the convulsions were ushered in by flushing of the face; "wheezing" could be heard the whole time. Bowels were regular; was always subject to wind, and had a very delicate stomach; used occasionally to vomit phlegm, but very little food. Slightest cold used to smother up her chest and cause the "wheezing," which generally lasted a day or two, and

wore off. Last night she had at supper, in addition to bread and tea, some meat stewed with Swedish turnips. I used the catheter treatment, and flatus, accompanied by stringy fluid, escaped from the stomach; the little sufferer was gradually relieved, and the convulsions stopped completely. This was all the more remarkable as the child had been so ill that the resident pupil who had seen her first told me she was dying, and that I should not be out in time to see her alive. At half-past ten o'clock I saw her again; the respiration was bronchial or tubular, but the little one was sleeping tranquilly. She was put on some general treatment, and remained some five days in the hospital, but had no recurrence of the convulsions.

Case II. (Dec. 22, 1877).—W. B., æt. 3½, has had a cough during the past few weeks. To-day he was very inanimate, vomited about half-past six o'clock, p.m., and immediately afterwards the eyes turned, the legs and arms became convulsed, and there was complete loss of consciousness. When I saw him he was still in the convulsions. I passed a No. 13 gum-elastic catheter and ejected crackling flatus, bubbles, and sticky fluid; sent him upstairs; he went to sleep at once, and slept till ten, when he awoke quite conscious. His mother considered him sufficiently well to take him home at half-past ten, that is to say, four hours after the seizure. The child had been always delicate; passed worms several times, though not recently; has a large head, somewhat hydrocephalic in appearance; is deaf; never speaks, if we except an imperfect attempt at articulating the word "Papa;" and the eldest of the family, a child about two years older than this one, died of hydrocephalus.

Case III. (Jan. 11, 1878).—T. C., æt. 2½, got a stumble at door, falling on back, but not on head; became pale, dosed off a few minutes, awoke up "quite foolish," with "stand in eyes," and appeared to be "inwardly convulsed." I saw him soon afterwards, and found the right side of face and part of left convulsed. Mouth was jerking to right side; right arm and leg were convulsed; left arm moved, owing to movements of other side; pupils somewhat dilated; some râles in chest; abdomen tympanitic. On throwing up clothes to examine abdomen, the convulsions ceased. I waited about ten minutes till they came on again, and when about adopting treatment they stopped once more. I then introduced a No. 12 catheter, and flatus came crackling off. Pressure externally caused fluid to be jerked out like a shot from a pistol. The fluid, which was accompanied by bubbles, was rather clear, and not at all so adhesive as in former cases. Little patient went to sleep almost immediately afterwards, and remained so four or five hours; then awoke "a little foolish-looking," but within about ten minutes recognised the mother. Next morning (Jan. 12th), he was very dry, vomited, throwing off a little tea each time he drank it. In course of days he was able to leave hospital; had had no return of convulsions, and when going out was a stout healthy-looking boy, but though there was little or no tympanitis, some flatus could be heard passing off by the mouth, and the mother stated that he had been often so affected. The previous history showed that the child had been complaining of abdominal pain during past fortnight. About six months ago mother procured worm lozenges, but did not notice any vermes in his stools. When about six or seven months old he had convulsions very severely, lasting about half-an-hour, and attributed at the time to teething. He then went to sleep, and the convulsions returned during the day.

Another child of same family suffered from convulsions about three months ago, and died aged four months. Had what was supposed to be thrush, prior to the fatal attack of convulsions. Mother and father both complain of flatus, and the latter is subject to "bilious attacks."

(To be continued.)

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

October 21, 1878.

Mr. Erasmus Wilson (the President) delivered the following

OPENING ADDRESS.

Gentlemen,—Our attention is continually drawn by the periodical literature of the day, to the question of centenarianism. A great medical authority, namely, Hufeland, in his "Art of Prolonging Life," has set down the age to which we might hope to attain at 200 years. It is a part of the business of this Society to work out that problem by endeavouring to discover the best means of preventing and curing disease, and at the same time, and most emphatically, of preserving and maintaining health. An eminent Fellow of this Society, one of those upon whom the honour of occupying this chair has devolved, once expressed to me his strong conviction that man ought never to die from ordinary disease. But if any doubt should present itself with regard to centenarianism in man, there can be none as to the permanence of the institutions which he creates. This excellent Society, for example, dignified with the proud name of the Medical Society of London, celebrates this evening, its 106th anniversary. It may be truly said to be full of years, and it is, moreover, no less full of constituent members, and of financial means. Nevertheless, it is always a happiness to add new names to our numbers, and to drop new subscriptions into our coffers; the former bring us wealth of intellect, the latter, that more worldly wealth which we know so well how conscientiously and usefully to apply. It was said of Sir Christopher Wren, by a visitor to St. Paul's Cathedral—"*si monumentum quæris, circumspice!*" In the same spirit, I may say of this Society, if you would know what it is, look around upon its members and their works; and I will also venture to say, at its ornaments. No altar of science could be graced with a more soul-stirring impersonation of earnest thought and honest search after truth, than the august assemblage of our fathers represented on the canvass that hangs over the President's chair; and perhaps, even more impressively in the engraving which brightens the walls of our library. Our younger members cannot but be inspired by its contemplation, to become such as they; our older members will be confirmed in their determination to maintain the honour of the past, and perpetuate the renown of the future. Our immediate past President remarked to me when first I took my place in this chair, that, nothing had struck him so forcibly as the earnest and conscientious intent and work, manifested by its contributions and by its discussions. My own experience, so far as it has gone, tends to corroborate his views. The President whom we see seated at the head of the Board in this famous picture by Copley, is Dr. Sims; the speaker is Dr. Lettsom; and the rest, nineteen in number, are men whose names are still held in high respect at the present day. It is worthy of note that of the twenty-one figures, seventeen are those of physicians, and four only of surgeons; while one alone is a Fellow of the Royal Society. One of those present standing at the table is Edward Jenner, the discoverer of the protective influence of vaccine lymph against small-pox, a discovery which has spread its benign influence throughout the entire world. On the walls of the room are serried columns of the past Presidents of the Society. Among the foremost of these will be observed a name which deserves to occupy a high place in the estimation of every member of the profession: it is that of Willan. In the more recent additions to the list, we find the names of numerous past Presidents, whom it is our pleasure and gratification to see amongst us still, encouraging us their presence, and animating our discussions with their stores of varied information and experience. Of these latter, we shall be pardoned a sentiment of pride in enumerating the names of the President of the College of Physicians, Risdon Bennett; of a past President of the Royal College of Surgeons, Henry Hancock; of Hird; Garrod; Greenhalgh; Hare; Henry Smith; Richardson; Gay; Andrew Clark; Bryant; Habershon; Routh; Adams; and Buchanan. The name of Willan, who first in this country gave a scientific character to the comprehension and classification of cutaneous diseases, reminds us how much we are indebted to the labours of our predecessors, and how much we may be influenced for good or for evil by their reputation. Linnæus classified the vegetable kingdom,

the German school applied his views to cutaneous diseases; Willan pruned and shaped the Teutonic system to the purposes of his countrymen, and in that form it has been transmitted even to ourselves. Jussieu laid the foundation of the natural families of plants; Alibert adopted a similar principle for cutaneous diseases; but Alibert failed to secure the popularity of Willan. The labours of Rokitansky inspired the classification of Hebra; and the views of Hebra continue to receive a hearty acceptance amongst us at the present hour. But what is our practical position in this respect to day; such terms as eczema, psoriasis, prurigo lepra, tinea, lupus, &c., which once sheltered a secret as mysterious as those of Freemasonry, have become words of common usage with the general community, and are so well defined both objectively and subjectively, that classification has been robbed of much of its complexity, nay, has very nearly been routed completely from the field, and has become almost a by-word of pedantry. Aberrations of circulations and aberrations of nutrition, are the sum and substance of their pathology; common and specific causes of their etiology; functional regulation and conservation of their therapeutics. During the already short period of my Presidency, I have listened with attention and instruction to a series of valuable papers which have been read to the Society by its Fellows; and I may here remark, in comparing 1878 with 1785, the probable date of our picture, that, in place of the physicians exceeding in majority, the number of the surgeons have more than doubled the number of the physicians as contributors to our common store of knowledge; a fact which may be taken in illustration of the advanced condition of surgery at the present day. Scientific honours have likewise been acquired in larger proportion by our profession, showing a general as well as a special movement of advancement. In reviewing the contributions which have come before us during the present session, I would mention an excellent paper by Dr. Cobbold, recording his own observations and those of Dr. Manson, of Amoy, on the filaria Bancrofti, or filaria sanguinis humani. Dr. Cobbold narrates that it was suspected by Dr. Bancroft, and subsequently shown by Dr. Manson, "that the hæmatozoal micro-filariæ were passively transferred to the stomach of mosquitoes." To prove the fact, "Dr. Manson induced an infected Chinese to sleep in a mosquito-house, and thus provided on the following morning a number of mosquitoes that had gorged themselves with blood containing human filariæ. A relatively far greater proportion of hæmatozoa existed in a drop of the insucked blood taken from the mosquito than in a drop taken from the Chinese in a direct manner. The construction of the proboscis of the female mosquito seems to be especially adapted for drawing the worms out of the capillary blood-vessels." But more important is the suggestion that there is every reason to believe that the microscopic hæmatozoa of man are capable of producing a variety of diseases, some of which are endemic. "In this category, he places certain forms of hæmaturia, chyluria, varix, elephantiasis arabum, and other lymphoid affections, and likewise the African cutaneous disorder, termed craw-craw. The whole of them have been characterised as constituting varieties of one disorder, which Dr. Bourel-Roncière terms, "Wücherer's Helminthiasis." The adult worm, says Dr. Cobbold, was first discovered by Dr. Bancroft, and first described by himself. Then we had a valuable and practical paper, entitled "Notes on some of the common disorders of Children," from Dr. Sansom. Dr. Sullivan favoured us with an important and suggestive paper on the probable mode of action of malarial poison on the human organism; calling special attention to the peculiar relations of the gastro-splenic and hepatic circulation. And Dr. Drysdale illu trated the universality of disorder caused by syphilis, in especial reference to the nervous system, and its capability of producing aphasia and locomotor ataxia. Mr. Lund, of Manchester, presented us with a paper founded on the removal of the astralagus from both feet in a case of double talipes. The discussion which followed the reading of this paper, raised the important question of the removal of portions of the osseous structure of the foot for the cure of deformities, and the differentiation of cases in which this method might possess advantages over that of the division of tendons on the one hand, or of gradual extension on the other. Mr. Fisher exhibited two patients suffering under congenital talipes of both feet. Mr. Owen, two cases of congenital wry-neck; and Mr. Mason, a remarkable example of congenital deformity of the rectum from error of development. We were favoured by Mr. Bryant, a past President of the Society, with a valuable paper "On the Surgical Treatment of Intestinal Obstruction, with illustrative cases of Enterotomy." The guiding principles for the exploration of the abdominal organs; the practical features of diagnosis; and the efficiency of operative procedure, in some of these cases, was most ably and instructively discussed. Mr. Teevan read an excellent paper "On the Selection of an Operation for Stone in the Bladder." This paper was remarkable for extensive research, careful statistics, and a scientific examination of various practical facts bearing on the subject. Mr. Rose showed a patient for whom he had successfully removed one-half of the lower jaw, with so little subsequent deformity as to elicit congratulation. And Mr. Allingham showed a huge mass of thickened and infiltrated mucous membrane which he had removed by operation from the rectum. Cutaneous affections were illustrated by several cases which were submitted to the examination of the Fellows. One of these cases was a remarkable example of molluscum simplex. Others introduced by Mr. Balmanno Squire were illustrations of rodent ulcer or epithelioma of the skin, lupus vulgaris, eczema, impetigo, and nævus. Mr. Balmanno Squire also described a new operation for the cure of port-wine mark of the skin, consisting in the section of the vascular rete of the corpus capillare by a multitude of superficial parallel incisions closely drawn, sometimes in one direction only, and sometimes cross-patched; and Dr. Morris exhibited an instrument that he had constructed for the operation. The instrument was composed of numerous minute blades which could be regulated as to height, and which acted by being drawn upon the skin. The Orator of the year, Dr. Carpenter, of Croydon, brought under our attention in an earnest and temperate address, the important question of the *use* and the *abuse* of alcohol; a social question, which perhaps more than any other, is occupying the minds of the public in every sphere of life at the present day. This grave subject comes before medical men in the threefold light of its moral, its social, and its therapeutic bearings. In its *moral aspect*, medical men will all be of one opinion, that, rather than be abused, as too constantly is the case, it were better that alcohol as an article of diet should be abandoned altogether. In its *social aspect*, we may be induced to consider its utility, when employed in moderation, as a means of assisting and promoting digestion, and in some wise, of invigorating the nervous system, and thereby the vital powers of the organism. And in its *medical aspect*, we may be disposed to consider, with more than usual care, the circumstances and the doses in which it may be appropriately administered. Perhaps were it alone employed as a medicine, and not as a luxury and an indulgence, no objection could be offered to its use. But it may be said by some, to be therapeutical, even when taken as an element of diet; since a slow and imperfect digestion implies a weak organ and organisation, and the presumed remedy is thereby brought into the category of medicinal substances. On the other hand, it is argued by the advocates of total abstinence, that were alcohol never to be used, it would never be required; but, against this, it may be presumed that we should eliminate those examples of failure of strength and health which result from the exigencies of so-called civilisation. This question of total abstinence from alcohol, is singularly illustrated by the present wide-spread use of tobacco. As I myself never smoke, or consume tobacco in any other way, I can never know the want of tobacco, and I might argue, as some would think, selfishly, that tobacco was utterly unnecessary for the well-thing of mankind. But the smoker will tell us that to him it is indispensable; that it assists digestion, corrects acidity of stomach and flatulence, and promotes the peristaltic action of the alimentary canal. In other words, use has made it a necessity of his organisation. On the other hand, it may easily be proved that the digestion of the non-smoker is as well, if not better, performed as that of the smoker, and that a large proportion of the population, namely, the women and children, live very well without it. It cannot be said that their digestion and assimilation suffer from the want of it, or that they would be improved by its use. And the only conclusion that we can come to is, that the smoker has created a necessity, and has made himself the victim of his own weakness. I take the instance of smoking, simply to show how a bad habit may be wilfully created, and that it may subsequently become a necessity of existence. But a

difference must be admitted between tobacco and alcohol, the former begins as an indulgence; the latter is a medicine, and in some respects a food. As food, it is brought within the reach of all classes, and therefore, is all the more likely to be abused. Looking forward to the future of the Society, I may mention that it is in contemplation to devote a small portion of the time of certain of our meetings to demonstrations of microscopical subjects; to be accompanied with a short explanatory notice, and to be restricted as much as possible to objects of practical interest. In concluding my observations on ourselves, our doings, and our expectations, it might be thought to be a part of my duty to exhort you to persevere; but this, I am happy to say, is perfectly unnecessary. Our special text, "Work, work, work!" has been uttered by many distinguished members of our profession; we know it to be the medicine of success, and its teaching is universally acknowledged and acted upon by our professional phalanx; not success in worldly eminence, but success in the attainment of professional honour, and of the means of alleviation of the pains and sorrows of the public with whose well-being we are entrusted.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 6, 1878.

THE ANTIPYRETIC AND HEROIC TREATMENT OF FEVERS.—II.

IN our last issue we observed that the question as to the propriety or impropriety of Liebermeister's system of treating typhoid fever was a question of great interest, and one that involves principles that are of the greatest importance, not only with regard to the treatment of typhoid fever, but with regard to treatment of disease in general. For that reason we propose to return to the subject and to see, with Dr. Gairdner, whether Liebermeister can give any clinical proof that his heroic plan of treatment is superior to any other, or to that usually adopted by the profession. For the purpose of comparison he divides his cases into three categories:—1. Those under what he calls "indifferent treatment;" 2. Those under "incomplete antipyretic treatment;" and 3. Those under "systematic treatment. The respective percentages of mortality of these three categories of cases were: 27·3, 16·2, and 8·2. Now, it is an old saying that "statistics may be made to prove anything." For all that, we are not prejudiced against this method of proof; on the contrary, we believe that if the data be sufficient for the purpose, and if all sources of fallacy are carefully eliminated, statistical proof is the most reliable and the most striking that can be offered. But with regard to the cases brought under his "systematic treatment," we are not, as Dr. Gairdner justly remarks, informed either of his principles of diagnosis, of his selection or exclusion of cases, or of the proportion in which baths, digitalis, veratrum, calomel, &c., formed parts of the treatment while under his care in Basle Hospital. Nor does Liebermeister say what place in his statistics is occupied by a case admitted moribund, or at an advanced period of the disease, or with complications which may have precluded the employment of his systematic treatment. From several hints he has given, and from certain qualifications he makes with regard to the use of baths, &c., it is highly probable that many fatal cases (which would have swollen the mortality) were, on the above grounds, excluded. Hence, with regard to his third category, the statistics he cites must apply only to those cases which he regarded as being suited to the antipyretic treatment. It is clear that any selection of cases must vitiate any statistics that are brought forward to prove the superiority of one kind of treatment over another, except in comparison with another class of cases submitted to different treatment in which the same selection has been made. Nor was it right for Liebermeister to contrast his selected cases treated "systematically" with those in which the disease was so indifferently treated as to have a death-rate of 27·3.

But even putting the best construction upon Liebermeister's statistics, and granting the validity of the conclusions he would draw from them, it cannot be said that they form a very favourable contrast with those that have been adduced in support of a more expectant, and we might add, a more rational plan of treatment. For instance, Dr. Gairdner contrasts these statistics with those he obtained from the Glasgow Royal Infirmary with respect to the mortality from a great epidemic of typhus fever, in which the treatment was nearly expectant as regards drugs and stimulants, though not at any time absolutely expectant, or pursued as a routine. And what was the result? The rate of mortality in the aggregate was reduced to 9·3 per cent. over 108 cases, and 11·5 per cent. over 703 cases, *taken absolutely without selection or exclusion*. The last series of these cases (108 in number) was published in considerable detail in the *Glasgow Medical Journal*, January, 1865, with the view of securing attention to the principles and methods of treatment, and with the more particular object of bringing out in detail the drugs and stimulants (if any) employed in each particular case, with the circumstances that led Dr. Gairdner to give or withhold such remedies. The results, which are foreign to our present purpose, will be found in the pamphlet above-mentioned. During the years 1865-68, Dr. Russell, pursuing at the Glasgow Fever Hospital the same ideas and methods that had guided the practice of Dr. Gairdner,

was able to show a rate of mortality in typhus of 9·05; while, at subsequent periods, he was still more fortunate. For, in 1869-71, the mortality in typhoid or enteric fever in Belvedere Hospital was only 6 per cent.; the rate of mortality in other periods of Dr. Russell's returns being 6, 7, 9, and 11 per cent. It must, moreover, be borne in mind that in the statistics of Drs. Russell and Gairdner the principles of diagnosis were rigidly applied in every case, no other selection was used in admission of cases to the hospital than was unavoidable, and no selection with regard to the system of treatment pursued. Nor was any case, *even if admitted moribund*, excluded from their statistics. This is a great point considering that it is a common habit of hospitals to exclude from their returns cases dying within 24 or 48 hours after admission. But Drs. Gairdner and Russell deliberately placed their statistics at this disadvantage as compared with others, in order that there might be no room for cavil.

Taking, therefore, into account the fact that the figures of these physicians include every case of fever admitted to their hospitals, and that no such certainty exists as regards the German figures, we quite agree with Dr. Gairdner in asserting that the results of Liebermeister's antipyretic treatment cannot claim for it any superiority over the treatment adopted in our own fever hospitals. Indeed, we would venture to go further and to say that, but for a certain amount of selection in his cases, and for the exclusion of very bad or moribund cases, his statistics would contrast unfavourably rather than favourably with those that have been furnished by other observers. At all events, we think that Dr. Gairdner is justified in stating that the results of the treatment adopted by him and his colleague, Dr. Russell, "are absolute evidence against Liebermeister's conclusion that the prodigious *apparatus medicaminum* which he uses is (as he puts it) necessary to keep the mortality from rising to the high level it reached in the Basle Hospital in 1864, under what he calls 'indifferent treatment.'" Indeed, Dr. Gairdner does not put the case too strongly when he says: "I am not yet convinced that it is absolutely necessary to keep a fever patient suspended between pyrexia and collapse by means of cold baths, and still less that it is necessary to half poison him with digitalis and veratria, and then restore him with stimulants, in order to secure his safe passage through an attack of typhoid fever."

Nor was a more favourable view taken of this heroic treatment by members who took part in the discussion on Dr. Gairdner's paper. Dr. Russell wondered that so many patients survived after running the gauntlet of so many conditions of all kinds—heat and cold, stimulation, and reaction. Dr. M'Call Anderson said that he did not think that the antipyretic treatment, as practised by Liebermeister, would ever be transplanted to this country. Dr. Richmond characterised the treatment as a routine system, utterly bad. As regards lowering the temperature, that could be done, he said, hydropathically, without having recourse to the cold bath. Similar opinions were expressed by other members who were present at the meeting of the Glasgow Medico-Chirurgical Society; and we should like to know what other view could be taken of such treatment by any one who is conversant with the general pathology of fever, and with the conditions of recovery or death from this class of disease, and who will take into account what great factors the *vis medicatrix naturæ*, the constitutional powers of the patient, and the character of the epidemic, are, in the favourable termination of fevers. So great, however, is the "influence of authority in matters of opinion" (and, unfortunately, the treatment of disease is still in a great measure a matter of opinion) that some may think it impertinent of us to condemn a method of treatment that has been extolled by a German physician, and by so eminent an authority as Liebermeister is justly considered. But we must not forget that great men are not exempt from great hobbies, that therapeutics is not yet a science, and that he is not the only physician whose great reputation has given a temporary *éclat* to a method of cure that has been afterwards condemned by the general opinion and experience of the profession. Liebermeister's statistics put us in mind of those which, under the name of his "numerical method," were adduced many years ago by M. Louis in proof of the superiority of one kind of treatment over the other, and which were very justly ridiculed by Dr. Copland in his "Dictionary of Practical Medicine." We might also remind the reader of the short-lived popularity of Rassori's treatment of fevers and inflammations by large doses of tartarated antimony; of Bouillaud's large blood-lettings; and, to come to a later period, of Dr. Todd's heroic exhibition of alcoholic stimulants. But the task would not be an agreeable one, nor one very flattering to our position as therapeutists. The little advancement we have as yet made in the scientific and positive treatment of disease is too painfully shown by our various and very opposite methods of treating fevers—stimulant, contra-stimulant, alterative, expectant, hydropathic, and homœopathic!—and we regret that Liebermeister's complex antipyretic treatment should have reminded us of that fact.

THE DENTAL LICENSE OF THE IRISH COLLEGE OF SURGEONS.

The Report of the debate in the General Medical Council upon the circumstances attending the establishment of a dental license by the Irish College of Surgeons has, no doubt, amused our readers, if it did not inspire them with a very warm admiration for the Council. The unwonted access of energy which seized upon the majority of the Council, and the horror-stricken indignation of the Scotch members when the unheard-of venality of the Irish College was unfolded by Mr. Turner, is a really edifying and wholesome spectacle for those who are uninitiated in the practices of the diploma market north of the Tweed, but for those who know all about Scotch special examinations held at the hour of dawn, and about London years of grace, the purism of the Medical Council will seem somewhat tarnished and spotty. In truth, the display of virtuous indignation on the part of a section of the Council did not add to its dignity, for it was overdone, emanated from a suspicious quarter of the kingdom, and had the appearance of spiteful retaliation rather than of honourable remonstrance. The representatives of Scotch licensing bodies, who had been obliged for many years to listen to humiliating criticisms by the Irish members

as to their standard of education and method of examination, had found, as they thought, a rare and unmistakeable opportunity to retaliate upon the Irish College, and by pulling down its prestige to rehabilitate their own, and they availed themselves of the chance with a haste and an apparent satisfaction which was indiscreet because it was too obvious.

The true story of the affair is this. Some three years ago a dental hospital was established in Dublin, and its establishment suggested to the minds of many of the Dublin dentists and of some councillors of the Irish College of Surgeons, that it was high time that Ireland should participate in the education and licensing of dental surgeons which was then the monopoly of London and the London College of Surgeons. There seemed to be no good reason why Irish students should be obliged to live in London, serve an apprenticeship to an English dentist, and pay for and pass a London examination, before they could receive a special dental qualification, especially as there was ample material in Ireland—patients—students—teachers—and Colleges—for the education and examination of specialists in this branch of surgery. Moreover, it was evident to every unbiased reader of the Regulations of the London College of Surgeons that they were of a stringency altogether beyond what was necessary to secure perfect competency and reasonable professional standing amongst dentists, and that they did, in fact, exclude from the prestige of a license in dental surgery men who were thoroughly capable for their work—of unquestionable experience—and of excellent social and professional position. The effect of these regulations upon dentistry in Ireland was indeed obvious, for while unquestioned rank in Dublin was held by one or two Fellows of the Irish College, and one or two surgeons and London dental licentiates, the dental practice of the great majority of the Irish people was conducted by practitioners (who though in many instances undeniably capable, and enjoying first class positions and lucrative practices) yet held no special qualification at all. In fact, a clear case was made out for the establishment of a license which would take in the large class of competent and respectable dentists who were tabooed by the London regulations, but which would rigidly exclude the mechanics and pretenders whom Mr. Tomes and Sir John Lubbock have now dubbed red-letter dentists.

The Irish College, though, we believe, impressed with these circumstances, did not take any steps towards establishing a license, because the institution of such a qualification would have involved a change of charter, an expensive and hazardous proceeding; but when Mr. Tomes and his Committee proposed to relieve the College of the necessity for such a change by means of a clause in Sir John Lubbock's Act, the Council of the College very naturally looked with favour upon the proposition, and when the Act became law decided at once to avail themselves of its provisions. The Council was, of course, fully sensible of the advantages accruing from the establishment of the license; it looked to attract to the College a useful and creditable class of licentiates, and thus to increase its influence; it desired to provide for Ireland educational advantages not hitherto enjoyed; and lastly, it looked, of course to be repaid for the trouble and responsibility, which the examining of the new licentiates involved. And, why not? Are not all these objects perfectly legitimate, and can the censors of the College produce a substantial fact to prove, as hinted, that the College has sacrificed its prestige or its duty, or attempted to make money by admitting low-class or incompetent licentiates? On the contrary, it has guarded itself sternly against the incursion of such persons into the profession in many ways. Firstly. It has insisted that an applicant admitted during the year of grace, shall have been at least five years in *bonâ fide* practice. Secondly. It has refused admission to all who could not pledge themselves that they had not advertised or used other unworthy means to obtain practise for two years past, and would not do so at any future time. Thirdly. It has retained power to cancel any diploma whose holder breaks this pledge. Fourthly. It has, in every case, acted upon the fullest information attainable, and has invested its Board of Examiners with absolute discretion to refuse both the incompetent and those of doubtful repute. Fifthly. It has required testimonials to character from both surgeons and the members of dental societies who seemed to them most worthy of trust; and lastly, it has submitted all candidates without exception to a written and a *vivâ voce* test held by a Board of Examiners, dental and surgical, of the highest probity and competency, such examination being in all respects adequate to try the capability of all doubtful candidates. Do previous experiences justify the hope that when the Glasgow and Edinburgh Colleges, whose representatives evolved such virtuous indignation, come to establish their own licenses they will honestly enforce as many safeguards as these against the incursion of improper persons into the roll of Dental Licentiates?

But the College has had to answer for other acts than its own, and has been obliged to set itself right by a decisive repudiation. As we have said, the movement for the establishment of a dental license in Dublin began with a section of the dental profession in Ireland who experienced the need of such a qualification. Acting, as they were perfectly entitled to do, these gentlemen exercised their influence with the Council of the Irish College, and when that Council decided to act upon the suggestion, the same gentlemen as was quite reasonable, put out, their best energies to enlist the co-operation of the dental profession in England and Scotland. In May, 1877, a general meeting of the dental profession was convened in Manchester, at which the chair was occupied by Mr. Oakley Coles, and very many dentists of the best repute from all parts of England and Scotland were present. Definite resolutions were then and there adopted with unanimity, approving warmly of the movement for the establishment of an Irish dental license, and constituting a Council to advance that purpose, which Council afterwards delegated its active functions to a sub-committee of five gentlemen, of whom but one was Irish. Of this meeting of the profession, however, the Irish College knew nothing, nor had it any act or part in the influence thus exercised outside Ireland; but, very reasonably, it lent attention to the representatives of the executive committee, knowing, as it did, that that committee was the offshoot of a responsible and numerous section of the dental profession in England and Scotland. Of the means adopted by that executive committe, and of the funds collected by them,

the Council of the College knew nothing, and it was not its business to inquire, inasmuch as it had not identified the College with the committee, and was perfectly free to accept or reject its advice. As a matter of fact, and a necessary consequence of the energy displayed by that committee, the majority of the candidates presented themselves to the College through its agency. The Board of Examiners, while giving the weight which they considered due to the recommendation of a representative body of professional men who had special means of information, and who had displayed such energy on behalf of dentistry in Ireland, acted as if such committee never had existed, and rejected without hesitation such of the applicants as did not appear—notwithstanding the recommendation of the committee—worthy of holding the license, while candidates who presented themselves without any communication with the committee were received as readily as if they had come to the College through its agency.

It was, we believe, on the morning of the meeting of the Medical Council that Mr. Macnamara, the representative of the College, learned for the first time that this Dental Diploma Committee had adopted means to bring forward candidates for the Irish Dental License which the College could not approve; had used the name of the College as if it were their own property; and in connection with the Irish Dental License, had solicited money for expenses, as if that extra fee was to be the price of the committee's recommendation. They had even gone so far as to write letters in which it was put forward that the committee was the only straight road to the diploma, and that, without its recommendation, there was little chance of any one obtaining it. From such statements as these it was natural that the Medical Council should jump to an impression unfavourable to the Irish College, and that they should give expression to their anger as they did; but it would have been reasonable and fair that they should have identified the College with the committee's acts before making the attack, and this they did not and could not do.

The Council of the College had, however, in presence of these disclosures a plain course open to it, and that course it has followed without hesitation. It has repudiated any responsibility for the acts of the committee, and has refused to accept the recommendations of it or of any other dental organisation. The Board of Examiners will, in future, judge for itself by thenames endorsed upon each application, and by such inquiry as may be necessary. It will require in every case ten days to make such inquiries, and will accept no suggestion upon the matter from anybody.

It is be regretted that the name of the College should have been made use of as it has been, but having thus set itself right at the earliest moment, the College has lost nothing by the onslaught of the Scotch Council representatives. It has acted strictly within its powers under the Act, and, we consider, with strict propriety, and can afford to trouble itself no further about the occurrence.

SELF-SUPPORTING HOSPITALS.

The Rev. J. Erskine Clarke, Vicar of Battersea, has written to most of the daily papers calling attention to the great want in his district of a self-supporting hospital. He says that "the populous and rapidly increasing district around Clapham Junction is four miles from the nearest general hospital. To meet this local want, and also to try an important social experiment, I have secured a mansion with an acre of land on the proverbially salubrious verge of Wandsworth Common. Medical men say that the house will lend itself well to the purposes of a hospital, and I am prepared to use it in this way, if the scheme receives sufficient support to free it at the outset from a heavy burden of interest for borrowed money. I have already had entrusted to me about half the purchase money of the freehold, and my present aim is to collect a sufficient further sum to start the institution in a rent-free house. When that is done we purpose that the Battersea Hospital be self-supporting for medical attendance, nursing, and maintenance, or that it shall cease to exist."

We wish the reverend gentlemen success in his undertaking, but we doubt whether it will be so practicable as he supposes. Of course, from an abstract point of view, it may be asked why there should not be self-supporting hospitals as well as self-supporting or provident dispensaries? But there is a great difference in the two cases. As regards dispensaries, the expenses which they entail are comparatively trifling, while the funds that are required to support a large general hospital are so great that some of those institutions which are "supported by voluntary contributions" are occasionally in a state of imminent bankruptcy, as indeed was the case with the hospital to which Mr. Erskine Clarke refers in his letter, and which had last year a deficit of £75,000. Besides, it is a well-known fact that even many of the so-called provident dispensaries are by no means self-supporting but are partly dependent upon the voluntary contributions of the inhabitants of the districts in which they are situated. Now in the case of a self-supporting hospital, which, be it observed, is intended for the working classes, the members would either have to pay by monthly instalments a certain sum of money, whether they were ill or well, as in the case of provident dispensaries and clubs, or they will be required to pay the hospital charge only for the period during which they are under treatment. In the former case their monthly instalments would have to be so much larger than what they had been in the habit of paying to the provident dispensary, that probably very few would support the movement. In the latter case the hospital expenses would necessitate their paying a comparatively large weekly sum, and that, too, at a time they would be least able to afford it. A working man, for instance, is obliged on account of illness to enter one of these proposed hospitals. His wages at once stop, and even supposing that he belongs to a provident club or accident insurance office, his weekly allowance would do no more than support his family. In fact, such a system as Mr. Erskine Clarke proposes, could, in our opinion, be successfully carried out only in the case of home hospitals for well-to-do patients, but as it is not for this class of people that he intends his "self-supporting hospital," we fear that his charitable and praiseworthy scheme will not in the long run be found to pay.

ANTI-VIVISECTORS' TACTICS—A CHALLENGE.

THE anti-vivisectors have—to their disgrace be it said—resorted to the same tactics they adopted with so little success last year in order to defeat the intentions of the benevolent and injure the sick poor by checking the flow of charity on Hospital Sunday.

To prevent those who will listen to and believe their statements from subscribing to the Dublin hospitals they have repeated the accusation made a few weeks ago against the London hospitals, but instantly refuted, that vivisection is carried on in these institutions, and that the money given for charitable uses is applied to the torturing of dumb animals. We regret also to observe that they have found a Dublin daily newspaper, which long enjoyed a repute for respectability, willing to put at their disposal the means of publishing this falsehood.

We find it difficult to speak with sufficient emphasis and—at the same time—in moderate language, of the proceedings of these persons, for we have no means of knowing whether they are to be regarded as fanatics—who, deprived of sense and honour by the influence of a dominant craze, refuse to inquire or learn about any fact which does not chime in with their pet delusion—or whether we ought, on the other hand, to set them down as professed agitators who regard little the means by which they "keep up the steam," if only they can persuade the uninitiated and credulous that they are working in a good cause, and are deserving of "cheque by return of post."

Whichever of these classes the Dublin anti-vivisectionist agitators may belong to, we feel ourselves justified in accusing them of promulgating, with evil intention, a statement which, having had the best evidence of its want of truth and abundant time for inquiry, they must know in their hearts to be a deliberate and malicious falsehood; a falsehood, arising perhaps, in the first instance, from misconception, but now reiterated for the advancement of the agitation, without which these busybodies would sink into utter obscurity.

Taking the charitable view of this act, we assume that they are deaf to evidence and blind to facts, but the Editors of newspapers cannot be so, and it seems to us without justification that they should lend the columns of their journals for the promulgation of statements which, if true, they could readily verify, and, if false, they must know to be directed against the cause of charity.

We find in *Saunder's Daily News* "the following facts" stated as "reasons for discrimination in supporting hospitals." An accomplished physiologist and M.D., who was a student at University College Hospital about ten years ago, says (November, 1875)—"No course of physiological lectures, so far as I am aware, is ever given at any medical school without demonstrations involving vivisection. *To every hospital in London* is attached an *employé* whose business it is to procure stray dogs and cats for use in a laboratory. This he does by means of some decoy, such as a small piece of meat, or other inducement held out to follow him. The animals are then chained up in a cellar and taken out as they are required."

We assert this statement to be a deliberate falsehood; we demand the name of the "accomplished physiologist," one single hospital in London or elsewhere (not a medical school) which has "an *employé* whose business it is to procure stray dogs and cats." We declare that it is an intentionally untrue inference, that even if such practices existed in medical schools, which we believe is also false, they are participated in or patronised in Dublin or elsewhere, or one penny of public charity devoted to them.

As the journal which assumes to speak for the medical profession in Ireland, we require an exact statement of times, places, and persons, in order that we may verify or falsify this accusation; and we decline to accept as evidence the usual farrago of unprovable accusations and prejudiced ideas which stand with anti-vivisectionists for facts. The Dublin agitators have already once, upon our challenge, shown themselves utterly unable to substantiate a word of their published statements, and, if they omit or decline to give the public a satisfactory reply to our present challenge, we will publish them throughout Ireland as the concoctors and promulgators of falsehood.

Notes on Current Topics.

The Lunacy Laws.

OUR lunacy laws are undergoing vigorous attacks in many of our lay contemporaries. Our private lunatic asylums have necessarily had a fair share of abuse. Moderate men will strike a balance between the praise and abuse lavished on the existing laws and institutions in connection with insanity. Medical men are all agreed that the liberty of the subject should not be unduly interfered with, and we believe the majority of medical men have a great objection to signing lunacy certificates. Two medical men at present have the power of sending a patient to a private asylum. This responsibility has been the cause of much vituperation against the honour of the profession. The power has no doubt been abused—every power is abused; and history tells us of the soiling of the ermine of the judge, of the abuse of the power of kings, &c., arising from the peccability of human nature. As a rule, this important duty of medical practitioners is conscientiously performed. We imagine, however, that medical men are not so tenacious or so conservative as to withstand or resist improvement in respect to it. A correspondent suggests, as a simple remedy, neither a concession nor a derogation, either to continue the two signatures with the additional signature of a magistrate, or to abolish one signature, substituting that of a magistrate in its place, as under the Poor Law Lunacy Acts.

It is, however, questionable whether the signature of a magistrate in this instance would render justice more secure. It would become a routine for the magistrate to sign the certificate on the evidence of the medical witnesses, believing himself incapable of judging of the mental condition of the patient, so that such a change would add to the inconvenience and expense without affording any real advantage.

The protection of the alleged lunatic must rest on the Inspector, Perhaps an increase in the number of Inspectors of Lunacy, and an immediate examination by an Inspector of every alleged lunatic, may prevent the mishaps which, under existing rules, occasionally occur.

The well being of Society is the sole aim of medicine, and if Society requires a change in the form of restoring insane patients to health by retention in a private asylum, as regards the certificates the profession might gracefully yield to her caprice.

The Depression in Trade and Insanity.

DURING periods of commercial depression medical men are often consulted by patients whose symptoms are marked and peculiar. They tell half their history, but leave untold, the hidden weight of anxiety and suspense that is crushing them. Some of them imagine that they want a tonic, but as their disease is mental, the only real cure can be obtained by a relief from the pecuniary liabilities which are producing the mischief. Pluck out of the wounded hand the thorn, and you at once obtain a speedy cure. *Sublata causâ tollitur effectûs.* The study of the mind during these periods of panic opens out an interesting field to the psychologist, but still more, it unfolds a sad and painful chapter which can only be studied with the deepest feelings of pity for the sufferers. It requires more than ordinary fortitude to bear a sudden reverse of fortune, and when this change occurs not through any fault of our own, but through the knavery and machinations of those we trusted, the blow is much more keenly felt. The *élan* of youth and manhood may recoup the losses, but old age or the decline of years wants the elasticity to resist the depressing influences of change from wealth to poverty, from position in society to comparative obscurity.

A Case of Transposition of the Viscera.

IN a recent issue of the *Allgem. Wien. Med. Ziet.*, Dr. Jos. Schrank records a case in which transposition of the viscera was diagnosed in the living subject. The patient was a young woman, 18 years of age, in every respect well formed, of middle stature, of a healthy ruddy complexion, blond hair, and moderately fat. While consulting Dr. Schrank for a slight attack of bronchial catarrh, she happened to mention that, although she had enjoyed good health, her heart did not beat in its usual place. On examining her it was found that the thorax was of a symmetrical shape, broad and roomy, with the breasts moderately developed. With the exception of slight bronchial *râles*, the respiration was normal. The pulsations of the heart, which were feeble and not visible, were not on the left but on the right mammillary line, in the fourth intercostal space. The normal extent of cardiac dulness was found on the right instead of the left side. The sounds of the heart as well as of the great vessels were normal. On the left side there was resonance on percussion over that space which is usually dull; but this resonance passed at the fourth intercostal space into a dull sound which extended downwards as far as two fingers' breadth below the margin of the ribs. This dull space corresponded to the region occupied by the liver, for quite a clear sound was elicited on percussing the region on the right side in which that organ is usually situated. The spleen also was on the right side, but was not larger than natural. Moreover, the abdominal aorta could be felt beating on the right of the vertebral columns. Hence in this patient the heart, the spleen, and the aorta were on the right side, and the liver on the left. It was likewise evident that the other viscera would be more or less displaced. The right lung had probably two, and the left three lobes; while some of the great vessels would also be out of place. Nevertheless, the patient was not subject to any palpitation of the heart, faintness, visceral congestions, or any other symptoms, nor did a physical examination reveal anything the matter with the heart.

A Caution to Prescribers of Poisonous Drugs.

THE necessity (*Cincinnati Lancet*) of exercising great caution in the administration of active remedies is well illustrated by the report of the following case by Hergott (*Memorabilien*). A painter, suffering from lead paralysis was ordered one pill of strychnia (about an average dose) per day. No effect being observed after a considerable period, he was instructed to take two pills a day. Similar reports being made for some time, the dose was gradually increased to six pills a day. Even now no improvement being manifest, the physician examined the preparation and found satisfactory evidences of the drug. He then required the patient to take five of the remaining pills while in his presence. In two hours the latter was dead. Careful investigation now revealed the fact that the painter had taken none of the pills, but had thrown them all beneath his bed.

Infantile Convulsions produced by a Hair.

WE read in the *Allg. Med. Cent. Ztg.*, No. 68, 1878, that a child, 12 months old suffered for several weeks from repeated tonic spasms, which could not be traced to any of the usual causes of this affection. One day its mother discovered a hair, the end of which was projecting between the two front incisor teeth. It was a long hair, which extended far backwards, probably into the larynx, and the irritation of which gave rise to the convulsions. It was of course at once removed, after which the convulsions did not return.

Glycerine in Pulmonary Phthisis.

M. BLACHER (*Union Médicale*) draws some very favourable conclusions from his observations on the use of glycerine in phthisis. In the two first stages of the disease he has invariably seen an amendment follow the employment of this agent, and that, too, in cases in which preparations of arsenic and cod-liver oil had proved of no value. In other cases the ameliorations of the symptoms ceased immediately the glycerine was discontinued, although other drugs were administered. There was always an arrest of the emaciation, and frequently the patients gained in flesh. Digestion became good where previously it had been bad; and diarrhœa, which had been troublesome, and which had precluded the use of arsenical preparations, was checked by the glycerine in combination with the arsenic. The nocturnal perspirations were also lessened, a fact which can only be explained by a reconstitution of the tissues, and a diminution of the nocturnal exacerbations of fever. Lastly, there was, in some cases, a retrocession of the pulmonary lesions as found on auscul-

tation, or at least a stationary condition, or less rapid progress of them, as further shown by the diminution of the expectoration, even without employing the creasoted glycerine, from the use of which in the treatment of laryngeal phthisis, M. Cardier has published some good results. In fact most of the symptoms of phthisis were mitigated, and the general health was improved by this plan of treatment. Moreover, the glycerine has the advantage over cod-liver oil of being easily digested, especially when pepsine, which it readily dissolves, is given along with it.

Fatal Accident to a Medical Man.

Dr. John James Adams, youngest son of Dr. William B. Adams, of Kingstown, has died from the effects of a fall from his horse, causing concussion of the brain. The deceased was an M.B. of the University of Dublin, and but twenty-four years of age.

The office of Assistant Physician to the Coombe Lying-in Hospital, Dublin, has become vacant—the period of appointment of Dr. Samuel R. Mason having expired.

Dr. Longfield, Fellow of Trinity College, Dublin, who died suddenly on Sunday, was the highest among the Junior Fellows, and was a distinguished mathematical and Hebrew scholar.

Lord Aberdeen has withdrawn from the contest for the Lord Rectorship of Aberdeen University, and the contest now lies between Lord Rosebery and Mr. Cross, the Home Secretary.

Last week the mortality from the seven principal zymotic diseases averaged only 3·3 per 1,000 of the population throughout the large towns of the United Kingdom. There were but 5 deaths from small-pox in Dublin, 4 in London, and 1 in Oldham. Scarlet fever caused the greatest number of deaths, it being fatally prevalent in Birmingham, Liverpool, Oldham, and Newcastle. There was also an increase in the average number of persons stricken in London. With these exceptions the kingdom is in a most healthy s tate.

In the principal foreign cities the annual rates of mortality, according to the most recent official Weekly Returns were—in Calcutta 33, Bombay 36, Madras 57; Paris 20; Geneva 23; Brussels 22; Amsterdam 22, The Hague 28; St. Petersburgh 33; Berlin 30, Hamburg 26, Dresden 23, Breslau 28, Munich 31; Vienna 23, Buda-Pesth 40; Rome 20, Naples 22, Turin 27, Venice 26; Alexandria 50, and New York 24 per 1,000 of the population. Small-pox caused 28 deaths in St. Petersburgh.

On August 29, 1879, a century will have passed since Johann Jakob von Berzelius, the celebrated chemist, was born at Westerlosa, in Sweden. The Swedish papers draw attention to this fact, and request that preparations for a dignified celebration of that day should be made in good time.

Literary Notes and Gossip.

We learn that Messrs. Macmillan and Co., propose to issue by subscription a facsimile in photolithography of Linacre's translation of Galen *De Temperamentis*, printed by John Siberch, the first Cambridge printer, in 1521. The reprint will be accompanied by a portrait of Linacre, and an introduction from the pen of J. F. Payne, M.D., F.R.C.P., and will be sold to subscribers at one guinea.

* * *

In the present number of *The Nineteenth Century*, Professor Tyndall contributes a paper on "Evolution," which is intended as an answer to Professor Virchow's famous Munich paper, which appeared in our columns last year. This contribution is in the learned professor's most trenchant style, and completely upsets the German *savant's* views, although we doubt if it is sufficiently conclusive to satisfy the apostles of the opposite theory.

* * *

Besides those works already chronicled under this heading during October, the following have appeared. Curling's "Practical Treatise on Diseases of the Testis" (4th ed) Habershon's "Diseases of the Abdomen" (3rd ed.) Willis's "History of the Discovery of the Circulation of the Blood by Harvey." Hermann's "Physiology" (2nd ed.) Russell Reynold's "System of Medicine" (vol. v.) Bristowe's "Theory and Practice of Medicine" (2nd ed.); and Ellis's "Demonstrations of Anatomy" (8th ed.)

* * *

Mr. W. J. C. Miller, Registrar of the General Medical Council, a well-known authority on abstruse points in mathematics, has just issued a volume of "Mathematical Questions with their Solutions," the majority of which appeared during the past half-year in the *Educational Times*.

* * *

To the Evolution and Germ Controversies have been added two contributions during the past week. The one by Dr. Hugh Doherty, entitled "Organic Physiology, or Man's place in Nature," is a pretentio us volume of 456 pages. The other by Dr. John Drysdale, president of the Liverpool Philosophical Society, is a demy pamphlet of 76 pages, entitled "The Germ Theories of Infectious Diseases," which is an exceedingly able and thoughtful contribution, possessing many points of scientific interest to the opponents of Tyndall. We shall draw attention to these works later on.

* * *

Readers who possess the luxury of a well-bound library, will be glad to learn that, according to Professor Wolcatt Gibbs, of Harvard University, the idea that gas is destructive of book-bindings, is a delusion. Some time since, says the professor, "I made an examination of the binding of books in the Public Library, supposed to be injured by the products of the combustion of coal gas. I arrived at the conclusion that there was not sufficient evidence to show that such was the case. I have since made a careful examination of books in the Athenæum, College, and Astor Libraries, and have found precisely the same state of things."

* * *

We suppose that, to Dr. Richardson will be conceded the honour of bringing the subject of "alcohol," so prominently forward as to become the rage of modern rhetoricians and writers. Dr. Richardson has, so to say, "stumped" the country; his example has been followed by others of more or less pretensions, until cold water eloquence has been heard from every rostrum, and big and little newspapers have joined in the hue and cry. The last contribution to the literature of the subject, is perhaps more important than any of its predecessors. It consists of a triple article in this month's *Contemporary Review* from the pens of Sir James Paget, Dr. Lauder Brunton, and Dr. Bernays, each taking a particular line of argument, but blending into one harmonious whole, Of course Dr. Richardson and the school he represents, will endeavour to blur the paper with a copious out-pour of cold water, but to the understandings of thoughtful men, this trinal argument, together with the excellent paper from the pen of Dr. Godwin Timms in our present number, will come with tremendous force in favour of the moderate use of alcoholic stimulants.

Correspondence.

THE POSTAL MICROSCOPICAL SOCIETY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you allow me to call the attention of your readers, who are, or would be, microscopists, to the Postal Microscopical Society? It was formed about four years ago, for the circulation of slides through the post.

A box containing about a dozen slides, and a book of notes and illustrations, are sent to each member for three days' inspection, at intervals of two or three weeks. Of the 130 members, about 19 are medical men; if more would join the Society, a special histo-pathological department might be arranged, a box of slides of this class to be sent (in addition to slides of general interest) to the medical members.

The annual subscription to the Society is 10s.; the postage of the slide-boxes is additional, but is very small when two or more members live near each other.

Mr. Alfred Allen, of 1 Cambridge Place, Bath, is the Secretary. He will be happy to send a copy of the Rules, or any information, to anyone interested in microscopy. Mr. Tuffen West is the President, who contributes excellent drawings. Many valuable slides are circulated by such members as are professional mounters, as well as by the amateurs.

Believe me to be,
Yours very truly,
C. P. COOMBS, M.D.Lond.

Castle Cary, Somerset,
23rd Oct., 1878.

DR. EDIS ON MORTALITY IN CHILD-BIRTH.

AN eminent practitioner writes to us as follows:—

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

"The address delivered at Middlesex Hospital by Dr. Edis, on October 1st, undoubtedly points out a serious deficiency in the education afforded by the London schools of medicine. But now that the lecture has received the approbation to which its object entitles it, I cannot permit the manner in which Dr. Edis seeks to attain that object to pass without remark. Nearly half the space occupied by this lecture in the columns of a contemporary is filled with a sensational catalogue of the accidents to which pregnant and parturient women are liable; and it is assumed, as each fresh example is described, that either through ignorance, or carelessness, or imperfect education, it is only at the crisis of a dangerous complication that the attendant becomes aware that any complication exists. I do not for an instant accept the author's opinion that, as a general rule, pregnant women, who have engaged an attendant, are allowed to come to the full term without supervision or advice; that abortions are passed over as temporary inconveniences; that deformed persons are allowed to enter upon labour, and to continue in it without inquiry being made into the capacity of the pelvis; that when from "inertia" uterine hæmorrhage sets in, 'we' are so helpless that nothing is left but to go into the next room and prepare the unfortunate husband for widowhood; or, that when hæmorrhage occurs during pregnancy, 'a pretty mixture of gallic acid and infusion of roses' is often prescribed to check it, while the malposition of the placenta, which causes it, is overlooked.

"That the education of the student in obstetrics is such as to bring it within the bounds of possibility that such awful results might occasionally follow, I am not unwilling to admit, in so far as that education is chiefly theoretical. But an introductory lecture which omits to point out to the student that it is during the first years of practice that he must seek to learn how to apply the theoretical knowledge which he has already acquired, is lamentably deficient. Yet, had this trite observation been introduced, that half of the lecture which has already been referred to would have become pointless. Save, indeed, that by his wording of the sentence, 'then there are the difficult cases which defeat the *ordinary practitioner*, and where *skilled* assistance is rendered too late' [the italics are mine], Dr. Edis seems to imply that the average practitioner is not only unfit to instruct his juniors, but does not even possess the virtue of knowing when he does not know. Surely nothing but the conviction that consultants are heaven-born can prompt such a sentence as this.

"But if consultants are not heaven-born, as Dr. Edis appears to think they are, poets are admitted to be so. The circumstances under which introductory lectures are delivered render it fit that they should be cast in a mould a little less severe than that which is proper to a scientific discourse at another time. But even the excitement of 'our opening day' does not entirely dispense with sense, however it may dispose us to expect and to enjoy the flowers of poetry. What, in the name of the Nine, does 'the strange and passionate precipitance of maiden into motherhood' mean? Is it possible that maidens no longer have the classic nine months formerly assigned them in which to ponder the approaching condition of maternity? This would seem unlikely; but it must be admitted that anything capable of transforming an individual into a condition must be 'strange,' and may very probably be 'passionate.' The inspiration which is equal to such a flight as this is not likely to be at a loss for anything so commonplace as a metaphor; and a little farther on the following sentence is used to describe the first-born:—'the one star of her existence, whose rays when quenched bring darkness deep as night and gloom that no love can lighten for a time.' fI a star can be imagined having the power of shooting rays ofdarkness, no difficulty need be found in supposing that phenomenon to continue after the star has been quenched.

"I make these criticisms in no unfriendly spirit. The want which Dr. Edis points out is patent; it demands and admits of remedy. But the capacity and knowledge of the general practitioner, and his sense of responsibility, are not such as to warrant the estimate which Dr. Edis forms of them; nor is it necessary to call in such an estimate to support the position he assumes."

THE VOLUNTEER AMBULANCE DEPARTMENT.

THE first distribution of certificates to the numerous surgeons, officers, and men of the volunteer service who, during the past twelve months have attended the ambulance classes of instruction which have been held in and around London, took place on Friday evening in Westminster Hall. Out of about 450 who enrolled their names from time to time 266 passed the requisite examination, the majority of the others being still under instruction. The first class was directed by Surgeon-Major Staples, A.M.D.; but the classes at present being held are under Surgeons Platt and Jackson, of the Tower Hamlets Rifle Brigade and the 38th Middlesex Corps. Surgeon-General Munro, C.B., M.D., who had undertaken to distribute the prizes, was accompanied by Surgeons-Major McNalty and Clarke, A.M.D., Captain Pringle, Army Hospital Corps, and many others.

The proceedings were opened by the presentation of certificates to the following volunteer medical officers:—Surgeons Westmacott and Purves, London Scottish; Shepherd, Victorias; Hunter, 26th Surrey; Spurrel, 12th Kent; Bateman, 9th Surrey; Clark, 4th Middlesex; Platt, Tower Hamlets Rifle Brigade; Norton, 4th Middlesex; Baines, 1st Middlesex Engineers; R. A. Jackson, 38th Middlesex; Hill, 36th Middlesex; Barnes, 1st A.B. Surrey; Dane, 9th Middlesex; Fraser, 19th Middlesex; Corrie Jackson, 46th Middlesex; Milner, 1st Surrey; Warner Lacey, 26th Kent; Pearse and Cross, Queen's Westminster; Thyne and Daniell, 2nd Middlesex Artillery; Pocklington, 1st Surrey; Orton, 13th Middlesex; Powell, 49th Middlesex; and Young, 1st Kent Rifles. These were followed by the presentations to the non-medical recipients, who presented a striking feature in their various uniforms.

Surgeon-General Munro, at the conclusion of the distribution, addressed those assembled at considerable length. It had afforded him great pleasure, he said, to present the certificates, and he looked on it as a privilege to be allowed to do so, as he thought it well became an officer of the Army Medical Department to occupy such a position. He congratulated them all, but first and foremost the medical

officers of the Volunteers, for the zeal they had displayed in submitting to a course of instruction by the army medical officers, that they might be enabled, in their turn, to impart that instruction to their men. He also congratulated the company officers, the non-commissioned officers, and privates, not only on their zeal, but also on the aptitude they had shown in picking up the technicalities of the instruction they had gone through. The gallant officer then proceeded to trace the history of the Department, and repeated the advice he gave twelve months ago, that they should have patience in carrying out the work they had undertaken. After it was decided to form an Ambulance Corps he came to the conclusion that, as first proposed, the scheme was faulty, and he therefore consulted Sir Wm. Muir upon the subject. The result was that they thought a Volunteer Medical Department should first be formed, and he therefore communicated with about eleven hundred volunteer medical officers to ascertain their views. To these he received nine hundred replies, mostly in the affirmative; and he therefore got out a scheme which, after being submitted to Sir Wm. Muir, the Inspector-General of the Auxiliary Forces, and the Secretary of State for War, was now before the Committee sitting at the War Office. He believed the scheme would be favourably considered, and that thus we should form a great medical reserve in connection with the Army Medical Department, that could be trained to take their place should the necessities of active service call them away. In conclusion, he thanked them all for the attention they had shown to their drill.

THE DENTAL DIPLOMA OF THE ROYAL COLLEGE OF SURGEONS, ENGLAND.

THE following were the questions submitted to the candidates at the written examination for the Licence in Dental Surgery, on October 29th :—

Anatomy and Physiology.

1. What bones enter into the composition of the chest, and how are they articulated with each other?
2. Describe the course and mechanism of the circulation of the blood through the body generally, and through the lungs.

Pathology and Surgery.

1. Explain how death may be caused by the inhalation of chloroform, and what steps you would take to avert a fatal result, if threatened.
2. What are the pathological changes which occur in the formation and healing of an acute abscess (*e.g.*, of the tonsil)?

Dental Anatomy and Physiology.

1. Describe the nature of a tooth germ, and the mode of its formation; and also the sources of origin of the germs of the different permanent teeth.
2. Explain the terms "monophyodont," "diphyodont," "homodont," and "heteredont," illustrating them by reference to comparative dentition.
3. Describe specimens 1, 2, and 3, under the microscope.

Dental Surgery and Pathology.

1. What is salivary calculus? Give its chemical composition; state where it is usually deposited, and its effects.
2. What are the varieties of fracture to which the teeth are liable? State the consequences that may arise from them respectively, and the necessary treatment.
3. Give a full description of supernumerary teeth, and of the treatment to be pursued in respect of them.

Medical News.

Royal College of Physicians of London.—The following gentlemen having passed the required examination, were admitted Members on October 31 :—

Edge, Abraham Matthewson, M.D. Queen's University, Ireland, Manchester.
Francis, Chas. Richard, M.B. Lond., Sutton, Surrey.

Admitted Licentiates, October 31 :—

Ahearne, Joseph, 7 Oakley Square, N.W.
Burry, Henry Burry Pullen, Sompting, Worthing.
Deare, Edwin Walter, 69 Malpas Road, S.E.
Gardiner, John Herbert, London Hospital, E.
Granger, Edgar Bridden, Guy's Hospital, S.E.
Howlett, Edmund Henry, King's College Hospital, W.C.
Smith, Robert Percy, St. Thomas's Hospital, S.E.

Royal College of Surgeons, England—Dental Diploma.—The following gentlemen, having passed the required examition received the diploma in Dental Surgery :—

Betts, Edward George, Holloway.
Harding, Burton Llewellyn, Olbury.
Hayman, Charles Augustine, Bristol.
Jones, Allan Frederick, Argyle Square.
Ridge, Walter Henry, Kensington Road.
Whatford, Frederick Russell, Brighton.

No other candidates presented themselves at this examination.

Cholera.—The *Gaceta Medica de Cataluna*, of the 18th October, has the following alarming announcement :—Government persists in its negligence without furnishing any official information about the disease now reigning in Morocco, and the po itical press continues to issue contradictory news. From the facts we deduce that there is in reality a recrudescence of the disease at Morocco, and probably at Gibraltar. From information we believe that the malady is probably cholera morbus. At Casabianca on the 17th, 18th, 19th, September, there were 377 deaths out of a population of 7,000. The cholera has extended beyond the town; at Fez and Mequinoz there were 60 and 70 a day. At Gibraltar the Consul of health has forbidden all arrivals from Casabianca and other infected points in Morocco. If the authorities do not take the greatest possible precautions the disease may be propagated.

Hospital Saturday Fund.—A meeting of the Board of Delegates of this fund was held on Saturday night at the London Hospital. Mr. A. W, Mackenzie presided, and submitted a statement, from which it appeared that in the eight postal districts of the metropolis 182 boxes had produced £862 11s. 3d.; in places of amusement 42 boxes had brought £55 4s. 6d.; 65 boxes in boats, £54 10s. 11d.; making a total of £972 6s. 8d. At Hammersmith, West Ham, and Greenwich, £118 had been collected in addition. The Secretary read a report, which stated that the sums already deposited at the office amounted to £5,744, while other sums, amounting to £500, were yet to come in, making in all £6,200, as against £5,786 last year. Subscriptions from upwards of 1,000 subscribers had also to be received, so that this year's collection would probably be the largest yet made. About 850 additional firms had had collections made in their establishments. On the motion of the Chairman, it was unanimously resolved to close the collection on the 30th inst., any sums received after that date to be carried forward to next year's account.

Society for the Relief of Widows and Orphans of Medical Men.—A general meeting of the Society was held on Friday, Oct. 25th, at 5 p.m., in the library of the Royal Medical Chirurgical Society. The President, Sir George Burrows, Bart., in the chair. The attendance of members was unusually large, proving the Directors had acted judiciously in changing the hour of meeting from 8.30 p.m. to 5 p.m. From the statement read of the affairs of the Society for the half year ending June 30th, it was shown that a sum of £1,729 11s. 7d. had been received, available for the payment of grants and expenses; that the grants had been £1,238 to 60 widows, £55 to 12 orphans, and £25 10s. to 4 orphans from the Copeland Fund. The expenses of the half year had been £93 4s. 9d. The meeting was informed that the Directors had decided to grant as a Christmas present to the widows and orphans now in receipt of relief, £5 to each widow, £2 to each orphan, and £4 to each orphan on the Copeland Fund. The total amount given would be £324. The landed property had been increased by the purchase of £510 6s. 10d. Metropolitan Consolidated Stock, a legacy of £500 from Mrs. Mary Davis Parker, and a composition fee, together making the amount invested. Nine new members had been elected, six had died or withdrawn from the Society. One widow in receipt of grants since 1849 had died, and 1 widow and 3 orphans had become ineligible for further grants. There had been no fresh applications for assistance since January, when two orphans had been added to the list. Mr. C. Hawkins, Vice-President, proposed a vote of thanks to the President, Sir George Burrows, for his kindness in taking the chair that afternoon, and the great interest he took in, and the valuable assistance he gave to, the well-being of the Society. Mr. Felce having seconded the proposal, the vote of thanks was carried unanimously.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

ARMY MEDICAL OFFICER.—1. Published by Messrs. Macmillan. 2 Messrs. Churchill. 3. Baillière, Tindall, & Cox.

TIME AND THE TELEGRAPH.—A message dated Simla, 1.55 a.m., Wednesday, was received in London at 11.47 p.m., on Tuesday. With pardonable confusion the telegraph clerk exclaimed, "Why this message was sent off to-morrow."

DR. WILSON.—The practice is very reprehensible, and we fear there is a growing disposition among certain sections to overstep altogether the bounds which were formerly considered essential in the conduct of practitioners. Medical etiquette appears like many other wholesome but old-fashioned rules to be going out of fashion.

IGNORAMUS writes that he has "heard of a noted medical man who had surgically removed the fat accumulated about his own heart," and desires to know if such a thing is practicable?

[*** It need scarcely be stated that the performance of such an operation would be incompatible with life. The tale is about on a par with the description of the operation for squint by an old lady who assured a fond mother that she saw her little boy's eye taken out of the socket and laid upon the cheek, then carefully washed and put back into its place so that he could see straight.—ED.]

THE first meeting of the Medical Society of the King and Queen's College of Physicians, Ireland, for the session will be held on Wednesday next, at 8 o'clock, at the College Hall, when the following communications are set down for reading:—The President's Inaugural Address.—Dr. MacSwiney, "On a Fatal Case of Railway Spine."—Dr. Harvey, "Note on So-called Compensatory Emphysema in Acute Thoracic Diseases."

OBSTETRICAL SOCIETY OF LONDON.—To-day (Wednesday), at 8 p.m., Dr. Galabin, "Two Cases of Rupture of the Vagina during Labour."—Dr. Geo. Roper, "Some Clinical Researches on a certain class of cases of Anteflexion of the Uterus, with certain Correlated Conditions."

HARVEIAN SOCIETY.—Thursday, Nov. 7, at 8½ p.m., Dr. Squire, "On Surface Thermometry."—Dr. Fothergill, "On the Premurmuric Stage of Aortic Valvulitis."

CLINICAL SOCIETY OF LONDON.—Friday, Nov. 8, at 8½ p.m., The President, "Severe Laceration of the Brain treated by Drainage" (living specimen).—Dr. Farquharson, "On a Case of Quinine Rash."—Sir James Paget, "On a Case in which Watery Fluid drops from a Nostril."—Mr. A. Barker, "Ogston's Operation for Genu Valgum; Death."—Mr. Reeves, Mr. Barwell, and other members will show Cases of Osteotomy."—Dr. C. T. Williams, "On a Case of Bronchiectasis and localised Empyema treated by Tapping."

A. X. asks when a girl of loose morals gives birth to an illegitimate child and falsely accuses a man, who had never had any dealings with her, as being the father of the child and registers it under his name, can he have the child's name changed on the register; and, if so, to whom shall he make application? Also can the mother be punished for registering the child under a false name?

[*** It is not easy to give a plain answer to these questions. The Registration of Births and Deaths Act is very unsatisfactory on the question. In England, the name of the father of an illegitimate child *cannot* be put in the Register unless *both* parents attend *together* and ask to have it inserted; in Ireland, there is nothing stated on the subject, more than that, the putative father of an illegitimate child CANNOT sign the Register book as an "informant" unless he is qualified by being the "occupier" of the house, or "present at birth;" and he must state his qualification as "informant" in either of these terms, and not as "father." When any case presents itself in which the Registrar has suspicion that all is not right, he will do well to read to the "informant" the following clause on the subject, sec. 55, cap. 2, 26 Vic.: "Every person who shall wilfully make, or cause to be made, for the purpose of being inserted in any Register of Births and Deaths, any false statement touching any of the particulars herein required to be known and registered, shall be subject to the same pains and penalties as if he were guilty of perjury." Having read this caution to the mother (for, in the case of an illegitimate child, the Registrar should, on no account, insert the name of the father taken from any other informant but the mother), the name of the father may be then inserted if the mother insists, but not otherwise, and there is doubt even as to the wisdom of doing so under these circumstances. The only way in which the putative father can have the name changed is (we take it) under sec. 44, cap. ii., 26 Vic., which provides that errors discovered in entries AFTER they have been signed by informants can only be corrected in the margin under sec. 44, *without any addition to, or alteration of*, the original entry. The person discovering the error is to report it to the justices at petty sessions in order that they may "summons before them the parties concerned, and, after due inquiry, authorise the Registrar to correct the entry." With regard to the second question, the *only* way of punishing the mother is by prosecuting her for perjury.—ED.]

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Dobell, London. Surgeon-General Gordon, Secunderabad, India. Dr. Edis, London. Mr. Field, London. Dr. Hewitt, London. Mr. Turner, Manchester. Mr. Francis Vacher, Birkenhead. Dr. Fairchild, New York. Mr. Boddy, Dartford. Mr. Godwin Timms, London. Dr. Routh, London. Dr. Cripps Lawrence, Bayswater. Dr. Bartlett, London Mr. Lucas, London. Dr. John Drysdale, Liverpool. Dr. A. H. Allen, Sheffield. Dr. Bell, Edinburgh. Dr. Forder, Manchester. Dr. Mapother, London. Mr. Copland, Ealing. A Country Practitioner, Scarborough. Dr. Dolan, Halifax. Mr. Walter Berdoe, Liverpool. Mr. Banks, London. Dr. Berkart, London. Mr. Fenn, Bloomsbury. Dr. Carpenter, Brixton. Mr. Messenger Bradley, Manchester. Dr. Macnamara, Corofin, co. Clare. Dr. McElroy, Portglenone. Dr. Herbert Tibbits, London. Dr. J. Lowe, Blackburn. Dr. Corby, Cork. Dr. Percival, London. Dr. Peirson, Scarborough. Mr. Canning, Camberwell. Dr. May, Rathfirland. Mr. Miller, London. Dr. Bursar, Queen's College, Cork. Prof. Emerson Reynolds, Dublin. Mr. Keetley, London. Dr. Glinone, Malin. Mrs. Baines, London. Dr. Longstaff, Athlone. Dr. Coyne, Crossnaglen. Dr. Bernard, Dundrum. Dr. Griffith, Pimlico. Dr. MacCabe, Cork. Dr. Laird, Sligo. Mr. Reginald Harrison, Liverpool. Dr. Stewart, Glasslough. Dr. Conolly, Caherciniish. Mr. Hy. Robinson, Cheltenham. Dr. Barber, Carlingford. Dr. Clarke, Kilrea. Dr. Duncan Bulkley, New York. Dr. Keating, Callan. Dr. Davison, Glenam Dr. Rowles, Rathmines. Dr. Meadows, London. Dr. Cooke, Goney. Dr. Smith, Donaghmore. The Registrar-General, Charlemont House. Prof. Williams, Edinburgh. Dr. Malone, Limerick. Mr. Jabez Hogg, London. Dr. Clarke, Bailieboro. Dr. Bartlett, Cheltenham. Dr. Dill, Belfast. Dr. Mulholland, Belfast.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Atlas of Diseases of the Membrana Tympani. By H. Macnaughton Jones. London: J. & A. Churchill.

Proceedings of the North Western Association of Health Officers.

Solid Rubber Bandage in the Treatment of Eczema and Ulcers.

On Diet and Hygiene in Diseases of the Skin. Two pamphlets by L. D. Buckley, M.D. New York.

VACANCIES.

Ballinrobe Union, Hollymount Dispensary.—Medical Officer. Salary, £100, with fees. Election, Nov. 9.

Lancaster Union.—Medical Officer for the Southern District. Salary, £45, with extra fees. Applications to the Clerk of the Union, Lancaster.

Norfolk Hospital, Norwich.—House Surgeon. Salary, £100, with board, &c. Applications to the Secretary, with copies of testimonials, by Nov. 8.

Royal Albert Infirmary, Wigan.—Senior House Surgeon. Salary, £100, with board and lodging. Immediate applications to the Secretary.

St. Bartholomew's Hospital.—Assistant Physician on the Staff. Honorary. Applications to the Clerk of the Board, Smithfield, E.C.

Wandsworth and Clapham Union.—Resident Medical Superintendent of the Infirmary. Salary, £400. Also an Assistant Medical Officer. Salary, £120, with board. Conditions and further particulars to be obtained of the Clerk, Union Offices, St. John's Hill, Wandsworth, S.W.

APPOINTMENTS.

ABERCROMBIE, J., M.B., M.R.C.P.L., Medical Registrar to the Hospital for Sick Children, Great Ormond Street, London, W.C.

DAVIES, D. A., M.B., M.R.C.S.E., a Medical Officer to the Swansea Provident Dispensary.

FLOOD, F., M.R.C.S., a Resident Medical Officer to the Leeds Public Dispensary.

FRY, J. F., L.R.C.P.L., M.R.C.S.E., a Medical Officer to the Swansea Provident Dispensary.

KENYON, J. K., M.R.C.S.E., Medical Officer and Public Vaccinator for the Teignmouth District of the Newton Abbot Union.

LATIMER, H. A., M.R.C.S.E., a Medical Officer to the Swansea Provident Dispensary.

LEIGH, W. W., M.R.C.S.E., Medical Officer and Public Vaccinator for the Llanfabon District of the Pontypridd Union.

PALMER, J., L.R.C.S.I., L.K.Q.C.P.I., Surgeon to the Armagh County Infirmary.

PORTER, G. H., F.R.C.S.I., Surgeon to her Majesty in Ireland, appointed to the Commission of the Peace for the County of Wexford.

Marriages.

KELLY—LANCASTER.—Oct. 22, at St. Mary's, Lanark, N.B., Edward H. Kelly, M.D., to Eliza Ann Lancaster, eldest daughter of the late J. Lancaster, Esq., of Nitshill, near Glasgow.

RAVERTY—LYNCH.—Oct. 22, at St. Alexander's, Rootle, George A. Raverty, L.R.C.S., to Alice, eldest daughter of Alderman Lynch, of Bootle, Lancashire.

Deaths.

ADAMS.—Oct. 30, at 22 Adelaide Street, Kingstown (from the effects of a fall from his horse), John James Adams, B.A., M.B., youngest son of W. O'B. Adams, M.D., aged 24.

BAETCKE.—Nov. 1, at 34 Union Street, Greenock, N.B., E. J. Baetcke, M.D., of Rome, aged 48.

BROWNING.—Nov. 1, at 25 Portsdown Road, Maida Vale, W., Charles Browning, M.D., aged 74.

COUTTS.—Oct. 25, at Globe Street, Wapping, James Coutts, A.M., M.D., M.R.C.S.E., aged 64.

DOWNING.—Oct 31, at Wellington House, New Cross, S.E., Edward Downing, L.F.P.S.Glas., M.R.C.S.Eng., aged 70.

KENNEDY.—Oct. 24, at Eldon Square, Newcastle-on-Tyne, John Ferguson Kennedy, L.R.C.P.Ed., aged 70.

LINGEN.—Oct. 28, at Hereford, Charles Lingen, M.D., aged 67.

MURPHY.—Oct. 30, at 7 Carlisle Terrace, Limerick, William C. Murphy, M.D.

THOMPSON.—Oct. 27, at Bognor, Wm. Wittman Thompson, M.R.C.S.E., aged 43.

WOOLLTORTON.—Oct. 19, at Mutford Bridge, near Lowestoft, John Woolltortorton, M.R.C.S.E., aged 32.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 13, 1878.

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REMARKS ON ALCOHOL IN SOME CLINICAL ASPECTS.—A POISON: A REMEDY.

By GODWIN TIMMS, M.D., M.R.C.P. Lond.,
Senior Physician to the North London Consumption Hospital.

(*Concluded from page* 372.)

There is so much similarity in the effects of alcohol and opium, as also in the sufferings their habitual indulgence produces, that we might expect that an antidote for one would be an antidote for both. Certainly strychnia is a valuable help to the opium-eater trying to break himself of his habit, nor is this surprising when we reflect how much of his suffering is to be referred to exaggerated reflex action and sensation of the cord. Probably strychnia might be utilised in alleviation of the uneasiness of the dipsomaniac. (*a*)

But the remedy most effectual in relieving the sufferings of alcoholism is undoubtedly opium, in using which we substitute temporarily a less injurious, somewhat similarly acting, drug or poison for another. Supposing that in the dipsomaniac the nerve tissue is suffering from the want of that accustomed congestion which alcohol temporarily produces, and without which its exhausted function is performed haltingly and uneasily, opium is clearly indicated. For it produces the necessary increase in the blood supply to the nerve tissue, and relieves the uneasiness due to the anæmic reaction. But the points gained are, 1, the substitution of a manageable unknown and unobtainable (to the patient) drug, which may be discontinued imperceptibly, for a remedy obtainable in any quantity and liable to be increased indefinitely; and 2, the substitution of a comparatively harmless for the most universally, if slowly, depraving substance known to medical experience. For opium has none of those, physical effects upon the texture of the internal organs, the liver, kidneys, and the involuntary muscles, which alcohol so fatally produces.

Comparison of Alcohol and Opium.—A fatal dose of alcohol kills instantly, a fatal dose of opium more slowly, not paralysing the vaso-motor nerves and stopping the heart's action as alcohol does, but paralysing the sensory-motor nerves with a gradually increasing narcotism. In less than a fatal dose opium may be said to narcotise sensation and motion, and in so much withdraws the influence which the cerebro-spinal system undoubtedly exercises upon the sympathetic, and thus secondarily modifies the circulation. When a clot of blood in the corpus striatum produces hemiplegia, the paralysed limb becomes swollen and its temperature is raised. We cannot know precisely whether this effect on the arterial system of the paralysed limb results from the withdrawal of the restraining influence of the cerebro-spinal upon the nerves which dilate the arteries, or from the loss of the cerebro-spinal upon the nerves which contract the arteries, for our knowledge of their functions and relations is not precise. But we do know that in health both systems of nerves work together in harmony to their glorious end, and that alcohol, opium, and a clot of blood in the brain disturb this harmony. The distinction, however, is this. Alcohol acts primarily upon the vaso-motor nerves, secondarily upon the cerebro-spinal; opium and the clot of blood act primarily upon the cerebro-spinal and secondarily action on the sympathetic. The frequent and extreme disturbance of the blood supply to the great internal organs, together with its physical properties, from which opium is free, renders alcohol so terribly superior to opium in its depraving energy. Doubtless, opium-eating is as surely fatal as spirit-drinking. It appears from clinical observation to kill by exhausting the nerve function; sight, smell, hearing, taste, become perverted or lost, and reflex action and sensation intensely exaggerated. The appetite and power of digestion are gradually destroyed, the nutrition of the organism reduced to the lowest possible degree, and the memory and the mental powers more and more impaired, until the victim dies in a state of fatuous

(*a*) See Burness and Mavor's "Specific Action of Drugs," p. 127; also *Lancet*, May 8th, 1875.

inanition. Now it is impossible not to notice the similarity of these symptoms with those of long-continued spirit drinking, and to draw the conclusion that alcohol exerts a similar narcotic influence upon nerve-tissue in addition to the increase of its blood supply. But of its depraving effect upon, and resulting diseases of, the great internal organs, opium cannot be declared guilty ; and being thus less mischievous, may be temporarily substituted for alcohol. Instances are by no means few in which opium-eating persisted in for years, when discontinued, has left no perceptible evil effects upon the general health.

Capsicum, ammoniated tincture of valerian and other undoubted stimulants or irritants, favourite substitutes for alcohol in dipsomania, brace the relaxed and congested veins of the mucous membrane of the stomach, arouse its sensory nerves, and so far doubtless relieve the sufferer from the miseries of that ill-used and jaded organ.

Is alcohol a stimulant or a narcotic? It is both. In explanation of its immediate effects upon the cerebro-spinal system we need not look farther than to its action on the circulation. As before stated, by its sedative influence on the vaso-inhibitory nerves, dilatation of the arterial system and a moderate increased blood supply to the nerve centres, function is elevated and alcohol becomes a stimulant ; by a further increase of the hyperæmia, function is perverted ; by an excessive arterial congestion, function is abolished, and alcohol becomes a narcotic.

Over and above this effect on the circulation, but less immediate, alcohol has a distinct narcotic power upon nerve tissue, somewhat similar to that possessed by opium, calming the erratic movements of an excited brain, as in fever, and producing sleep, and followed in its long-continued abuse, as is the case with opium, with exhaustion of nerve force. No doubt the evil effect of the disturbed blood supply to the nerve centres is supplemented by the physical action of alcohol on nerve tissue, its contracting and indurating, its osmotic and paratriptic properties, as evinced by the abominable headache experienced by the temperate after its incautious use.

Is Alcohol a Food?—Per se, alcohol is certainly not a food, and if force is the production of oxydation, alcohol as a paratriptic is a hindrance, not a help, to the utilising of force producing elements. But the alcohol in ordinary use, combined as it is with sugar, starch, and salts, is decidedly a food, and of a form so enticing to the absorbents that the meagreness of its nutritious property is often made up in usefulness by the rapidity of its assimilation.

Summary of the Action of Alcohol.—From this, the above very ordinary clinical experience, it may be inferred that the actions of alcohol upon the system are many and complex. Five several actions, however, may perhaps be distinguished :—

1. Its immediate action when taken into the stomach upon the circulation through the great sympathetic ganglia—dilatation of the arterial system by paralysis, for diminished action of the vaso-inhibitory nerves.

2. The next in order is its action on the circulation through the contents of the stomach, by its osmotic property, by lowering the specific gravity of the fluid into which it is introduced. Not confined to the contents of the stomach, alcohol continues to exert this property upon the blood itself, and upon the inter-action of the blood and the tissues, up to the moment that it is expelled from the body.

3. Fairly in the circulation, alcohol begins to exercise its narcotic action on nerve tissue. And

4. Its contracting, condensing, indurating properties upon tissue elements in general.

5. It protects from oxydation, is apyretic and paratriptic.

1. To the first, its action on the circulation, must be ascribed its chief effects. In an excessive dose it paralyses the nerves which preside over the circulation, with a fatal result. In a large dose it produces exaltation and perversion of function, by excessive determination of blood to the nerve centres. Its habitual indulgence must be accompanied by rapid alternations of hyperæmia and anæmia (reaction) of the nervous system, with sooner or later obliteration of function. Of course its habitual indulgence must have the same disturbing effect upon the circulation in all the great organs. At first, determination of blood to, and increased function of liver, with bilious diarrhœa, of kidneys with diuresis, of skin with diaphoresis ; to be followed in the reaction by contracted arteries and eventually cirrhosis, contracted kidney, unperspirable skin. Of all the great organs the lungs suffer the least by this disturbance of the circulation ; indeed this disturbance of the arterial and venous equilibrium is in favour of the pulmonic function lightening the labour of the lungs in the first instance, if it increases it in the reaction. Still the lungs do suffer by dilatation of the arteries and bronchial hyperæmia.

2. With regard to its second mode of action, when we consider how incessant and universal the process of osmosis is, affecting even the liquor sanguinis and the contents of the blood corpuscle, it is obvious that the introduction of a substance of so much capacity to alter the sp. gr. of fluids must exert a terrible disturbing power.

3. To the perversion of function resulting from excessive determination of blood to the nerve centres must be added its less immediate peculiar narcotic influence. Whether this is a distinct property, or only the secondary effect of its physical properties on nerve tissue, its osmotic, indurating, and paratriptic action, it is difficult to determine. Still, that it has this additional narcotic effect, is evident from the gradually increasing stupor resulting from its continued imbibition ; that is to say, a stupor increasing with the increase of the substance in the circulation. It is a cumulative poison.

4. Alcohol in its topical application is an irritant. It increases the sensitiveness and secretion of the mucous membrane of the mouth, salivary glands, throat, and stomach. By irritating motor and sensory nerves, and contracting enlarged veins, it may excite appetite in a congested, relaxed, and blunted stomach, but in a healthy stomach it only produces nausea and destroys appetite. Absorbed into the circulation it causes contraction and induration of every texture, hindering the inter-communication of solids and fluids, narrowing the calibre of minute tubes, vessels, and ducts, and in time depraving the tissues to such an extent as to seriously injure function. The loss of memory, loss of sexual power, and premature senility of drunkards, are too common proofs of this to be gainsaid.

5. That alcohol is oxidisable within the circulation is doubtful ; that it is less oxidisable than any constituent of the body, and that it protects the tissues from oxidation is certain. Its escape unchanged, by the breath, the diminution of the ordinary results of respiration during its use, and its ability to lower the temperature in fever, are sufficient proofs of its paratriptic powers. The most oxidisable of all animal substances, fat, accumulates in some drunkards, persons in whom the powers of digestion and assimilation are not entirely destroyed.

In brief, alcohol as usually taken, by its immediate action on the sympathetic, dilatation of the arterial system, diminution of blood in the veins, and relief of the pulmonic function, is a STIMULANT. This effect, accompanied by exaltation of nerve function from increase of blood to nerve centres, is either followed by reaction and diminution of nerve function, or, if the dose be too quickly repeated, by perversion of nerve function. By this time, also, another property of alcohol now in the circulation, its narcotic property, comes into play, and adds its soporific influence to the perversion of nerve function produced by the hyperæmia ; according to the persistence of its use it becomes, more or less, a NARCOTIC, the poisoned blood being rendered more deleterious by the increased exudation of water from the two great emunctories—the kidneys and the skin. During these

evident results, alcohol has diminished the general amount of blood in the veins, caused less to be sent to the lungs in a given time, restrained decarbonisation, and lessened destructive metamorphosis, while it has produced hyperæmia of all the great organs, and seriously disturbed endosmosis. If allowed to be frequently present in the circulation, it contracts, hardens, and condenses all textures, diminishing and altering the red globules and the albumen of the blood.

Therapeutical Uses of Alcohol.—To my readers, who are probably far more experienced than myself in the therapeutical uses of alcohol, to attempt to give a full account of them would be superfluous ; I shall, therefore, in conclusion, confine myself to a sketch of a few modes in which the actions of alcohol may be turned to advantage in medicine.

1. To dilate the arterial system is the chief therapeutical use of alcohol, as well as its most important physiological action. By relaxing arterial contraction the circulation is immediately modified. The greater proportion of the blood being in the arteries, the whole venous system is relieved, less blood is sent to the lungs, less force required in the heart, and the circulation for the time made easier. Coldness of surface, lividity of complexion, oppressed respiration, and feeble or labouring action of the heart (collapse) are accompaniments and symptoms of a preponderance of blood in the venous system, and are indications for the use of alcohol. In sudden cases of collapse, if the patient cannot swallow he should be made to inhale ether by the clothing about his mouth and nose being saturated by that substance. Then diluted alcohol may be injected into the bowel.

Local passive congestion, so frequent and dangerous in the course of debilitating diseases and of convalescence, requires local treatment, but this will be much aided by, and often unsuccessful without, the cautious administration of alcohol.

In pneumonia, intercurrent or sequent of fever, the exanthems, severe injuries and operations, general bloodletting and antimony are inadmissible, and aconite is dangerous. In such cases alcohol, given to the amount of half-an-ounce of proof spirit (for an adult) every three or four hours, will be found a useful help to local derivation. Also, after the subsidence of a sharp attack of pneumonia in the healthy, when the diet requires most careful watching, and the return to ordinary food to be made most gradually, the advantage of saline expectorants will be much increased by alternating them with moderate doses of alcohol.

In fever, snake-bite, and other states in which the powers of life seem oppressed by blood-poisoning, the free use of alcohol by antagonising venous congestion, gives time for curative measures to be employed.

In fever, in commencing the use of alcohol, its tentative administration, as recommended by Dr. Wade (*Berl. Med. Journ.*, Sept., 1875), should be adopted. The pulse should be carefully counted a full minute, and a dose of brandy administered. If after six or eight minutes the pulse, on being again carefully counted, is found to be accelerated, alcohol will do more harm than good. After the continued use of alcohol, if the tongue continues brown and dry, its employment should cease, in order to test the question whether the symptom is the result of the persisting systemic disorder or the production of the irritant action of the alcohol. The feelings of the patient himself are not to be disregarded on this question—if he express any sense of discomfort from alcohol it should be discontinued.

On the other hand, in all inflammations, except during the stage of collapse, and in pneumonia, which is rather an active venous congestion than an inflammation, in all inflammations in the active stage, the use of alcohol is contra-indicated. Indeed, if there were such a remedy, a drug which acted in the directly contrary way to alcohol, one producing a preponderance of blood in the veins, would be indicated in inflammation. Inflammation, which is a capillary obstruction, with the arteries leading to it dilated, accompanied by excited action of the heart, is directly increased by the general arterial dilatation produced by alcohol. It is particularly injurious in recent bronchitis. Even in fever, if there is evidence of any inflammation, although of moderate activity, alcohol should be prescribed with great caution. In ulceration of the intestine, alcohol may be expected to hasten, rather than retard, the destructive process, and should be discarded if it accelerates the pulse.

2. The second great action of alcohol, its influence on osmosis, may be taken advantage of in those states of flatulent dyspepsia produced, or kept up, mainly by drinking during the process of digestion. Healthy persons may be allowed any liberty, but dyspeptics should be taught that the time for drinking is before or during a meal, and shown the evil of interfering with the solution of the food in the natural secretion by deluging the stomach with dense liquids. Tea and coffee are admirable drinks for breakfast, and with a light luncheon, perhaps ; but after the digestion of animal food is fairly set in, no such fluids should be allowed. The thirst during and the result of digestion may be allayed by sipping a little diluted spirits and water, which aid the absorption of the liquid products of digestion ; but to expect any result but fermentation and flatulence from adding tea or coffee made denser by sugar and milk, to half-digested animal food is unreasonable. That the thirst is not a real want of liquid is proved by its gradual disappearance, although not gratified, while the process of digestion is being accomplished ; but if the dyspeptic cannot be persuaded to endure it for an hour or two, stimulant fluids, not diluents, should be prescribed.

The excellent remedies we have for dyspepsia, mineral acids, alkalies, &c., are often unavailing, from the habit of patients drinking tea three or four hours after dinner. On the other hand, many dyspeptics might be cured without medicine if they were instructed to eat more moderately of food thoroughly well-cooked, and not interfere with their stomachs until digestion is completed. Breakfast, luncheon, and dinner, or breakfast, dinner, and an early supper—always giving the stomach six hours for digesting the principal meal, not interfering with the process by *anything*, especially tea and coffee—should be the only meals allowed to dyepeptics. If they have had only a slight luncheon, such as bread and soup, five o'clock tea is not a bad preparative for their dinner, enabling them to dispense with more than one glass of wine during that meal.

Again, a patient, generally elderly, wakes with angina, or with oppression of breathing and palpitation, from a stomach distended with fluid and gas. From this threatened suffocation, which is really agonising, the patient may be quickly relieved by the action of an emetic ; but if this is inadmissible, the next most scientific treatment is to lower the specific gravity of the contents of the stomach until endosmose freely takes place. This can be done by diluted alcohol alone. Of course, the purer the spirit, that is, the freer it is from all admixture, such as sugar, &c., which increases its specific gravity, the better.

In all cases in which it is necessary to support life by nutritious enemata, their absorption will be accelerated by lowering their specific gravity by the addition of alcohol.

In the weakness of the leuco-phlegmatic and in anæmia, the improvement, if slow under the use of proper food and steel, may be hastened by the judicious administration of alcohol.

3. The narcotic or hypnotic action of alcohol is well displayed in fever. The tossing, muttering restlessness so pitiable to witness, and so exhausting to the sufferer, can be calmed more surely and more safely by moderate doses of alcohol frequently repeated, so as to mildly saturate the circulation, than by any other means.

In active or recent bronchitis, alcohol, we repeat, is very injurious, but in chronic bronchitis, where opium and chloral, especially the latter, would be fatal (as they too often are), alcohol is a safe hypnotic.

4. The physical property which alcohol possesses of contracting and astringing animal tissues may be taken advantage of in passive venous congestion of the stomach. A thickly-furred moist tongue, loss of appetite, and nausea, with the vomiting or regurgitation of a tasteless fluid, are symptoms of this condition. But here its value as a remedy is small compared with that of well-known drugs; but it is still useful in such cases, in its purest diluted form, as a beverage substitute for malt-liquor, wine, or tea and coffee. Like all poisons, alcohol is less dangerous to a full stomach than to a fasting one. It not only injures the empty stomach by its irritant properties, but being taken up into the veins, probably goes directly to the liver and kidneys; whereas, taken during digestion, it is absorbed with the chyle and passes into the general circulation. The only condition of tongue which contra-indicates the use of alcohol is, the smooth red-glazed tongue; and the persistence of this symptom, without any apparent illness, is suggestive of secret drinking.

5. We take advantage of the paratriptic action of alcohol in conditions of excessive oxidation. In fever, where destructive metamorphosis is clearly very active and powerful, where the temperature is very high, and the urine loaded with the results of combustion, alcohol acts as apyretic or refrigerant, as an atriptic, and as a sedative, not only not adding fuel to fire, but rendering the fuel less easy to be burned; not increasing the activity of the oxidising force, as steel does, but restraining it; not substituting itself, as cod-liver oil does, for the textures and being burned in their stead, but absolutely diminishing the degree and amount of combustion.

In the increased heat of acute rheumatism, in lithæmia, and in the hectic of tuberculosis, pure alcohol, freely diluted, is a refrigerant; whereas, malt liquor, wine, and the sweetened alcohols do not allay, but increase the fever.

Alcohol, as an aid to medicine, should be of the purest and simplest form. The kind selected should be that which is most free from sugar, salts, and colouring matter, and, in diluting it, no sugar should be admitted. As the practitioner, in prescribing brandy or whisky, really does not know what he is ordering, as the rubbish or poison sold as brandy, &c., is more likely than not to be a sophistication, it would probably be a wise precaution to require all alcohol used in sickness to be furnished from the practitioner's own surgery, or from the chemist, who would be responsible for the genuineness of this important remedy. Another hint may, perhaps, be worth recording, namely, that all alcohol used therapeutically should be coloured and flavoured so as to prevent recognition after recovery. The addition of half-an-ounce of compound tincture of cardamoms to each pint of whisky or pale brandy expended as medicine would sufficiently serve this end.

In conclusion, alcohol, as a beverage, is less injurious in the old than in the young, in the lymphatic than in the sanguine and nervous temperaments. In persons passed middle age, in whom there is abundant material but little force—a condition tending generally to passive congestions—alcohol, in moderation, may be beneficial. But to accustom the young, even up to full growth, to a relish for even the mildest description of alcoholic drink, as malt liquor or wine, is one of the greatest cruelties and crimes of modern civilisation.

9 Wimpole Street, London, W.

According to the Registrar-General's report, mortality from all causes was at the average rate of 22 deaths annually in every 1,000 persons living throughout the large towns in the United Kingdom. The annual death-rate was 19 per 1,000 in Edinburgh, 20 in London, 21 in Glasgow, and 24 in Dublin.

THE MECHANICAL SYSTEM OF UTERINE PATHOLOGY.

By GRAILY HEWITT, M.D. Lond. F.R.C.P.,
President of the Harveian Society, &c., &c.

(*Concluded from page* 369.)

LECTURE III.—(*concluded.*)

Other Changes in the Uterus resulting from Uterine Distortions.

The changes observed in the walls of the uterus as the result of the various kinds of flexions, are of great interest. Thus, as regards their thickness, the tendency is to produce thickening of the walls of the body of the uterus and also of the lower part of the cervix; but, as regards the middle of the uterus, the tendency is to a thinning of the walls, and in the end to the production of a persistent atrophy of the uterine wall at this situation. It is quite true that occasionally actual thickening occurs at this central spot. Dr. Meadows recently called attention to this as an occasional event. And I have myself noticed in some cases of anteflexion that the anterior wall at the seat of the bend is actually bulged forwards so as to present a kind of ridge. But, as a rule and as a pretty constant effect of chronic flexion, I believe atrophy of the uterus around and near the internal os is produced by the distortion. I have, indeed, found the anterior wall as thin as a piece of brown paper. This atrophy is certainly a very distinctive feature, and one easily appreciable in severe long-standing cases of flexion by the conjoined use of the sound and the finger. And it has a peculiar interest in that the existence of this atrophy is the great difficulty in the way of the perfect cure of flexions of the uterus which have lasted for some years. Thus hypertrophy of the two extremities and atrophy at the centre of the uterus present a combination, not unfrequently rendering absolute cure almost impossible.

Then, again, we have various conditions of textures in these different cases. The acutely anteflexed uterus may be soft and pliable, or after the lapse of years it may have become hard and firm; the degree of the flexion being the same the other conditions are widely different. Again, we find in one case a great liability to congestion, and consequent increase of pain; in another the uterus has lost its susceptibility to congestion. It is hard and firm, acutely flexed, perhaps, but is no longer so much a source of trouble as formerly. In fact, the variations in cases are infinite, and we find endless combinations of physical changes.

Changes in the Patency of the Uterine Canals.—The effect of acute flexion in producing dysmenorrhœa has already been alluded to. The compression in long-standing cases is found to have had so much effect that a very small probe only can be passed into the uterus; and the hardening of the tissues around this narrowed tube renders its dilatation correspondingly difficult. The Fallopian tubes do now and then become occluded; but whether such occlusion is ever the result of flexion or distortion of the uterus is not known.

Obstruction to the escape of the menstrual discharge from the uterus has in some cases results which are possibly more frequent than is generally supposed. I mean the regurgitation of the menstrual products along the Fallopian tubes into the peritoneal cavity, there setting up irritation and inflammation.

Disorders of Innervation.

These disorders have been already incidentally discussed, and this ground need not, therefore, be gone over again. The disorders of innervation of the uterus appear mainly to be connected with compression of the uterine tissues at some one point. This compression may be due to dilatation of the canal or cavity, to condensation of the tissues in cases of flexion, or to compression by tumours in the walls of the uterus or elsewhere.

There occur as results :—1. Altered sensation, *i.e.*, pain. 2. Tenderness to touch. 3. Reflex phenomena.

Peri-uterine Inflammation.

Nothing has as yet been said of those affections of the periphery and surroundings of the uterus known as peri-metritis and parametritis, to use the nosology of Dr. Matthews Duncan. I cannot attempt in these lectures to do justice to this subject. Undoubtedly there are not a few cases coming before us in which phenomena beyond those described up to the present moment occur, *e.g.*, swelling and tumefaction in the cellular tissues immediately around the uterus; with further effects, actual inflammation of the peritoneal covering of the uterus or parts adjacent. But as a rule, these disorders do not implicate to any considerable extent the texture of the uterus itself. It is the uterus itself and the changes impressed upon it by mechanical forces and disturbances which I have dealt with, and limitation of space has confined me to it.

But I wish to say a few words on the relation of these peri- or para-uterine disorders to the mechanical changes which have occupied our attention. I have spoken of the disturbance to the circulation in the uterus produced by displacement and distortion. In certain cases I have observed facts which appear to show that these mechanical changes may so embarrass the circulation around the uterus as to give rise to tumefaction and to a kind of œdema liable to be mistaken for pelvic cellulitis. This œdema has been located in certain spots near the uterus, and has been produced in the cases I have observed by exertion of various kinds. These tumefactions are not usually tender, and their disappearance after a few days' rest, together with the absence of inflammatory symptoms, seems to me to imply that they were only œdematous effusions due to pressure.

It occurs to me to suggest that many of the more ordinary inflammatory peri-uterine affections may be traceable to the absorption of retained secretions from the uterine cavity which have become partly putrescent. Abrasions of the cervix or os seem undoubtedly to be due to an excoriating and irritating discharge present in the vagina, and escaping from time to time from the uterus. And mechanical diseases of the uterus may not unreasonably be charged with causing some of these evils.

Principles of Treatment.

It will naturally be expected that something should now be said in conclusion respecting the principles of the treatment of mechanical diseases of the uterus. Certain important generalisations naturally follow from the foregoing considerations. The medicine of the future is "preventive' medicine. From this point of view certain of the ideas which have been submitted for your consideration have much interest. If it be the fact that the mechanical diseases of the uterus are the most important of its diseases, and if further it be the fact that these mechanical diseases almost never occur unless in cases where the general nutrition of the body is at a low ebb, and the uterus has become greatly weakened and its physical resistance impaired—if, I say, these two ideas are correct, it follows that the greatest care is necessary on the part of those having the responsibility of the training of young women, to nourish and sustain the strength of the body at large in order to secure immunity from uterine suffering.

It will further follow that care should be shown in the regulation of exercises and exertions of various kinds, and that they be kept within the limits of moderation. It will also not be lost sight of that when complaints are made of pains and inconveniences following exertion, they are not necessarily to be treated as fanciful and imaginary. Regard will properly also be paid to the possible weakening effects of exhausting diseases, as fevers, upon the uterus. The insidious effects of prolonged uterine nausea in producing a kind of semi-starvation must be duly recognised

As regards the cure of these mechanical diseases, the principles of treatment may be succinctly stated.

In the first place it must be recollected that all cases are not alike; some require little treatment, others are cured with great difficulty.

Duration is an element of importance. When the disorder is recognised early, its cure is comparatively easy. When, however, the uterus has been decidedly distorted for some years, complete cure may not be possible.

The consistence of the uterus is a matter much affecting treatment. If the uterus be still softer than normal it is a hopeful feature in the case, for though it may take some months' general treatment to restore its tonicity and firmness, the cure of the flexion is more easy; whereas, when the uterus is very firm, the distortion is so frequently accompanied by considerable atrophy at the seat of the bend, that perfect restoration is difficult.

These general considerations apply in all cases, and a want of attention to them will involve disappointment in many instances.

The actual treatment required is, of course, to restore the uterus to its proper shape and position, while the restoration of the health of the body at large is at the same time the object of careful attention.

There are various means of restoring the uterus to its proper shape. 1. By placing the patient in such a position that the force of gravity aids in restoring the organ. 2. By the use of certain internal mechanical appliances.

1. *Positional Treatment.*—This is of the utmost consequence in all cases, difficult or not difficult. In slight cases it is alone sufficient. This is most important. Bearing in mind the circumstance that the subjects of these cases are not unfrequently young unmarried women in whom local explorations and the application of internal local treatment are, if possible, to be avoided, it is very satisfactory to know that a rational treatment of slight uterine displacement and commencing uterine distortion can be carried on without recourse to these procedures in certainly the large majority of such cases. It is, of course, different when the malady is of long duration, and the uterus has been, perhaps for some years, in a very diseased state.

One or two instances may be given in illustration of these remarks. A young lady, much addicted to dancing, had not menstruated for nearly a year. No examination was made, but a diagnosis of probable commencing anteflexion was arrived at. The patient was ordered to maintain the horizontal dorsal position absolutely for two months. At the end of one month, menstruation reappeared, and the case subsequently ended quite satisfactorily. Some years ago, I was consulted in the case of a young lady who had been allowed to over-exert herself in many ways, who had been much under-fed, and in whom menstruation had ceased for a long period. The horizontal position, and great care in the matter of dietary produced a complete restoration to health. Since that time other members of the same family have exhibite like tendencies, and the same symptoms have been combated with the same simple remedies with perfect success, though, from what I know of the history of similar cases, it was evident to me that there was decided mechanical disturbance of the uterus present, such as would, if neglected, have led in process of time to more serious results. No examination was made in either of the cases.

The horizontal position is the great desideratum. The difficulty is to know whether the dorsal or prone position is the proper one. The lateral position may often be accepted as a compromise when this is uncertain. The symptoms generally indicate the proper course, and, forward displacements being much more common, the dorsal or lateral position is generally necessary.

In some long-standing cases also position is of great importance. Even in association with internal local treatment it is in most cases absolutely necessary. Pessaries are not alone capable of curing these chronic cases, and I have seen great disappointment result from want of

appreciation of the necessity for rest and horizontal position as part of the treatment. The prone position in retroflexion cases, the dorsal position in anteflexion, must often be enforced for weeks or even for months together, when the uterus is much distorted, if real benefit is to result. The prone position is both tedious and painful, unless the patient be placed on a slight incline of pillows, when it is readily borne. The knee-elbow position is useful as an occasional measure, particularly in backward deviations. Dr. Campbell, of the United States, has recently forcibly directed attention to its value. And on the effect of position generally I would refer to some important papers by Dr. Aveling (*Obstet. Journ.*).

By these positional remedies the force of gravity is brought to bear on the fundus uteri, and a reversal of the vicious direction of the fundus is assisted.

2. *Mechanical Internal Treatment.*—Various mechanical apparatus may be employed. When the uterus is still moderately soft, vaginal pessaries applying pressure in the upward direction against the fundus are of great service, especially assisted by the horizontal position. For posterior flexions modifications of the Hodge pessary, for anterior flexions modifications of the "Cradle" pessary are, I believe, the best. These instruments are capable of doing much while the uterus is moderately soft. But when the organ has become hard and the flexion is chronic they are insufficient. The uterus must be unbent and straightened by the sound, or by the use of tents. Repeated gentle bending of the uterus the opposite way is an efficacious method of treatment. The combined use of the sound and a vaginal pessary will effect much in process of time, even in very severe cases. The uterus is a very plastic organ, as is proved by what has been frequently observed in the complete cure of cases of inverted uterus of many years' duration.

On the subject of pessaries space will not permit me to say much. A well-fitted pessary is a great aid in treatment; but there is no middle course. It must be well fitted and really adapted to the peculiarities of the case, or it will be worse than useless. Much has been said as to the multitude of pessaries, but when this remark is made it may be answered that the variation in cases is great, and it is a grievous mistake to suppose that one pessary will suit all cases.

Uterine stems are of great service in certain cases, and many improvements have of late been made in their adaptability by Dr. Meadows, Dr. Bantock, Dr. Chambers, and others.

Various operations for the cure of distortion are occasionally properly practised. The incision of the internal os uteri for the relief of dysmenorrhœa does not, except in a few exceptional instances, appear to be a satisfactory procedure, though it has been much practised. The real difficulty in most of such cases is the flexion. But as an aid to the cure of certain severe distortions this mode of treatment may occasionally be called for.

The treatment of the congestion accompanying flexion of the uterus demands a few words. Leeches have been much recommended, scarifications of the os have also been employed. But I rarely find these measures necessary. The congestion is at once relieved by straightening the uterus, which may be done by position, by the use of the sound, or by a pessary, according to the degree of severity of the case.

The *general* treatment of the patient in cases of uterine disease is of the utmost consequence. One of the principal merits of the system of uterine pathology now enunciated is, in my opinion, the explanation offered of the process by which health passes into disease, and why it is that the sound uterus becomes predisposed to injury from accident, or more slowly by the debilitating influences of semi-starvation, and circumstances lowering the general health. A generous diet is almost always necessary. Food often cannot be taken unless the patient be instructed how to take it. Frequent (every two or three hours) small meals of easily digested food, such as soup, essence of beef, eggs, &c., should be given; animal food in some form is the food particularly required. Various tonics are of service—iron, quinine, nitro-muriatic acid, &c. In some cases moderate quantities of wine are certainly necessary. Fresh air is essential, but long walks are quite inadmissible; also long carriage rides unless in a semi-horizontal position. Baths, frictions of the skin, hip-baths containing sea-salt or Kreuznach salt, &c., have their own place, as aids in the treatment. The greatest patience is required to restore the general health in long-standing cases. The effects of four or five years of semi-starvation cannot be got over in a few weeks.

I have now, Gentlemen, as far as space permitted, laid before you the more important of the arguments and the main facts which support the mechanical system of uterine pathology. On many interesting points I have been silent. In regard to the proofs of the various statements made I regret that I have found it impossible, in these lectures, to even attempt any arrangement of the very numerous facts and cases which are adducible in their support. I have been obliged to speak dogmatically in many cases where I should have preferred to give facts instead of mere arguments. The conclusions which I have expressed may appear to you sound, or they may not. My appeal is confidently made to unbiassed intelligent observation for confirmation of the accuracy of the facts on which these conclusions are based. How far I have succeeded in my endeavours to deduce from clinical facts a rational and intelligible system of uterine pathology, it must be for you to determine. In conclusion, permit me to thank you for the patience and attention with which you have listened to my observations on the subject.

Clinical Records.

THE CATHETER AS AN ŒSOPHAGUS TUBE IN THE TREATMENT OF CASES OF INFANTILE CONVULSIONS.

By HENRY CORBY, M.D., M.Ch.,
House Surgeon, North Infirmary, Cork.

(*Continued from page* 373.)

CASE IV. (Feb. 4, 1878).—J. H., æt. 4, awoke several times in fright last night; got some tea to-day; going on very fairly till evening, when he fell off a stool in convulsions; face was black, and there was frothing at the mouth. When brought to the Infirmary at 7.30 o'clock p.m. was in a somnolent condition, but not convulsed. I introduced a catheter into the stomach, and there was such a profuse discharge beside the instrument that I felt obliged to withdraw it, lest by partially blocking the pharynx it might obstruct the free passage of the vomited matter, and send some of it into the larynx. I then aided the vomiting by an emetic, and the usual adhesive character was somewhat marked. Gave a couple of grains of santonine, to be followed next morning by an aperient, part of which was vomited. There were two slimy stools, but up to 8 o'clock a.m. no worms. Child awoke during night from time to time in fright, but had not a return of convulsions. During previous two months passed some worms. Left hospital to-day, Feb. 9.

CASE V. (Jan. 25, 1878).—C. F., æt. 3 years and 7 months, came to the extern department this morning; got convulsions, and turned quite pale. I was called to him by somebody who told me that a child was dead in the arms of a woman in the waiting-room. On going out, till I approached sufficiently near the little fellow I thought the statement was correct. Saw he was in convulsions; stomach was distended and tympanitic; attack was passing off, when I introduced a No. 11 catheter; a long string of viscid fluid came out, and a quantity of food passed beside, as well as through, the catheter; withdrew the latter, and re-introduced it. Mother disappeared;

she afterwards stated, "I thought I was going for a coffin." The patient was put in a bath; went to sleep, and slept a good part of day; ordered pulv. santonine, grs. iij., at bed-hour; during night was hot, and starting in sleep; next morning, Jan. 26, got haustus terebinth. He now looks as well as ever, and eats as well as ever; gets a plain enema to-night, and with the exception of a little starting, sleeps well during two ensuing nights. Leaves hospital Jan. 28, without having had any return of convulsions, and quite cured; was never known to have passed worms.

Case VI. (April 7, 1878).—At one o'clock a.m. this morning I was called to see a child, M. O'C., æt. 3½, in convulsions. Introduced a No. 11 catheter, and kept it in till about three o'clock. At first little or nothing came through the instrument, but after a time there was a fluid like white of egg, and this was followed by froth. The crackling through the tube was almost constant, and on pressing over the abdomen borborigmi were produced. It was only after a considerable interval that the convulsions ceased, and even when withdrawing the catheter the respiration was still jerky. I am inclined to think that this delay was mainly due to a great part of the fluid and flatus being beyond the pyloric orifice. Before removing the catheter I injected through it some aqua menth pip., and then had the child warmed in bed. Jerky respiration continued about an hour and a-half afterwards, but by, say six o'clock, the little patient was quite sensible. Had convulsions when about fifteen months old, then ascribed to teething. Has not been healthy during past two years. She now has necrosis of one of the phalanges of index finger of left hand, and apparently gummata of one or both legs. Leaves the hospital in the course of the day, having had no return of the convulsions.

Case VII.—I spoke of some of those cases to Dr. Lambkin, of Carrignavar, and he kindly resolved on giving the treatment a trial. He tells me that one day when driving through his district he was stopped by a woman who implored him to come in and see her child in convulsions. He did so, and having a catheter in his trap brought it into requisition. He told the mother to give a dose of oil afterwards, and the next time he saw his patient she was running about.

I do not for a moment want to say that the catheter treatment will cure convulsions due to hydrocephalus or other centric causes, but I do think a careful perusal of the cases given above will show that we must not be too ready to attribute infantile convulsions to grave anatomical lesions. Hydrocephalus, acute pulmonary affections, and falls on the head may all in turn be innocently accused of producing convulsions, when in reality the digestive system is mainly at fault. For instance, in Case I., the "wheezing on the chest" might be readily seized on as the cause, whereas in reality it may have more or less resulted from the distension of the stomach and intestines, for if I remember rightly perceptible improvement had taken place in the pulmonary symptoms even before the catheter was removed from the stomach. Again, in Case II., considering the family history and the conformation of the boy's head, the deafness, &c., would it be at all extraordinary if hydrocephalus were diagnosed and the patient treated accordingly? whilst in Case III. one of the first suggestions would be the fall caused the convulsions by injuring either the brain or cord. I am not aware that the catheter treatment has been adopted before, and I have now much pleasure in bringing it under the notice of the profession.

Dr. Andrew Clark, Senior Physician to the London Hospital, has been selected to accompany Her Royal Highness the Princess Louise and the Marquis of Lorne to Canada. The choice is a wise one, and will be popular with the profession in London.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

Friday, Nov. 8th.

Mr. Callender, President in the Chair.

Dr. Farquharson read

A CASE OF QUININE RASH.

Dr. Farquharson exhibited a drawing by Dr. Westamacott, of a case of quinine rash occurring at St. Mary's Hospital, in the practice of Dr. Cheadle, who had kindly allowed him to bring a few brief notes before the Society. The patient, a boy, æt. 14, was admitted with pyrexial symptoms, and after the first suspicion of typhoid was allayed, it was decided to try the effect of quinine in bringing down the temperature, which had stood for several days at 100°. Ten grammes were accordingly given thrice a day, and on the fourth day a variolous rash appeared universally over the body, composed of flat slightly raised patches of a rose pink, and accompanied by much tingling and irritation. No other symptom of cinchonism was observed, and on withdrawal of the medicine, the eruption rapidly subsided. Quinine symptoms may be divided into two classes. Those of an eczematous character, which are described by some continental authorities, as occurring on the skin of workers in quinine manufactories. Those which follow the internal administration, usually of very small doses of the drug, and which may be either erythematous or rubeoloid in character. The present case was strongly suggestive of urticaria, which it doubtless was, and it may naturally be argued that the real causation was some chance error of diet, instead of the more round-about reason just given. The diagnosis, however, was most amply confirmed by one of the students, Mr. Luscombe, who had suffered two attacks in his own person, precisely similar to this in every respect, save in the addition of very troublesome and long continued gastric irritation. It is worthy of remark that the quinine not only caused no lowering of the body heat in the first instance, but that on the appearance of the cutaneous eruption, the temperature ran up to 102°, the explanation of this probably being that the dose was really too small to produce any decided antipyretic effects.

Dr. Greenhow thought that this rash differed essentially from the bromide or iodide rash. In these the rash is a physiological effect, while Dr. Farquharson's case might be described as an urticaria following dyspepsia produced by the administration of quinine. He had never met with a similar case in forty years' experience.

Dr. Burney Yeo asked how soon the quinine was given after the boy was admitted, and whether the rash might not have followed a dyspepsia previously existing.

Dr. Nunn, of Georgia, U.S., from practising in a malarious district was familiar with the quinine rash, and in the habit of employing large doses. In a lady of fifty a defined erythema always followed free doses of quinine. The patches, one on the chin, the nose, the hand, and the mammæ, itched much and finally desquamated. This sequence had perhaps been noticed fifty times in the same subject.

Dr. Farquharson, in replying, agreed as to the rarity of these cases with Dr. Greenhow. About thirty only were recorded.

Mr. Barker read

NOTES OF A FATAL CASE OF OGSTON'S OPERATION.

With the object of affording a few data for a just estimate of the value of this operation, Mr. Barker recorded this case, though unfortunately fatal. The patient was six years of age, and deformed by genu valgum on both sides, but mostly so on the right. On this limb the operation was performed as follows: A tenotome was passed down in front of the middle of the joint from a point about two inches above the internal condyle. Along this line a narrow-bladed saw was inserted, and its cutting edge laid on to the bone. The latter was then divided, due care being taken that the soft parts behind it should not be injured. The limb was then brought into a straight line, but could not be brought beyond this owing, as was seen at *post-mortem*, to the position which the spine of the tibia then held. It came up mainly to lock against the under surface of the inter-condyloid notch while

the external lateral ligament held the bone from going any further. A little blood oozed from the wound, which had been made under the strictest antiseptic conditions, and similarly dressed. The limb was put up straight in plaster of Paris. All went well until next morning, when the patient was free from pain or any trouble, the temperature standing at 99·8°. The plaster bandage was a little tight. An hour or two later the temperature stood at 105·4°, and patient was weary. At 9.30 p.m. the plaster bandage was removed as the limb was too much compressed by it, and at this time the thigh near groin was tender and swollen; the glands being specially so. Limb put upon a long splint with cotton wool and flannel covering, dressings not changed; all around the knee being quiet. The temperature remained at over 105° the whole night, and in the morning the boy was delirious. The dressings were then removed under antiseptic spray for examination of the joint, which was found perfectly at rest; no trace of inflammation about it. Consolidation of the base of the right lung, however, was now discovered. The boy became worse and worse, and died at 2.30, exactly forty-eight hours after operation. *Post-mortem* examination showed the cause of death to be septic pneumonia, with hæmorrhagic infarcta in the body of the inferior lobe of the right lung. The joint was found almost quite free of inflammation; the wound showed slight suppuration. But in the body of several muscles on the anterior aspect of the thigh, diffused pus was found with ecchymoses, but not connected in any way with the joint. None of these were found in the muscles of the leg; all the veins of thigh quite normal. The cut in the bone was planted as accurately as it should been. It left the crucial ligaments entire, lying inside of them; the ligamentum mucosum was also intact. The chief points of interest in the case lay in the rapid supervention of septicæmia in spite of the most rigid antiseptic precautions both before and after the operation.

Mr. REEVES read a paper on

SUBCUTANEOUS EXTRA-ARTICULAR OSTEOTOMY OF THE CONDYLES IN KNOCK AND BOW KNEES,

and made some observations on the subject of osteotomy generally, and stated that he had had occasion to perform nearly 100 osteotomies. He related the particulars of 4 severe cases from a total of 23 operations, of which 21 were for genu valgum and 2 for varum. He also drew attention to a case of Mr. Parker's, which was present, and which had been operated on by his method, in which the deformity was quite corrected, and in which the child was able to walk one week after the second knee had been operated on. Photographs of several cases, both before and after operation, were shown. He summed up the results of his own experience and that of other surgeons by stating, "That in those cases of knock or bow knee in which osteotomy is called for, the plan of simply *loosening*, and not separating, the offending condyle is preferable to Ogston's operation or division of the shafts of the femur, tibia, and fibula: 1st, because of its safety; 2nd, it is much more quickly done; 3rd, passive motion can be begun much earlier; 4th, the condyle being simply loosened, there is no fear of non-union and necrosis; 5th, there is no need to interfere with the large joint in the body, and even if this be accidentally done, it being a much more subcutaneous injury than that inflicted in Ogston's operations, there is very much less likelihood of joint mischief leading to excision, amputation, or death; 6th, less damage is done to the epipyhsis; 7th, the cases are much more rapidly cured. He thought that Dr. Ogston's operation was good and justifiable, until a simpler and safer method was applied, and that subcutaneous extra-articular osteotomy supplied these desiderata.

The PRESIDENT asked Mr. Reeves for the references to the cases requiring subsequent excision or amputation which he had mentioned.

Mr. REEVES added that they were not done in this country but in Germany.

Mr. LUCAS had, till to-night, thought Ogston's operation a safe one: he had the experience of eight cases, and, in one, both condyles had been divided on the same day, without bad result. Once he had been obliged to rupture the external lateral ligament to straighten the limb. In Mr. Reeves' operation, he thought that the joint must be opened, as, indeed, seemed to have happened in some of the cases shown.

Mr. HOWSE had in his own cases experienced no bad results, but he thought it likely that pulpy disease might sometimes follow this operation, as occurred in a case of simple fracture of the capitellum for the radius which he had lately observed. Where prolonged treatment could not be followed he thought it justifiable to incur the small risk of Ogston's operation. Division of the femur as a substitute for this he considered better than division of the tibia and fibula. But that with antiseptics to diminish the risk, division of the condyle was preferable. He doubted the extra-articular character of Mr. Reeves' method, and thought it better and safer to use the saw, though he agreed with him in the propriety of dividing ricketty curves.

Mr. PARKER remarked that he showed two cases of the deformity treated by different methods. The one, a child of about 4, the subject of extreme genu valgum; it could hardly walk before the operation. He had divided, with a chisel, at an interval of one week, the two femurs just above the condyles. There had not been any suppuration or constitutional disturbance. The wounds healed rapidly, and at the end of about three weeks the child could raise the limb from the bed. The internal malleoli could now be made to touch each other without any difficulty at all; whereas, before the operation, there was an interval of about 11 or 12 inches. (A photograph of the child before operation was shown.) The boy could walk about, but owing to his ligaments all being very loose, a considerable (but easily reducible) deformity still remained. The other case was also a well-marked example of genu valgum, which had undergone in one or two hospitals "orthopædic" treatment, without, however, getting much benefit. In this case, the internal condyles had been partially separated with a chisel, in the manner suggested by Mr. Reeves. Mr. Parker thought that this case demonstrated very well that the operation was *sometimes*, to say the least, extra-articular, for the boy could semi-flex his knee on the eighth day after the operation, and, in the course of the next week, was able to touch his tuber ischii with the heel. He had done the two operations at a week's interval. At the end of the second week from the first operation all appliances were left off, and in the course of the third week the boy was up and dressed, and could walk about. Mr. Parker had done five cases by the former method (cutting through the femur), and five operations (on three children) by the second method (Mr. Reeves'). Making all allowance for his want of skill and experience in the earlier cases—not only as regarded the operation itself, but also as regarded after-treatment—he had come to regard the condyle opsration as the better one; and of the condyle operations—Ogston's and Reeves'—he was in favour of the latter. The cases in which the femur was cut through required a longer time for recovery; and, moreover, although the deformity could be overcome, its cause still continued. He thought this operation a more serious one than partial separation of the condyle, even though the joint might occasionally be entered. If further experience should show that the joint, as a rule, escaped, then no doubt it was the better and more appropriate operation. His earlier cases had been done without any of the so-called antiseptic precautions, but latterly he had adopted the spray, in order to give the patients any additional advantages which it might afford.

Mr. BARWELL believed that his plan of dividing the femur and then the tibia with a chisel gives the best result, and that it also allowed the correction of a ricketty curve. He thought avoiding the joint and using antiseptics of the first importance, and had never experienced suppuration or notable fever, while Ogston's and Reeves' operations were sometimes followed by stiffness and effusion. What he desired was to claim good results for his own, not to discredit their plans.

Mr. ADAMS had a high opinion of Ogston's operation, which he had performed successfully in one case without using antiseptics, which he deemed unnecessary. He also thought that Mr. Reeves must open the joint by lacerating the cartilage.

Mr. GOLDING BIRD was of the same opinion.

Mr. CALLENDER considered operation undesirable before middle youth or later, and that these cases differed much *inter se*. His experienee comprised five cases done without antiseptics. He referred to Mr. Bigelow's statement of the rarity of such cases in America.

Dr. NUNN agreed as to the rarity of this deformity in the Southern States.

Mr. BARKER and Mr. REEVES having replied, the Society adjourned.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 13, 1878.

VESTRY NEGLECT IN SANITARY MATTERS.

AT the last meeting of the Social Science Congress Mr. Henry Robinson, M. Inst., C.E., &c., read a paper on the obligations of vestries with regard to the construction of sewers and the sanitary state of inhabited houses. It is not generally known that the Act of 1855, under which the vestries were constituted, clearly defines the arrangements that are necessary to protect the inhabitants from the danger resulting from the admission of sewer gas to houses. Clauses 71 and 72 provide that the sewers shall be properly constructed, trapped, ventilated, and cleansed, so as not to be a nuisance or injurious to health. Clauses 78 to 81 indicate many points respecting the sanitary requirements to be observed in house construction. Clauses 82, 83, and 84, give the vestry power to inspect the internal arrangements of houses, to require the occupier to rectify defects which are injurious to health, or to do so itself in the event of non-compliance.

Now the experience of every householder will testify to the fact that clauses 82—84 are seldom or never enforced, while, with regard to the other clauses Mr. Robinson shows that, in many instances, the powers to enforce their observance practically lie dormant. The house drain is not, he says, required to be efficiently trapped from the main sewer. A very usual connection is that called an "eye-junction," containing a mere flap, and not a proper trap, so that sewer gas has complete access to the house drains. Frequently the ventilation of sewers is chiefly by means of the houses themselves, through the closets, sinks, &c., or else by means of the rain-water pipes, which, in the majority of cases are carried direct into the sewer, and which are in most cases situated close to the windows.

Of the inattention of vestries to the proper construction of sewers, Mr. Robinson gives a remarkable instance which came under his own observation. At one point of the sewerage system of Hampstead and Marylebone, and in the centre of an area in which had occurred a serious outbreak of diphtheria, two sewers, about six feet in diameter each (draining a large area), were carried by a double junction into a sewer only four feet ten inches in diameter, which latter sewer subsequently expanded to seven feet in diameter. The effect of this has been to permanently interfere with the regular flow of the contributory sewers, and to create deposits of foul matter in them, from one to two feet in depth, causing a general pollution of the air in the district. During heavy rains the sewers become choked, and the neighbourhood is flooded (two floods having occurred this year). These sewers, however, remain with the mistakes unrectified by the Metropolitan Board of Works, neither have the deposits in them been removed by either the Board or the vestry, who are practically irresponsible, as the Local Government Board have no control over them.

We doubt, however, whether Mr. Robinson is right in casting, as the title of his paper would imply, the whole blame upon the vestries, at least so far as the street sewers are concerned. Unless we are mistaken, the vestries have the power of surveying and reporting upon existing or contemplated main drains, but it is not a part of their office to construct them, nor to rectify them when out of order. This is the duty of the Metropolitan Board of Works, which is often very dilatory in attending to representations that are made to it respecting the condition of those "works" over which it claims jurisdiction. While we are writing these lines, we see by the daily papers that a meeting of the Hampstead Vestry was held, at which it was moved that the "vestry do again call the attention of the Metropolitan Board of Works to the report of our surveyor of May 16th last, relative to the condition of the Alexandra Road and Kilburn Vale sewers; and it having again been recently ascertained that the accumulation of offensive deposit in the said sewers still remains in the same or even a worse condition than in May last, this vestry do, at the same time, press upon the board the urgent necessity for immediately removing the said accumulations, the emanations from which are so injurious to the public health; that the said board be also requested to make such structural alterations in the said sewers as may prevent the recurrence of the nuisance complained of." Not only was this resolution carried unanimously, but one of the vestrymen even suggested a test action against the board, to be brought by one of the sufferers, and promised £25 to any voluntary fund for the purpose of "seeing whether the Metropolitan Board of Works cannot be brought to book for what appears to be a most shameful piece of neglect."

The fact is, what with the want of consentaneous action between local and central authorities, the leisurely way in which most corporate bodies go to work, and the shuffling of responsibility from one party to another, the public have often, for a long time, to put up with annoyances and nuisances that might be removed at once.

Such a miscarriage of provisions of Acts of Parliament that have been passed with the view of improving the sanitary condition of the community, only shows the need of some such radical reform, as Dr. Richardson and other sanitarians have suggested, the appointment of a Minister of Health, for example, and a specially organised Department of Health, "not merely with consultative functions, but armed with compulsory powers to enforce sanitary regulations."

In the meantime, it would be as well to press upon all vestries the necessity of attending more punctiliously to those provisions of the Public Health Acts which come under their jurisdiction.

With regard to houses themselves, Mr. Robinson says that every person intending to take a house should require a certificate to the effect that the house was properly constructed in a sanitary point of view, and should regard such a certificate as essential to his accepting a lease or agreement for a house, and as important as a certificate of its structural safety. The landlord should be held legally liable if his house does not fulfil these conditions. But the impossibility of carrying out such a suggestion in the present state of things, must be apparent to everyone who is familiar with the comparative independence of builders on the one hand, and the frequent apathy, in respect of sanitary matters, of those who rent their houses, on the other. Much more feasible is another suggestion which Mr. Robinson makes, namely, that as the public are almost invariably ignorant of the chief sanitary conditions which require to be fulfilled, the vestries should issue bye-laws as to house sanitation, and serve them on each occupier. This would help to educate the public, and if followed by a house-to-house inspection to see them enforced, some good might be accomplished.

ANTI-VIVISECTORS AND THEIR TACTICS.

Our remonstrance with *Saunder's Irish Daily News* for having given publicity to the malicious falsehoods of the anti-vivisectionists in reference to Dublin Hospitals, has met with an editorial reply in the following terms:—

"The statement which we are here accused of promulgating was published in our columns *as an advertisement*, and all that we did in regard to it was to point out how injurious it was likely to be to the collection for the Hospital Sunday Fund, if it were left uncontradicted by the Hospital Fund Committee, or by some one authorised to write on their behalf. . . .

"We publish to-day a second letter from Dr. Grimshaw, in which he informs us that in no case are vivisections now performed in any hospital premises. The facts that in some cases the vivisection practitioners are also officers of the hospital which is connected with the school, and that in this latter capacity they lecture the students attached to the school and perform the vivisections for their instruction, are circumstances which are unavoidable if vivisection is to be tolerated at all. . . .

"The facts that the operator in vivisection is also an officer of the hospital, and the students who walk the wards of the hospital and receive their clinical instruction there, go far to *lend plausibility to the allegation of identity*. The anti-vivisectionists, we suspect, will regard the distinction between the hospital and the vivisecting chamber as a *logical subtlety* rather than plain matter of fact. . . .

"The real reason that vivisection is practised in medical schools is to gain for the professor a reputation for superior skill and knowledge, and by this reputation to attract pupils to the school. It is horrible and sickening to think that for such a motive as this animals should be submitted to torture, and to torture which is, in most cases, both exquisite and prolonged.

"The Medical Press and Circular, in the article before us, makes a great outcry over the 'deliberate falsehood' of the anti-vivisectors that 'to every hospital in London is attached an *employé* whose business it is to procure stray dogs and cats for use in the laboratory.' *For 'hospitals' it appears that we ought to read 'schools;'* and of them, all that the Medical Press and Circular can say is that it *believes* the accusation to be false. True or false, to make it or to controvert it, is to distract the public mind with a false issue."

It is not surprising that we should identify *Saunder's Daily News* with the slanders uttered by the Dublin anti-vivisectionists, because these calumnies appeared in its columns *not* as an advertisement nor even as a letter, but as a semi-editorial paragraph amongst the general news, without any indication that it was an advertisement excepting a number, and without any evidence that it was a "communicatoin," except the word "Anti-V." at its end. The foregoing quotations certainly seem to us to justify our assumption that *Saunders* favours the opinions and tactics of these fanatics. It presumes the false statements to be true "if left uncontradicted."—It thinks that the facts "lend plausibility to the allegation."—It considers that the anti-vivisectionists may reasonably regard the "distinction between the hospital and the vivisecting chamber as a logical subtlety, rather than as a plain matter of fact." It attributes vilely selfish motives to all those who adopt this method of physiological investigation.

We can respect the objection of the editors of *Saunders*, or of any one else, to vivisection, and if they have taken the trouble to inquire carefully into the matter, and still hold the same view, they have every right to express it, but our accusation against the Dublin agitators is altogether apart from this. We charge them with having intentionally promulgated what they know to be a falsehood, for the purpose of advancing their agitation. The Dublin Hospital Sunday Fund has nothing to say to medical schools, and not one penny of the charity collected on Hospital Sunday could by any possibility be applied to vivisection. The anti-vivisectors well know this, having had proofs and assurances on the subject in their hands, and yet they have endeavoured to prevent the public subscribing to hospitals by asserting that the money so subscribed would be applied to the torture of dumb animals, and that these institutions maintain a regular system of stealing animals for the purpose of torture.

Saunders seeks to escape the dilemma by the admission that "for hospitals it appears that we ought to read schools;" but we submit that its editors should have made this discovery before they gave semi-editorial publicity to the falsehood, and that, having at last made it, they ought to refrain from insinuations that, after all, the difference between a vivisecting chamber and a Dublin hospital is only a "logical subtlety," and from the inference that, with so much "identity" between them, the charitable may judiciously refrain from subscribing.

MR. BURY'S BEQUEST TO THE DUBLIN HOSPITALS.

THE will of the late Mr. Bury, of Rathmines, by which he bequeathed a sum of about £22,000 for the purpose of providing additional hospital accommodation in Dublin, was admitted to probate last week, all opposition from the next of kin having been relinquished, and all the imputations which had been made against Mr. Bury's medical adviser having been unreservedly withdrawn. Mr. Bury, it will be recollected, had left the bulk of his property to three trustees—Cardinal Cullen, Mr. Purcell, Q.C., and Mr. Sergeant Sherlock, M.P.—to be applied as we have said, with the sole condition that his medical attendant, Dr. Hepburn, should be one of the medical staff of the hospital which should be thus founded or endowed. Sergeant Sherlock renounced his trusteeship and Cardinal Cullen has since died, so that the disposition of the bequest rests—subject to the approval of the Court of Chancery—in the hands of Mr. Purcell. The application of the funds is a matter of extreme interest to both the sick poor and the clinical teachers of Dublin, and there can be no doubt that in the discharge of the trust Mr. Purcell will act rather upon a wide consideration of the needs of the community than for the claims or wants of any individual institution.

Looking at the matter in this way, it comes to be considered whether there is any urgent need for a further extension of the hospital accommodation for the destitute poor of Dublin, and we think it is a distinctly debateable question whether the medical care of those who are unable to pay for advice and nursing is not already adequately provided for. There are within the ten mile circle which constitutes the Dublin Metropolitan District twelve General Hospitals—most of them clinical—two Lying-in Hospitals, two Ophthalmic Hospitals, a Lock Hospital, an extensive Fever Hospital, three large Union Hospitals, two Orthopædic Hospitals, an Incurable Hospital, and four minor institutions which accommodate actually sick and poor patients within their walls, besides two public Lunatic Asylums, and eleven Asylums for the accommodation of the blind and infirm.

Thus there are twenty-eight institutions for the reception of the sick poor of a population numbering 314,000 persons, exclusive of the large number of sick who come from the provinces for treatment at head-quarters, and the accommodation thus afforded would be certainly assumed to be entirely sufficient for the wants of the sick poor if judged by the London standard. But it is to be remembered that the Dublin hospitals are not in any way comparable with the great London institutes. It is not possible to estimate their bed accommodation with any accuracy, for most of them do not contain more than 100 beds, and very few of them contain 100 patients at any time, inasmuch as want of funds makes it imperative to keep the number of occupied beds as low as possible, consistently with the demand. Nevertheless, we repeat, it is a question deserving of consideration, whether there is in Dublin any want of additional hospital buildings for the destitute sick, or whether that class would not be quite as well cared for in existing institutions, if there were funds in hand to enable those institutions to fill up their available beds. We doubt, indeed, whether any great extension of bed accommodation is needed, for it is not our experience that hospital relief is beyond the reach of any necessitous case in Dublin; and we are aware that much of the bed space of those hospitals which depend for maintenance upon private subscribers, is occupied by the retainers of subscribers whose ailments could readily make place for the more urgent maladies of the unfriended sick.

On the whole we are strongly impressed with the belief that, if Mr. Bury's bequest is to be applied for the benefit of the destitute sick, it would be expended with greater advantage (if the terms of the trust permit) in enabling the existing hospital or hospitals to utilise their unoccupied beds than by investing the £22,000 in bricks and mortar for the reduplication of bed accommodation, which is already to be found unemployed in the existing institutions.

We are, as we have said, very doubtful that there exists any unsatisfied demand for hospital care of the destitute sick, and, therefore, in considering how Mr. Bury's bequest may be best applied, we are bound to form a judgment as to whether there is any class of the community in Dublin more deserving of, or more urgently needing, medical care for whose benefit Mr. Bury's bequest may be properly utilized. And our inquiry on this point is at once answered by the claim put forth by the struggling middle classes, of whom clerks, shop-assistants, working seamstresses, and the higher class of servants are representative members.

On behalf of this class, a forcible appeal has recently been made in London by the Rev. J. Erskine Clarke, Vicar of Battersea, who has addressed the daily press on the subject, and has got together something over £2,000 as a part of the capital of £4,500, which he considers necessary to commence work and with which he proposes to endow a self-supporting hospital near Clapham Junction, where "such persons can go without loss of self-respect involved in begging for a subscriber's letter to a charitable institution, and where they can have privacy and some selectness of fellow patients."

We are conscious that there are serious difficulties attendant upon the foundation and management of an institution of this character in Dublin, but, nevertheless, we are well aware that a real demand for such an institution exists, and that, with due precautions as to administration, charitable funds could not be appropriated to a more useful or benevolent purpose. That there is a special requirement for medical attendance and nursing for the lower middle classes in Dublin must be admitted by all, for it is recognised and acted upon in every doctor's practice and in most general hospitals. Every physician and surgeon has a following of patients from whom he has no fee, but whom he permits to attend at his own house because he feels that they are of a class whom it would not be reasonable to remit to the pauper dispensary or the general ward of an hospital. He recognises on their part a rational repugnance to present themselves as charity-seekers amongst a mob of the squalid and diseased, and he feels that the ordinary beds of an hospital ward lack the privacy and the regards for sentiment which clerks, milliners' assistants, and persons of that rank may be expected to set store by. Ac-

cordingly, he treats these patients as something different from his daily hospital clients, and when their cases need hospital care, most such institutions are ready to provide them, if at all possible, with a private ward, whether paid for or not.

It is, we think, deserving of thought whether Mr. Bury's charity would not be dispensed to the best advantage by providing for the care of this class, especially as, by judicious administration, such an hospital might be made partially or wholly self-supporting, and thus the £22,000 might be made available for as much good as a much larger sum. We are conscious that it would be necessary to exercise rigid circumspection in order that such an hospital should not be made use of by well-to-do or unscrupulous people; but we have no reason to believe that, with reasonable care, there need be any difficulty in confining the charity to really deserving cases, or that the sponging upon it by persons capable of paying would be more frequent or glaring than it has been in connection with the pay-wards of existing hospitals.

We put forward these views in order that the claims of the class on whose behalf we speak should not be overlooked, but we feel that, under the guardianship of Mr. Purcell, the bequest is in the best hands, and that it will certainly not be misapplied. It is very seldom that so large a sum is available for outlay for the benefit of the sick of Dublin, and we are confident that it will be appropriated in such a manner as to do justice to those who now deserve consideration, and to do honour to the benevolent testator.

Notes on Current Topics.

The Society of Apothecaries' *v.* Shepperley

Doubtless most of our readers will have seen the report of this case in the daily papers, and will regret that the jury gave a verdict in favour of the defendant. As Mr. Baron Pollock remarked, it was obviously a test action, and consequently the verdict will have the effect of encouraging chemists to continue a custom which, in the interests of the public, should be checked as much as possible. Sir Henry James put the matter in a very wrong light when he represented the action as the outcome of a contention of class against class. That the action had been brought by persons in one class of business to deprive chemists and druggists of their legitimate trade, and to put the money of the public into their own pockets. This was certainly not a complimentary remark to make respecting the motives of an honourable body of men, and the weakness and injustice of the argument are so transparent that we are surprised that Sir Henry James should have made such a groundless allegation. Every one knows that the "legitimate" business of the chemist is to compound and dispense medicines, and what medical man or body of medical men would even think of questioning the right of the chemist to that calling. But to prescribe for sick people is a very different matter, and we are sorry that the jury did not take the advice of the judge, who, in his summing up, told them to consider how dangerous it was to put such a power into the hands of persons who had not been properly educated or trained. Now, with reference to the language used in plea, would Mr. Baron Pollock allow any distinction between the treatment of serious and simple complaints, which, in regard to many cases it would be difficult to do, and no such distinction was made in the Act itself. Nevertheless, the jury, as we have just stated, were not long in deciding in favour of the defendant. They did not give any reasons for their verdict, but our impression is that their judgment was biassed by the belief that the custom among chemists of prescribing for their customers is fraught with more good than evil to the public, and that the great convenience of such a custom more than compensates for any evils that may occasionally result from it. We would not for a moment allow such a plea, as Mr. Shepperley's conduct in giving medical advice to his customers was, as in the case of other prescribing chemists, wrong in principle, although it may not have been strictly illegal. At the same time we must admit that such a practice is not without its "extenuating circumstances." If it be the legitimate business of the chemist to dispense medicines, and to dispense only, is not the legitimate business of a medical practitioner who is practising within a stone's throw of half-a-dozen chemists, to prescribe drugs, and to prescribe only? If we find the doctor trespassing upon the province that usually belongs to the chemist, we must not be surprised if the latter should retaliate, especially when the alternative before him is either to sell a simple saline mixture for some trifling complaint, or to turn away and perhaps offend his customer. At all events, although the practice is not only wrong in principle, but often wrong in practice, it is doubtful whether the present law does, or whether any future Act of Parliament could, entirely put a stop to a "custom" which is so generally observed by the smaller chemists, and the detection and perils of which it is so easy to evade. We must rely chiefly upon ourselves, and upon a more educated discriminating public opinion if we hope to see the prescribing chemist become merely an historical feature of our social economy.

Life Assurance.

Lately several letters appeared in the London *Echo* calling attention to the connection of crime with petty assurance societies. One correspondent, in alluding to the fact, that a "model wife and mother" had poisoned her husband and children in order to obtain burial money, wonders "that we do not hear oftener of such cases." The company referred to does a very large business among the industrial classes, and numbers of men are, without their knowledge, assured by their wives, "a proceeding which is facilitated by the fact that, for small assurances, the man to be assured has not to appear before a medical officer. It would appear that recently there has been an increasing number of poisonings to obtain burial money, and Mr. Justice Lush, in charging the grand jury in the Warrington poisoning case, said, "if murder at all it had been induced by the temptation held out by the insurance societies to poor people to insure the lives of persons at low premiums."

With regard to infanticide, we have on previous occasions alluded to the temptations held out by these small

assurance offices, burial clubs, &c. One reason why, in many instances, a medical examination is dispensed with is, that the assurance offices, which are never very liberal towards the profession, would grudge a medical man even the smallest fee when the assurance is only to the amount of £20 or £30. But it is evident that the publicity afforded by a medical examination and the certification of the health of the individual assured at the time the examination was made, would do something towards preventing crimes being committed from the motives above-mentioned. It is to be hoped, therefore, that the law will step in and put a stop to a practice which cannot be too strongly denounced. These cases, moreover, show that medical men, especially those who are practising among the industrial classes, should be aware of the above facts, so that they may be the less likely to mistake for disease what is nothing more nor less than the result of foul play or wilful neglect.

Taube's (of Leipzig) Treatment of Croup and Diphtheria.

The following treatment of croup and diphtheria is advocated by Dr. Taube in the *Deutsche Zeitschrift f. Prakt. Medicin.*, Sept., 1878 :—An ordinary inhaler is to be taken full of water, into which is to be put each time it is used 15 drops of the oil of turpentine. The child should be wrapped in a sheet and placed on its mother's lap, while another person holds the apparatus for eight or ten minutes about three inches from its mouth. It is as well to grease the child's face and to protect the eyes with a cloth. At first the inhalation should be practised every hour, day and night, the favourable result of which will soon be apparent. With regard to the carbolic acid injection, it should be made into the submucous tissue ; half the contents of an ordinary hypodermic syringe, containing a weak solution of the acid (3 to 1,000) being injected two or three times a day into the tonsils. Subject to certain modifications, as the case may require, Taube would recommend the following plan :—1. Hourly inhalations of the oil of turpentine throughout the day and night. 2. Injection of carbolic acid two or three times a day. 3. From one to two teaspoonfuls of Port wine or Madeira to be given every hour ; cold compress to the neck ; two or three times a day a warm bath with the cold affusion ; and small doses of the infusion of digitalis, to which a little benzoic acid is added. The nourishment should consist of eggs and milk only. Constipation is to be met with linseed oil, and for the separation of the false membrane sulphate of copper, or tracheotomy, with turpentine inhalations through and above the canula.

This treatment is certainly pretty active, and both the nurse and the medical man would have enough to do in carrying it out. It almost reminds us of the heroic treatment of typhoid fever recommended by Liebermeister, and noticed by us in these columns.

The gentlemen selected to deliver the Annual Oration and Lectures at the Royal College of Physicians of London next year, are :—The Harveian Oration, Dr. Wilks. The Gulstonian Lectures, Dr. Curnow. The Croonian, Dr. Stone, and the Lumleian, Dr. Bristowe.

Plymouth and the Contagious Diseases Acts.

It is well known to all but the most prejudiced that these Acts are working well wherever they are fairly tried. The Earl of Devon, speaking at a meeting of the Royal Albert Hospital, Devonport, declared that the Contagious Diseases Acts and the lock wards connected therewith had worked, and were still effecting the greatest possible moral and physical good, not only among the women, but upon the whole population. Admirals Farquhar, Stewart, Wills, and Napier, with several clergymen, bore similar testimony. This acknowledgment is very satisfactory, and it is to be hoped that we shall soon hear that these Acts have been extended to other places in which prostitution and the venereal diseases are at present allowed to go unchecked.

Professional Confidences.

An inquiry was held last week by the Inspector of the Irish Local Government Board at Claremorris, in the Co. Mayo, in reference to charges made against a relieving officer of illegitimate relations with a married woman of the neighbourhood. The most important witness was the medical officer of the district, and on his being sworn, the following conversation is reported to have ensued :—

Dr. —— sworn—I am medical officer at —— Dispensary.

In reply to a question,

Witness—Am I obliged to answer a question involving a breach of professional confidence ?

Inspector—There is no breach of confidence.

Witness—If I am bound to answer, I will. I recently attended her in her confinement. It was Mr. Moran called on me to attend Mrs. Phillips. I was not paid for my attendance. He spoke to me about the child.

Did he tell you he was the father of the child ? He did.

Mr. Glynn—Do you remember him saying anything about the baptism of the child ?

I think he said something about it.

Then ensued a long examination, in which the whole conversation and many facts were disclosed by the medical officer.

The relations between doctor and patient in every rank in life, are of so great importance that we feel we are called upon to express an opinion as to the propriety of the medical gentleman's testimony in this case.

We differ *toto cælo* from the opinion of the Inspector (who, in this case, was not a member of our profession), that no breach of confidence was involved in the disclosure by the doctor of private conversations between him and any other person in reference to the affairs of his patient. We do not consider that any medical man is justified, except in extreme cases, in making public facts communicated to him confidentially in reference to his patient ; still less do we recognise his justification in detailing conversations as to the christening of a child, its paternity, the family relations of parties concerned, or other matters outside his duty as a professional man. We do not go the length of maintaining the inviolability of professional confidences under all circumstances, but we are decidedly of opinion that no medical man manifests due regard for his relation to his patient as confidential adviser who divulges the subject-matter of conversations respecting the patient, except he be compelled to do so

by the positive order of a competent court. We do not conceive that the Local Government Board expects, or has a right to expect, such testimony from its officers ; and if it did, we can hardly see how office could be honourably held under its *régime*. We are quite sure that, in the case to which we now refer, the witness felt the responsibility of his position, and was induced to give his evidence under what he considered stern compulsion, but we cannot concur that there were any exceptional circumstances to justify that opinion.

Old Lamps Retrimmed.

THE magician, in the old tale of Aladdin and the wonderful lamp, offered new articles of illumination for old ones. This he did with an object. Some moderns imitate his cunning, also with an object, but with a difference. They offer us new lights in medicine or surgery which, in reality, are old, but reburnished and relacquered. The author of the "Medical Digest" has pointed out, in some of our contemporaries, instances of this form of transaction. His task will indeed be Herculean if he attempts to grapple with this form of deception, for it is hydra-headed, and creeps up in the most unlikely and unsuspected places. By a careful use of skill in the compilation of old materials, reputations have been quickly made. Old authors have been placed under a species of black mail, and levies made on their facts, ideas, and even words, which are forced into the service of the modern knight-errant for fame.

Dr. Neil has produced a laborious work, and it will be found of incalculable service in exposing what is new and what is old. As a work of reference it should be regularly used by all who desire to really advance the profession, for there is little use in the repetition of old theories, facts, &c., which have been already examined and found wanting.

We want original work, the sequence of previous original work, thus carrying on the chain of evidence. We do not want old work under a new form, or "old lamps given us for new ones."

Wool Sorters' Disease.

WE are pleased to notice that in accordance with the suggestions and recommendations which appeared in this journal of April 18, 1878, the Government are taking the initiative in reference to this disease. We then said :—

"It is, or should be, a preventible disease, and we are not saying too much in affirming that it ought to be stamped out from our medical vocabulary, and become a memory of the past. We think the time has fully come for a scientific report on this disease."

The authorities of the Home Office have now wakened up and deputed an Inspector of Factories (?) to make special inquiries in reference to the mortality. We should have thought a medical inspector would have been more fitting for the task, but it seems at present there is a tendency to supersede medical men in connection with our sanitary legislation.

The incompleteness, and perhaps incompetency, of the medical department of the Local Government Board are now matters both of regret and surprise to the profession. We need hardly supplement the remarks recently made on this subject by the representative organ of the British Medical Association. There are some medical men in Bradford who have paid particular attention to this disease, both as to causation and its prevention, and we have no doubt a scientific report could have been obtained from one of them, which would then be invested with a weight which the report of a Factory Inspector can never have.

Hospital Libraries—A Noble Example.

IN 1862 Dr. Ernest Goddard, a former intern of the Paris Hospitals, died at Jaffa, a victim to his devotion to science. In his will he instructed his friend, Dr. Passant, to form, in three hospitals, libraries for the use of the patients. The wish of Dr. Ernest Goddard was so well fulfilled by his executors, and so well supplied a real want, that MM. Adolph and Camille Goddard, of Bordeaux, in honour of the memory of their brother, have further instructed M. Passant to open another library at the Hôtel Dieu, similar to those at the Charité, Necker, and Midi. We notice with pleasure that our London hospitals endeavour to supply medicine in a similar form to their patients, and there cannot be the slightest doubt of the healthy influence of literature towards convalescence. There are thousands of works purchased at Smith's book stalls and thrown away almost when read. How useful they would be in our sick wards if we could only induce their owners to make a yearly parcel of their surplus and unnecessary books, and send them to any hospital for which they have a preference. Odd numbers of *Punch*, or other copies of contemporary literature, especially of the illustrated class, would be doubly welcome, and furnish what *Punch* truly calls, "medicinal mirth."

The Maternity of Sir Patrick Dun's Hospital, Dublin.

AT a recent meeting of the Dublin Corporation a letter was read from the Rev. Dr. Haughton asking for a grant towards the maternity department. The letter stated that the maternity department of the hospital was quite distinct from the rest of the hospital, and the grant of £300 to the hospital could not therefore be appropriated to the maternity branch. This branch had already trained 350 midwives, and had attended about 5,000 poor women at their homes. If the Corporation made a grant of £50 a year the governors undertook to make up the corresponding £50 a year.

Mr. Gray moved that the maternity branch of the hospital be placed on the presentment list. When the presentment came up he (Mr. Gray) would move that the £50 grant be made.

The motion was carried.

THE Resident Magistrate at Galway has imposed a fine of £5, or in default, two months' imprisonment with hard labour, on a man for refusing to allow the sub-sanitary officer to remove a member of his family to hospital who was suffering from an infectious disease. Small-pox being at present very prevalent in this town, and the mortality high, five deaths having taken place from this disease during the previous week.

New Professorships in the Paris Medical School.

THE Minister of Public Instruction announces that, in his next budget, he has provided 60,000f. for an addition of 2,000f. each to the salaries of the thirty Professors of the Faculty—15,000f. for the foundation of a chair for the Diseases of Children, and 15,000f. for a chair for Ophthalmology. With respect to these new chairs it is to be hoped it will not be for the professors who are to be appointed to fill them as it has been with M. Ball, the Professor of Mental Disease, who now for two years has been unable to obtain a hospital, a ward in a hospital, or even a single bed in a ward, for the purpose of teaching the branch of medicine that has been confided to him.

Sanitation under the Dublin Corporation.

AT the last meeting of the executive committee of the Dublin Sanitary Association attention was directed to a very bad nuisance in a house occupied by sixty-three inmates, exclusive of nightly lodgers. The yard is about 6 feet square, and its condition is indescribable. The ash-pit has been cleaned twice in fourteen months. The house has furnished five cases of small-pox during the present epidemic. The returns of the Registrar-General for the past week were also brought under notice. The Dublin death-rate was higher than that of London, Glasgow, and Edinburgh, and the zymotic death-rate higher than that of the 20 large towns in the United Kingdom.

Steam Spray Producer.

AT the meeting of the Clinical Society last week, Mr. Parker showed a new steam spray producer. It is manufactured by Messrs. Allen and Son, of Marylebone Lane, well known as manufacturers of sanitary and domestic appliances. The extended use of Lister's dressing, and the now almost universal adoption of this method of treating surgical cases has rendered necessary a cheaper form of spray producer than has hitherto been in use, and Messrs. Allen have done good service in meeting a want which has long been felt. The "kettle" is of block tin, well made, sufficiently large to work for upwards of four hours without replenishing, and will cost about £2.

Coroners in Australia.

THE *Government Gazette* (Victoria) contains, among other startling announcements, the following:—"The Governor, with the advice of the Executive Council, has, in pursuance of the power conferred by Section 3 of the Coroners' Statute, 1865, removed from office *all persons holding the office of coroner* or *deputy coroner* of Victoria respectively." This order is the result of long-continued scandals in connection with inquests in Victoria, and so far as we can judge, is much needed.

The late Professor Harkness, of Cork.

AT a meeting of the Professors, held in the Queen's College, Cork, it was resolved to erect a memorial to the late Prof. Harkness in the form of a stained-glass window in the Examination Hall of the College.

A WOMAN, named Mary Hands, was committed for trial on Friday last for stealing coats and other wearing apparel from the waiting-rooms of Guy's Hospital. From the evidence no less than thirty coats had been stolen from this and other hospitals. The prisoner's usual plan was to go into one of the waiting-rooms under the pretence of having a tooth drawn, and wait her turn to see the medical officers in attendance. She always made her way to a hat-stand or pegs where outer garments were hanging, and would, when not watched, draw them under her cloak, and depart with her tooth still in her head. If an aching one we hope she will keep it there as part of her prison fare.

HASTINGS appears to be in a most salubrious state just now if we may judge from the report of the Medical Officer of Health just received for the past quarter. Of the 270 deaths 13 were persons above 80 years of age. Only 19 deaths occurred in three months from the seven principal zymotic diseases, including infantile dirrrhœa, which has been so fatal elsewhere; the gross average of deaths from all causes being but 14 per 1,000 in a population of nearly 40,000. This is exceedingly satisfactory, and will be an assurance to our consultants that this favourite health resort is free from all epidemic disease, and a thoroughly reliable spot for patients needing a southern clime.

IN the large towns in the second category the rates of mortality per 1,000 last week, were—Brighton 13, Leicester 15, Bristol 17, Portsmouth 17, Nottingham 18, Bradford 20, Wolverhampton 20, Newcastle 21, Plymouth 21, Norwich 22, Hull 23, Leeds 24, Birmingham 25, Salford 25, Sunderland 25, Manchester 26, Sheffield 27, Oldham 30, and the highest rate 31 in Liverpool. Scarlet fever showed the greatest fatality in Birmingham, Liverpool, Oldham, Sunderland, Sheffield, and Leeds. The deaths referred to fever, principally enteric or typhoid, were proportionately most numerous in Portsmouth and Salford. Three fatal cases of small-pox were recorded in London, 6 in Dublin, and one in Birmingham.

THE rates of mortality, according to the most recent official Weekly Returns in the principal foreign cities were—in Calcutta 35, Bombay 36, Madras 56; Paris 20; Geneva 22; Brussels 27; Amsterdam 22, Rotterdam 27; Copenhagen 22; Stockholm 20; St. Petersburgh 35; Berlin 28, Hamburg 24, Dresden 22, Breslau 26, Munich 29; Vienna 25, Buda-Pesth 34; Rome 21, Naples 23, Turin 21, Venice 25; Alexandria 53; New York 25, Brooklyn 21, and Philadelphia 18.

AT the Liverpool Magistrates' Court, on Saturday last, two anti-vaccinationists, named Benjamin Valentine Scott and Thomas Jackson, were each fined 20s. and costs for having neglected the vaccination of their children. It was stated that Mr. Scott, who is a herbalist, had been previously convicted no less than fourteen times, and had paid seventeen guineas in fines and costs. Mr. Jackson had also been previously convicted several times, and had paid fines and costs amounting to £3 16s. 6d.

Mr. Spencer Wells has been elected Honorary Member of the Dresden Gesellschaft fur Natur-und-Heilkunde, "in recognition of his eminent merits in medical science."

Dr. Vose, who succumbed on Thursday last to an attack of spinal paralysis, was for many years Physician to the Liverpool Royal Infirmary, and latterly Consulting Physician to that Institution. He obtained his M.D. Edin. in 1833, and occupied the position of President of the Royal Medical Society of Edinburgh. Some three months since deceased met with a carriage accident, and from the shock then given he never wholly recovered.

ARMY MEDICAL DEPARTMENT.

ABSTRACT OF THE REPORT OF THE COMMITTEE

Appointed by the Secretary of State *to Inquire into the Causes which tend to prevent sufficient eligible Candidates from coming forward.*

(*Continued from page 356.*)

II. The Direct Discouragement caused by the Calculable Prospects in the Department Itself.

These discouragements may be divided under three heads—

o. The ten years' system of service.

p. The system of admission by half-yearly competitive examinations.

q. The low rates of pay and pension as compared with civil medical life and with other professions.

o. The Ten Years' system of Service.

The system of a limited service of ten years may have been based on a misunderstanding of the wishes and feelings of the medical profession; but the motives which led to its introduction have been misrepresented.

It was supposed—and the opinion had civil medical support (see the evidence of Sir James Paget and others before the Joint Committee of 1866)—that during the first few years of his practice, a civil practitioner, having to contend with youthful appearance, want of connection, and inexperience, had very up-hill work. He was understood to have little opening beyond the post of assistant to another medical man, or some ill-paid stipendiary appointment; in which he would have to save and pinch, with the view of ultimately buying a practice with his savings. The War Office offered this young surgeon, just emerged from the schools, £250 a-year, with allowances, which brought the amount above £300, for ten years; and then, if not continued in the service, a gratuity of £1,000. A small number were to be selected to continue, if they wished it; and the number was so arranged that each of those continued might justly expect to reach the rank of surgeon-general. A shorter period than ten years would have been inconvenient with reference to reliefs for foreign service.

The expectations thus formed have been disappointed. Candidates have not come forward in sufficient numbers. We learn from the schools that men require a career which shall be for life; that the remuneration of civil practitioners in early life is far higher than was estimated; that during ten years of military service a surgeon acquires habits which unfit him for civil practice; that the age of 33 is too advanced for commencing a practice; and that £1,000 is wholly insufficient to purchase one.

We are unable to controvert these positions: possibly, they are incontrovertible. We therefore feel that it is vain, in such a matter, to seek to struggle against the opposition of all the medical schools. The ten years' system—in so far as it precludes officers from serving longer—will have to be abandoned; and a life-system resumed. Yet there must be many medical officers who tire of army duty; and whose retirement at the end of ten years would be advantageous, both to themselves and to the State. For the benefit of such officers, we propose to work the systems side by side; making retirement on a gratuity, at any time after the completion of ten years' service, optional for all who enter. The grant of so high a pay as £250 a year to an entrant was, however, conditional on the country saving his ultimate higher pay and retirement in exchange for the gratuity of £1,000 after ten years' service. If the officer is to serve on for those higher rates of pay and pension, it will not without heavy public loss be practicable to offer him more than £200 a year on entrance and £250 a year after five years' service, with allowances in both cases. The officer who leaves after ten years would thus be worse off by £250 during those years than under the existing ten-years' rule. This we propose to make up to him by increasing the gratuity from £1,000 to £1,250.

There are now in the service 69 surgeons who have entered with the probability of being dispensed with after ten years, and who are receiving £250 a year. These may clearly be held to their agreement. There may, however, be among them officers whom the Director-General would be glad to transfer to the permanent list. Such officers should continue on the pay of £250, with the understanding that if they hereafter elect to retire before completing 20 years' service, £250 should be deducted from the gratuity payable to them, if calculated on the scale recommended by us.

p. Admission by half-yearly Competitive Examinations.

On the recommendation of the Royal Commission of 1858, appointments in the Army Medical Department were granted by open competition. The competitive examinations, which still continue, take place half-yearly, and search thoroughly into the most minute details of surgery, medicine, and physiology. They answer two good ends. In the first place, admission by patronage is impossible; in the second, each candidate entering must have (subject to possible cramming) a knowledge of the literature of his profession. *Per contra*, we have it in evidence that the examination is directly deterrent to the candidature of some of the most eligible students; and, as a matter of fact, the *competition* has virtually ceased on account of the paucity of entries.

During several years the student at the medical school has been passing examination after examination in successive branches of his professional education. Portions mastered early in the curriculum have been laid aside; and, though remembered in general principles, have partly passed, as regards details, from the memory. Anatomy and botany may be taken by way of example. In these subjects, a student, it is stated, usually passes early. It is afterwards one thing to remember the broad features of each science, and to know to what text-book to refer for any detail required in practice. It is altogether another thing to be ready for a searching examination into the minutiæ of every bone, muscle and ligament, and into every subdivision of the botanical classification. The student who has more recently passed from his college in the higher branches of practical surgery and medicine, feels that he is, as it were, called upon to go through his course over again; and, in an examination, to undergo the risk of being beaten by inferior men who may happen to have better memories for insignificant details.

Before registration as a surgeon, every student has to obtain a diploma in surgery and a diploma in medicine. These diplomas entitle him to undertake any professional duty, however difficult. We cannot see that there is any recondite knowledge necessary for a military surgeon which is not requisite for a civilian. Perhaps he may be deficient in the treatment of gunshot wounds or in military hygiene. The course at Netley should supply the requisite knowledge on those subjects.

Assuming that these diplomas may be relied on as evidence of the holders' competency, it would seem that a medical man of proper age, who has the necessary physical and moral qualifications, and who possesses these double diplomas, might safely, as regards medical proficiency, be admitted to the Army Medical Service without further examination.

(*To be continued.*)

Literature.

Short Notices.

(1). "The Influence of Posture on Women in Gynecic and Obstetric Practice." By J. A. Aveling, M.D. London: J. & A. Churchill. 1878.

(2). "The Mechanical System of Uterine Pathology." By Graily Hewitt, M.D. London: Longman, Green, & Co. 1878.

(3). "Aids to Chemistry." Part I. Inorganic: the Non-Metallic Elements. Part II. Inorganic: the Metals. By C. E.

Armand Semple, B.A., M.B. Cantab. London: Baillière, Tindall, & Cox.

(4). "Aids to Therapeutics and Materia Medica." Part I. By C. E. Armand Semple, B.A., M.B. Cantab. London: Baillière, Tindall, and Cox. 1878.

(5). "The Germ Theories of Infectious Diseases." By John Drysdale, M.D. London: Baillière, Tindall, and Cox. 1878.

(6). "Sore Throat: its Nature, Variety, and Treatment." By Prosser James, M.D. London: J. & A. Churchill.

(7) "Mechanical Dentistry." By Chas. Hunter, Mechanical Dentist. London: Crosby Lockwood and Co. 1877.

(1). As this work appeared in the pages of the *Obstetrical Journal*, it has had the advantage of reaching the eyes of the majority of those interested in obstetric practice, so that we need only briefly refer to the object the author had in view in introducing the subject to the notice of the profession.

We believe this to be the first systematic attempt to point out the influence of posture, not only during labour, but as affecting the general health of women, and presenting it as a potent causative and curative agent in disease. Dr. Aveling has well thought his subject out, and the various chapters dealing with the influence of posture are well-arranged, so that the busy practitioner will be materially assisted in using the book as a work of reference. We are particularly pleased with the freedom from dogmatism of the author; whilst he has very pronounced and definite views on the subject he treats, yet he does not advocate any special mode of practice, so as thereby to connect his name with a particular mode which he might have called "Dr. Aveling's Posture." With far less claims to innovation or practical utility, some obstetricians have managed to secure a name, so that we congratulate him on this feature in his work.

(2). We have favoured our readers the last few weeks with the Harveian lectures of Dr. Graily Hewitt in full, and this of itself is a clear indication of the value we place upon the lectures. The name of Dr. Hewitt is so well-known in connection with uterine diseases, that little need be said of any work from his pen. These lectures are marked by the same vigorous and forcible expression of original views that always characterises his writings, and as they are in connection with a subject which has always had a considerable interest for the obstetrician, we anticipate that the lectures in book-form will be appreciated by all practitioners who are engaged in treating the diseases of women.

(3). In continuing the Aid Series, the compilers have reached one of the most neglected, though one of the most important, branches of medical science, Chemistry. As if to mark the importance of the subject, we have contained in these primers nearly double the quantity of matter contained in some of the preceding series. In his new edition, Dr. Semple has added a large amount of valuable information, and the few errors which appeared in the first issue have been revised. There can be no better indication of the appreciation of the "Aids Series," than the fact of a second edition being required.

(4). As a pendant to Chemistry, we have by the same author, and modeled somewhat after the same plan, "Aids to Therapeutics and Materia Medica." The first part deals with the metallic and non-metallic elements, alcoholic and ethereal preparations, with some of the more important acids. It is admirably adapted for the student, as it gives a clear, short, concise survey of the most important preparations in the Pharmacopœia.

(5). Our provincial Literary and Philosophical Institutions play a very important part in our social and intellectual development, and are a useful and powerful instrument in propagating a taste for literature, science, and art. We are pleased to notice that in many towns the office of President is filled by physicians of eminence and high scientific attainments. As President of the Liverpool Society, Dr. John Drysdale took as the topic of his opening address, "the Germ Theories of Infectious Diseases," and this affords us an instance of the value and qualifications of a physician for this very honourable office. As the liberal education of the public advances, the greater will be the interest taken in subjects affecting general health and human life, and thus medicine will also command greater respect.

A powerful impulse may be exercised in this direction by the influence of individual minds; and whilst the popularisation of health questions will materially conduce to the well-being of Society, it must, at the same time, have a corresponding effect in elevating the status and dignity of medicine. This reprint of the very thoughtful, elaborate, and well-reasoned address of Dr. Drysdale, is a valuable contribution to the literature of the subject, and must have a healthy tendency in educating the public on one of the most important theories affecting the science of modern medicine.

The table on the nature of infectious miasmata will be found particularly valuable by the medical reader, as it conveys at a glance the divisions and sub-divisions of the various infecting media by which disease is spread. Whilst we do not thoroughly agree with all the views expressed by Dr. Drysdale, we can yet commend this pamphlet to the attention of our readers, and as it is the work of one who has devoted considerable attention to original scientific work, especially in connection with the Infusoria, it is all the more worthy of perusal.

(6). A third edition of Dr. Prosser James's little work on "Sore Throat" has recently been published in a somewhat larger form than the previous edition, extending now to 228 pages, with coloured illustrations of laryngeal diseases, drawn and painted from life by the aid of the laryngoscope.

In the preface, the author states that "considerable additions have been made to the work, which is so far re-written as to coincide with the further experience acquired in the years that have elapsed since the last edition, during which favourable opportunities have been afforded me for observation as a physician to the Hospital for Diseases of the Throat, as well as other public charities, one of them a hospital for consumption." In proof of which statement we need only refer to the chapters on laryngitis, and on œdema of the glottis. Here, as elsewhere, the author has performed his task admirably, and we feel confident that the appearance at the present time of this enlarged edition will do much to familiarise the student, as well as the practitioner, with the morbid appearances, symptoms, and treatment of the various affections of the windpipe.

(7). Probably few mechanical arts are more difficult to teach by means of written description than dentistry, and we are not aware of any entirely satisfactory treatise on this subject. Mechanical dentistry in great part can be taught only by demonstration, and the student must apply himself to the work-bench if he would acquire a knowledge of its processes and the skill to carry them out. Still, to the student so engaged much useful knowledge, especially of the theoretical kind, may be communicated by books; and this help the work before us seems well fitted to supply. It is rendered complete by the formulæ, tables, and receipts which it contains, and which the author has collected from various trustworthy sources. It is well illustrated, and altogether must be pronounced the best book on the subject with which we are acquainted.

MESSRS. CASSELL, PETTER, AND GALPIN'S PUBLICATIONS.

THE issues of this firm for October are worthy of their high name as publishers of popular literature—popular not in the sense in which the word is used by the disseminators of the vile sheets which demoralise the youth of the working classes, but in the sense attached to the best instruction of the people in science, literature, and history. The October number of "Science for All," "The

Countries of the World," "The Practical Dictionary of Mechanics," and "The Great Industries of the World," which are on our table, are admirable in their way, good in selection, excellent in literary style, and models of mechanical production. In "Science for All" we have popular essays on "Why the Wind Blows," "The Cousinship of Animals," "A Nettle Sting," "A Piece of Slate," and other subjects of kindred interest. "The Countries of the World" is devoted to Brazil, Bolivia, and the South American Continent generally. "The Great Industries" continues its articles on Cotton, Ship Building, Industrial Legislation, and Flax. We feel that the firm of Cassell and Co. are doing a great educational work, and deserve every assistance in the effort.

Correspondence.

"WAIT A LITTLE, THIS IS NOT THE TIME."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As a reformer of existing abuses, the profession must thank you for your steady and consistent advocacy of its interests. The Medical Council, in supporting the resolution of Mr. Teale, affords us a modern instance of the old argument of the procrastination exposed in "Bentham's Book of Fallacies," and admirably summarised by Sidney Smith. The witty Canon tells us that this is the common argument of men who, being in reality hostile to a measure, are ashamed or afraid of appearing to be so. "Wait a little, this is not the time," is the plea; *eternal exclusion* commonly the object. It is the same sort of quirk as the plea of abatement in law—which is never employed but on the side of a dishonest defendant, whose hope it is to obtain an ultimate triumph by overwhelming his adversary with despair, impoverishment, and lassitude. He further adds, "Which is the properest day to do good? Which is the properest day to remove a nuisance? Answer—the very first day a man can be found to the removal of it, and whoever opposes the removal of it on that day will, if he dare, oppose it on every other." There is in the minds of many feeble friends to improvement an imaginary period for the removal of evils which it would certainly be worth while to wait for if there was the smallest chance of its ever arriving."

These words and thoughts of Sidney Smith seem singularly applicable at the present crisis of medical affairs.

The Medical Council is sick; it requires operative measures, but the cry is raised, "The time is not opportune, we must wait a little longer; palliation is at present sufficient, and an expectant line of treatment will meet the requirements of the case." We answer, emphatically, the time has come for active operative interference, and we must energetically oppose a policy of procrastination. Dropping all metaphor, the time has fully come for the bulk of the profession to assert their rights. The Medical Council is an anomaly. It violates every principle of constitutional right. It must be swept away, or reformed on a basis of the just representation of the classes who support it. The general practitioners of England, Ireland, and Scotland must awake to the importance of securing for themselves representatives elected by their own choice. Apathy and indifference at the present time will be fatal to their prospects. The claims of a united profession cannot be resisted; we are fortunate in having the hearty co-operation, within the Council, of such men as Sir Dominic Corrigan, Prof. Haughton, and Mr. Macnamara; and if, setting aside all national distinctions, we rally round these leaders, a victory will be easily achieved. There are, in England, associations of Irish and Scotch graduates; their combination should now be used for the advancement of the cause of the direct representation of the profession on the Medical Council. There are medical societies in nearly every town in England; they should be up and working. Thus, by a wide-spread action and agitation, the influence of the general practitioner will make itself felt in the House of Commons, where the battle will have to be fought.

There are active energetic young reformers at present in London and elsewhere to whom these suggestions will throw out a line of action, who, by a systematic organisation, will soon, I trust, carry out an effective programme, assured of that hearty co-operation which you have ever been ready to give.

I have the honour to be, yours, &c.,

AN ANXIOUS REFORMER.

MR. GLADSTONE ON SPIRITUALISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your number for October 23rd, you have given a short letter from Mr. Gladstone on Spiritualism, together with your own comments on the same. Excuse me for widely differing from your estimate of the value of that communication from Mr. Gladstone. To my mind it is as much as can safely be said by any one whose other avocations prevent his investigation of the phenomena, real or otherwise, which go by the name of Spiritualism. At the same time, in an age when counterfeits of everything are so prevalent as almost to stagger the mind as to what is real and what unreal, or whether there be reality in anything, it is surely comforting to hear such a man as Mr. Gladstone use, in reference to such matters, the words,

"*Contented reserve without any fear that imposture will rule, or that truth can be mischievous.*"

I do not see how happier words could be used to express faith in the all-subduing and beneficent power of truth. You say, "It is to be regretted that a gentleman in Mr. Gladstone's position should give countenance to doctrines which have not stood the test of investigation," &c.; and that "he should remember there are false facts as well as false opinions." Sir, I fail to see that Mr. Gladstone's expression gives countenance to *anything;* and as to false facts, I cannot see how such things can exist. False facts are no facts, but impostures, I should say; and if any one be able to demonstrate that the "facts" alleged in support of Spiritualism are of that kind, many—and I doubt not Mr. Gladstone among the rest—would be only happy to receive the evidence, and to exchange the condition of "contented reserve" for one of "unreserved content."

Your obedient servant,

S. T. HASLETT, M.D., &c.

INSURANCE COMPANIES' AND PHYSICIANS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following circumstances will possibly be of some interest to persons acting as medical referees of Insurance Companies.

Some time ago I was asked to act as medical referee in Dublin to the Commercial Union Insurance Company, 19 and 20 Cornhill, London. I examined several proposers for the Company, dealing with them in the usual manner; so far as I know, to the satisfaction of the Dublin manager and the head office.

During the month of September, I was from home on a holiday, for various family reasons, and because I knew I should be required temporarily in Dublin towards the end of September, I did not go far from Dublin.

On September 24, I had arranged to be in Dublin to conduct the examinations at the Queen's University. On that day, a Mr. J—— (whom I have since learned is the solicitor of the Company), called at my house at 11 o'clock (an hour at which medical men in Dublin are seldom if ever at home). Mr. J—— wrote on my hall slate as follows:—"Dr. Grimshaw will please let Mr. M. J—— know what time to-day he will be at home. A friend of his wants to be examined for the Com. Assurance Co." I wrote a letter to Mr. J——, naming 5·30 p.m., but before I despatched it, a Mr. W—— called, stating he was the "friend" referred to. Accordingly, I did not send the letter, but made an appointment for 5·30 with Mr. W—— direct, he assenting. Mr. W—— did not turn up, although I spent an hour in Dublin waiting for him. On the 29th of September, I received a letter from Mr. T. E. Young (actuary) on behalf of the Company containing a statement that Mr. W's case had been "most likely" lost to the Company, through my not having examined him when he "called for the first time." I wrote to reply that I was not at home for professional work; that I had made an appointment with Mr. W——, which he did not keep, and that Mr. W—— did not call at the hour I had arranged with the Dublin agent to examine the cases for the Company. I received no reply to my explanation, but learned that I had

been removed from my office as referee to the Company, without any notice, and quite unknown to the Dublin manager. I accordingly wrote to Mr. Young, stating I considered I had been discourteously treated, and requesting that I should be paid a *fee* for the time I had placed at Mr. W——'s disposal on their behalf. The fee has been sent to me, which I have handed to the Irish Medical Benevolent Fund.

Two important points are here raised—

1st. Is a physician, because he happens to be medical referee to an Insurance Company, to be at the bidding of any proposer whenever he happens to call for examination, even if other previously-made professional engagements stand in the way? This view seems to be maintained by one Insurance Company at least, but I presume will not be endorsed by the profession.

2nd. Are appointments made with medical men on behalf of an Insurance Company, to be broken with impunity after the professional man's time has been allotted to the service of the Company?

I am extremely glad to find that the Commercial Union Insurance Company admit their liability to pay for time placed at their disposal, which is the admission of a most important principle. I am sorry to say, on two occasions I have made appointments to examine proposers for insurance, and not been offered remuneration when those appointments were broken.

I believe the profession should adopt the principle acted on by barristers, and insist on being paid a fee on the "brief" sent in the shape of a proposer for insurance.

Yours faithfully,

T. W. GRIMSHAW, M.A. M.D.

13 Molesworth Street. Dublin.
October 31st, 1878.

ADDITIONS TO THE QUEEN'S COLLEGE, CORK.

THE President of Queen's College, Cork, in his report for the session of 1877-8, states that the additional land for extension, &c., has come into the possession of the College since his last report. This land was required for three purposes—1st. To secure sufficient free space about the College before the adjoining land should be built upon; 2nd. To obtain suitable ground for a small botanic garden, and having a good site for plant houses; and 3rd. To secure the land necessary to make a direct entrance to the College from the Western Road. The first object was directly secured by the purchase of the land, but the second and third objects involved the expenditure of a large sum of money. Parliament having last year provided funds for the improvement and enlargement of the medical school, and the College having no available funds outside its scanty endowment, the annual Parliamentary grant, and a small sum derived from fees and fines, the president determined to look for local aid. Mr. W. H. Crawford promised to give a sum of £2,500, of which £1,000 was for astronomical instruments for the proposed Observatory, and £1,500 for the erection of plant-houses in the Botanic Garden, on condition that the Government would recommend to Parliament to provide the money for enclosing and laying out the new ground, and making a new entrance from the Western Road to the College. Subsequently Mr. Crawford increased his offer of £2,500 to £2,750, being half the estimated cost of the works just named. The Lords of the Treasury accepted Mr. Crawford's generous offer of providing half the money necessary for making the proposed works, which were estimated to cost £5,500, and and accordingly sanctioned the insertion of that sum into the estimates which have just been voted by Parliament.

Medical News.

Royal College of Physicians and Surgeons, Edinburgh.—Double Qualification.—The following gentlemen passed their first professional examinations during the October sittings of the examiners;—John Hewitt, Manchester; Arthur Ewen Yates, Calcutta; John Gwin, Tyrone; Geo. William Ellis, Durham; Folliatt Reginald Dennis, Westmeath; Herbert James Lorraine, Dumfries; James M. M'Kee, India; Charles Edward Lay, Peasenhall, Suffolk; Henry James Peard, Rathcomac, Cork; Edward Goffe Swan, St. Helena; Robt. Seth Walmsley Wilson, Manchester; Denham Francis Franklin, County Cork; James Keating, County Limerick; William Heazle, County Cork; and the following gentlemen passed their final examination, and were admitted L.R.C.P. Edinburgh, and L.R.C.S. Edinburgh:—William Allan Dafoe, Canada; John Francis Moynihan, Cork; Angus Fletcher Crole, Edinburgh; John Michael De Verde Ratton, Dublin; Peter Stuart, Lancashire; William Arthur Clarke Octavius Sankey, London: Arthur Herbert Wood, Leeds; John Hannay, Dudley; Robert Alexander Shannon, County Kildare; Richard Orford Lambeth, County Wicklow; Robert Arthur Mossman, Lincolnshire; Robert Owen, Gwytherin, Llanrust; William John Irvine, County Tyrone; Arthur Douglas Webster, Nova Scotia; John Alfred Pybus, Stockton-on-Tees; John Joseph Broe, County Kildare; James Tees, County Donegal; Richard Ernest Williamson, Yorkshire; Jones Hill Turner, County Cork; William Henry Hunt, Glossop; Nathaniel Wheatcroft Holms, Draycott; John Watson, Monaghan; Richard Loughrey, County Derry; Thomas Bouser White, Sheffield; Thomas Dutton, Pimlico; John Henry Games, Manchester; Adam Hill, Bushmills; Owen Griffiths, North Wales; Frederick Enos Fenton, Chelsea; James Palmer Rankin, Canada; Louis Windham Fox, Bristol.

Royal College of Surgeons, Edinburgh.—The following gentleman passed their first professional examination during the October sittings of the examiners:—Arthur Thomas Lloyd Jones, Oakengates, Salop; John Edmond Fairlie, Paisley; John M'Gavin, Renfrewshire; John Henderson Brannigan, Edinburgh. The following gentlemen passed their final examination, and were admitted Licentiates of the College:—Charles Warke Allison, County Derry; William Andrew Fox, Calcutta; Leslie Eccles, Tunbridge Wells; William Donald MacKeith, Bucklyrie.

Extractum Carnis Liebig.—When Baron Liebig stated that his discovery of Extract of Meat would prove one of the most beneficial to mankind of his various discoveries, he had no conception of the enormous extent of consumption which the future would develop. From a few hundred Bavarian oxen, which were originally sufficient to supply the continental demand, the total of cattle since used by the Liebig Company, exceeds 1,500,000 head. At the Paris Exhibition of 1867, Baron Liebig himself was honoured with the Grand Cross of the Legion of Honour, and at the Paris Exhibition the gold medal, being the first prize, was awarded. This brings up the number of first prizes and distinctions carried at all exhibitions since the Company's existence to nine gold medals and diplomas of honour. —*Morning Post.*

A New Convalescent Hospital.—The foundation-stone of a new convalescent hospital for children was laid last week by Mrs. Mapleton, of Meanwood Vicarage, near Leeds. The site of the new buildings is on the high road between Meanwood and Moortown. Due attention has been paid to light, air, drainage, and the proper ventilation of all drains, soil-pipes, &c., and to providing proper superficial and cubic space for hospital purposes. The buildings are being erected of brick, and will be slated, and the plans have been approved of by the borough authorities.

Gleanings.

Pressinervoscopy.

THIS is the formidable name devised by Dr. August Pinel, of Paris, for a method of diagnosis of diseases of the chest and abdomen by compression of the pneumogastric and sympathetic nerves. By compression with the fingers on any portion of these nerves, and the peculiar sensations thereby produced, Dr. Pinel professes to be able to define the seat and nature of the malady from which a patient may be suffering. M. Burggraeve has declared that as a means of diagnosis it is even superior to stethoscopy or pleximetry.

A Doctor's Will.

In the will of the late Dr. Washington L. Atlee, of Philadelphia, appear the following clauses, of an unusual character :—"I hereby direct that none of my accounts of charges remaining unsettled at the time of my death against the following classes, to wit, clergymen and their families, physicians and their families, indigent widows, indigent single women, and female servants, shall be collected, and the same shall be considered satisfied and cancelled. I appoint Thomas Drysdale, M.D., my literary executor, to take charge of my publications and manuscripts, including my manuscript books and cases, clinical notes and professional correspondence, and to utilise them as much as possible for the benefit of science, art, and humanity."

NOTICES TO CORRESPONDENTS.

A Subscriber.—Report inserted. You are, however mistaken. A diploma from the Dublin College is no longer essential, the law on that subject having been repealed in 1876.

St. John's Hospital.—On Saturday next the Nelson Dramatic Club will give a performance in aid of this charity at St. George's Hall, Langham Place. "The Post Boy," "The Spitalfields Weaver," and "Faint Heart *did* Win a Fair Lady" will be performed. Tickets may be obtained of St. Vincent Mercier, St. John's Hospital, Leicester Square, W.C.

A Novel Mode of Advertising.—Our little contemporary the *Students' Journal*, announces as a fact that, on each Fifth of November a practitioner in Islington keeps up the memory of "Guy Fawkes" by an illumination of his premises with blue fire and a general pyrotechnic display which is said to cost at least £50. This brings together a huge crowd, an occult knowledge of Dr. So-and-So's brilliancy is thus achieved, and, it is hoped, does not fade from the memory until the recurrence of the next anniversary.

Dr. H. W.—Our publisher informs us that the number containing the paper referred to is out of print. The author is, we understand, reprinting it in pamphlet form with an appendix.

Mr. Hutton.—The individual referred to is a quack of the worst type, inasmuch as he trades upon diplomas obtained when he had a name for respectability ,and now degrades them in the dust. We much regret that the College of Surgeons has not deprived him of the power of thus debasing the profession.

Hunterian Society of London.—Wednesday (this) evening, at 8 o'clock, Dr. Pye-Smith, "Notes on certain Diseases of the Skin."

Epsom College Exhibitions.—The next competitive examination of "sons of the less fortunate members of the medical profession" for exhibitions in this College will be held in December next. Particulars will be found in our advertising columns.

THE WINTER SESSION IN IRELAND.

To the Editor of the Medical Press and Circular.

Sir,—Can you inform me how many students are connected with each of the medical schools in Dublin and the Irish provincial schools, and what are the respective numbers of new students at each for the present session? A note in your valuable paper will much oblige

Yours, &c.,

London Hospital. Alpha.

[*,* The numbers of students entered at the Dublin schools of medicine are known only to the anatomical committee, a conclave formed of delegates from all the schools for the purpose of apportioning subjects for dissection according to the wants of each. The committee does not follow the example of London, but keeps secret the numbers of entries, and perhaps judiciously, for we suspect that, were the figures made public, we should know more about the position of some schools than would be desired by their proprietors. It has even been hinted that some schools are in the habit of returning a much larger number of names than they really possess, being content to pay the requisite fee on each name in order to get an ample supply of subjects and to obtain credit for a large class. The returns of the number of students at each school is in the hands of the inspector appointed under the Anatomy Act who—we hold—would, as a public officer, be bound to supply any reasonable information demanded from him. In deference to the strong objection entertained by the representatives of some of the schools, we have not pressed for that information, but we feel no little surprise that the delegates from the schools which really educate the majority of the students should permit secrecy to be maintained respecting the matter when, by publicity, their schools would receive the credit they deserve.—Ed.]

Mr. Reckitt should have referred the matter to the editor on his side of the water in order to avoid delay.

Mr. W. Lyon, Wickham.—Legg's book is a very good one, but you will probably find Lionel Beale's little work more suited to your purpose

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Surgery of the Face. By Francis Mason, F.R.C.S. London: J. & A. Churchill.

Consumption, its Nature, &c. By Peter Gowan, M.D. London: J. & A. Churchill.

Smith's Medical Visiting List for 1879.

Organic Philosophy, or Man's True Place in Nature. By Hugh Doherty, M.D. London: Trübner & Co.

Memoirs of the Botanic Gardens at Chelsea. By R. H. Semple, M.D.

The Bearings of Chronic Disease of the Heart. By Angus Macdonald, M.D. London: J. & A. Churchill

Hydrocele. By S. Osborn, F.R.C.S. London: J. & A. Churchill.

Transactions of the Bristol Medico-Chirurgical Society.

Report of the Sanitary Condition of the Wandsworth District by the Medical Officers of Health.

Clinical Lectures on Diseases of Bone. By C. Macnamara, F.C.U. London: Macmillan & Co.

Godlee's Atlas of Human Anatomy. Part VII.

Brain. Dublin Medical Journal. Practitioner. Veterinary Journal. Glasgow Medical Journal. Students' Journal, &c., &c.

VACANCIES.

Ardee Union, Callan Dispensary.—Medical Officer. Salary, £100, with fees. Election, Nov. 21.

Dingle Union Workhouse and Dispensary.—Apothecary or Pharmaceutical Chemist. Salary, £50. Election, Nov. 28.

East Suffolk Hospital.—House Surgeon. Salary, £100, with board. Applications to the Secretary, King Street, Ipswich, before Nov. 27.

Hull Borough Asylum.—Medical Superintendent. Salary, £350, with house, &c. Applications, testimonials, &c., to the Clerk to Visitors on or before Nov. 16.

Longford Union, Killashee Dispensary.—Medical Officer. Salary, £120, with fees. Election, Dec. 3.

Newport Union, Achill Dispensary.—Medical Officer. Salary, £100, with fees. Election, Dec. 3.

Sligo District Lunatic Asylum.—Assistant to the Resident Medical Superintendent. Salary, £100, with rations and apartments.

Somerset County Lunatic Asylum.—Assistant Medical Officer. Salary, £120 per annum, with board, &c. Applications to the Medical Superintendent.

St. Augustine's College, Canterbury.—Lecturer on Practical Medicine. Full particulars on application to the Rev. the Warden. Election, Dec. 1.

Wandsworth and Clapham Union.—Resident Medical Superintendent of the Infirmary. Salary, £400. Also an Assistant Medical Officer. Salary, £120, with board. Conditions and further particulars to be obtained of the Clerk, Union Offices, St. John's Hill, Wandsworth, S.W.

York County Hospital.—House Surgeon. Salary, £100, with board. Applications to the Secretary on or before Nov. 23.

APPOINTMENTS.

Black, P., M.D., F.R.C.P.L., a Consulting Physician to St. Bartholomew's Hospital, on resigning as Physician.

Dallaway, J. W. D., M.R.C.S., House-Surgeon to the Westminster Hospital.

Davies, H. H., M.R.C.S.E., Certifying Factory Surgeon for Llandyssul.

Elliott, H., M.R.C.S., House-Physician to the Westminster Hospital.

Galpin, R., M.R.C.S.E., Medical Officer and Public Vaccinator for the Kelvedon District of the Witham Union.

Greenway, H., M.R.C.S.E., Medical Officer of Health for the Plymouth Urban Sanitary District.

Harriss, J. D., M.R.C.S.E., Registrar to the West of England Eye Infirmary, Exeter.

Johnston, G., L.F.P.S.G. & L.M., Medical Officer, and Medical Officer of Health for the Parish of Eaglesham, Renfrewshire.

Moore, W., M.B., C.M., House-Surgeon to the Hospital, and Surgeon to the Dispensary of the Ayr Hospital.

Roberts, R., L.R.C.P. Ed., M.R.C.S.E., Certifying Factory Surgeon for Festiniog.

Ryan, R. S., L.R.C.P. Ed., M.R.C.S.E., Medical Officer to the Callan Union Workhouse and Fever Hospital.

Tosswill, L. H., M.B., M.R.C.S.E., Surgeon to the West of England Eye Infirmary, Exeter.

Walsh, Dr. P. F., Medical Officer, &c., for the Callan Dispensary District of the Callan Union, and Medical Officer of Health.

Williams, C., F.R.C.S.Ed., Consulting Surgeon to the Norfolk Lunatic Asylum at Thorpe.

Births.

Hutton.—Nov. 4, at Leamington, the wife of Surgeon-Major Hutton, of a son.

M'Donnell.—Nov. 2, at 14 Lower Pembroke Street, Dublin, the wife of Robert M'Donnell, M.D., of a son.

Deaths.

Bennett.—Oct. 27, at Lansdown Crescent, Cheltenham, William Bennett, M.D., aged 75.

Draper.—Oct. 23, at Kenilworth, Charles Draper, M.R.C.S., aged 65.

Flynn.—Nov. 7, at 1 Belgrave Square, Rathmines, F. F. Flynn, M.B. Univ. Dub., L.R.C.S.I.

Green.—Oct. 31, at Berkeley Square, Bristol, Thomas Green, M.D., aged 77.

Heas.—Oct. 20, at Clonakilty, co. Cork, Patrick Heas, M.D., aged 35.

Howison.—Oct. 31, at Sussex Street, Belgravia, Howison Young Howison, M.D., Surgeon in the Army, on half-pay, aged 44.

Hughes.—Oct 25, at Landrillo, Edward Thomas Hughes, M.D., aged 68.

Macarthur.—Oct. 30, at Dumbarton Road, Glasgow, Charles Macarthur, L.F.P.S.G., aged 70.

Macartney.—Oct. 31, at Longridge Road, South Kensington, Dr. Maxwell Macartney, aged 70.

Vose.—Nov. 7, at his residence, Hope Street, Liverpool, J. R. White Vose, M.D., Consulting Physician to the Liverpool Royal Infirmary.

Warburton.—Oct. 25, at Prospect House, Betley, John Warburton, L.S.A.L., aged 86.

Wright.—Nov. 1, at Chatteris, Joseph Hall Wright, M.R.C.S.E., aged 77.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 20, 1878.

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A COURSE OF

Clinical Lectures

ON THE

PATHOLOGICAL ANATOMY OF THE LUNGS.

By Professor CHARCOT,

Physician to the Salpêtrière Hospital, Paris; Member of the Academy of Medicine of France; Fellow of the Clinical Society of London, &c.

INTRODUCTORY.

THE pathological anatomy of the respiratory organs will form the chief subject of this course of lectures. We are thus about to enter on a study of the highest interest to practical medicine, and from the latter point of view I consider it most important to place it before you. Acute and chronic inflammatory lesions of the bronchial tract, pulmonary parenchyma, and in all their varied and complex forms, with tuberculosis of the lungs—will be considered in our programme; and, as these are classical themes, your attention must be directed to them in a special manner without neglecting other important problems. The field we are about to explore together embraces pathology of the simplest and the most usual character, and, at first sight, it may seem to you that, in this domain, so many times explored by our great teachers, the paths are widely open, and the investigator has few obstacles to encounter. If you hold this opinion I shall be obliged to undeceive you, for in the course of our inquiry we shall more than once find ourselves in the presence of difficult questions, of questions much more formidable than they seem on a superficial view. After a mature consideration of the proposed solution of some of these problems, we shall, I think, come to the conclusion that a complete and radical revision will be necessary. To justify this statement, it will be sufficient if I mention phthisis pulmonaris. You are aware that tuberculosis has for some years entered on a critical period of its history. Some proclaim, in the name of pathological anatomy, the doctrine of duality—a theory especially favoured in Germany; others, with equal reliance on anatomical facts, but assigning great importance to clinical teaching, protest against this schism, and strive to attach us to the views of the great Laennec. What is true of tuberculosis in general, necessarily applies to tuberculosis of the lungs in particular.

In the presence of cases, and of such contradictory evidence, what part must we takein the debate? To present you with a full *exposé* of the subject, I should be obliged to lead you into the midst of an almost inextricable labyrinth of documents. I have only quoted one instance, though I might cite many others; but I desist, for I do not desire to darken your horizon or to sow doubt and discouragement in your first steps. As a corrective, I must affirm the conviction—which I hope you will soon share with me—that, by the aid of a method already many times tested, supplemented by a certain amount of patience and good will on your part, we shall arrive, without too much fatigue, at the accomplishment of the task we have undertaken. As I have used the word method, before entering on the special subject of my course, I shall briefly point out the plan of practical instruction I have been in the habit of following. I do not desire to depart from it. This information may be useful to my new pupils, whilst, at the same time, I can reply to some of my critics.

Amongst other accusations, I have been reproached with departing too much from the limits and attributes of this chair, and of developing questions foreign to my province; questions, I am told, belonging exclusively to clinical teaching, physiology, or even pure anatomy. I would be sensible to these criticisms if it were proved, that the domain entrusted to me was as narrowly limited as alleged. On the contrary, I am forced to the opinion that no fixed, precise, or philosophical limit separates this domain, from the other parts of biological science. The study of organic lesions by themselves has not a sufficient inherent vitality. If we were compelled to examine them from that point of

view alone, our teaching would very soon fall into formalism or marasmus.

I am aware an ideal pathological anatomy has been spoken of, constituting a science apart "which should find in itself a method proper to itself; a classification founded on the nature of the objects examined—that is to say, on the lesions, considered independently of the symptoms accompanying them, or the places where they are situated." (*a*) But we must not bow, without discussion, before the authority of names, however imposing they may be. This isolation, in which it is desired to confine pathological anatomy, has not a real constitution; I may add, it has no foundation either in theory or in the nature of the object. Pathological anatomy—which it would be better to call morbid somatology, if practical reasons did not prevent us adding pathological chemistry—would have only an uncertain existence, a limited reach, an eclipsed *rôle*, if it were reduced to the contemplation alone of dead lesions. If left in this situation it would be either absorbed in normal anatomy, to which it would form an appendix, or the accumulation of materials would serve to establish a kind of museum more or less encumbered with specimens, necessarily catalogued according to an arbitrary arrangement.

The connection of pathological anatomy with the department of biology, bordering on it, is indissoluble. Placed, in a certain measure, in an intermediary situation between normal anatomy on the one hand and pathology on the other, it binds them narrowly together; whilst, at the same time, by an insensible transition, it becomes confounded with them. From normal anatomy it borrows its method, its improved technical expressions, without any essential change, for in the methodical examination of a lesion there is no procedure *per se* peculiar to it. It borrows even the material or study, its *substratum:* for the lesion in the organ, in the tissue, in the element, being only a more or less pronounced modification of the pre-existing organ, tissue, or element, the pathological state can only be separated from the normal state, by the reconciliation of two terms of comparison. We have more than once to hesitate, before deciding, whether some peculiarity of form or structure belongs to one or the other..

The relation between pathological anatomy and clinical medicine is equally close. If it be true that the physician should be able to recognise not only the dead altered organ, but should know the organ living, acting, exercising its proper functions, it is evident that in his anatomical investigations he cannot dispense with the previous study of phenomena, the material condition and mechanism of which he is endeavouring to discover.

The pathological anatomist must not forget that behind every functional disturbance revealed by the clinician, there is a problem solved or to be solved, a lesion large or small, temporary or permanent, to be described or discovered. How can he appreciate the bearing, or understand even the conditions of the problem, if he has not these elements constantly placed under his eyes? One example will make us feel its necessity. Who can deny that the rapid progress, accomplished in our days, in the field of the pathology of the nervous system, has been the fruit of the doctrine, which demands the incessant comparison of anatomo-pathological facts with those of the bedside, made by the light of a physiological spirit. According to my ideal, if the anatomo-pathologist must devote a great portion of his time to the laboratory and the *post-mortem* room, he cannot yet abandon assiduous practice in the wards of a hospital. It may be objected to these views that different rules are observed in a neighbouring country, where the teaching clinician only takes an indirect part in the autopsy. The examination of the dead body is the duty of the professor of pathological anatomy. No obligation calls him into the wards, and consequently he is ignorant of the clinical history of the subjects entrusted to him, though he may have some information at times afforded to him. Thus we find side by side two specialities, separated, as we are told, by an insurmountable barrier. Yet we cannot deny, that in the country where this discipline prevails, pathological anatomy shines with a bright lustre. But we must not trust to appearances; we must consider whether the progress accomplished in pathological anatomy is the effect of the application of this *régime*, or whether it depends on extrinsic causes. The all powerful influence of some of the *chefs de l'école* will certainly account for some of the success obtained. We must also take into account the relatively considerable number of universities which form centres for anatomical studies, conditions particularly favourable to stimulate emulation and increase the number of workers. Finally, we must not disregard the special genius of the race, with its aptitude, truly formed for patient research in minute anatomy.

The inconveniences of the system have been many times felt and noticed by our neighbours. One of the editors of the most esteemed medical paper on the other side of the Vosges, recently cried out, "The universality of our science is dissolving each day! it resolves itself into a number of narrow specialties! who would trace the limit separating pathological anatomy from clinical work!" I know from a reliable source, that one of the eminent professors, to whom I shall make hourly allusion, asked for, and obtained an addition to his allotted number of in-patients, as he could not submit to the obligation of contemplating morbid phenomena from one side alone. I am not aware whether his example has been followed.

I shall not dwell any longer on this subject. My sole desire has been to-day to indicate in a general manner the multiple foundations on which, in my opinion, the teaching of pathological anatomy should be based. I have proved myself, and am a declared partisan of legitimate foreign innovations. I am not the enemy of specialities, without a certain reserve. I know by experience up to what point anatomo-pathological investigations, principally in the histological direction, demand special studies. I do not believe in a servile imitation of what is done by foreigners. I dare hope that my future colleagues, in conformity with what I might call French traditions, will always preserve their character as "Clinicians."

(To be continued.)

(*a*) Laennec, "Dictionary of Medical Science." T. ii., p. 50, 1812.

Original Communications.

THE OTOLOGY OF THE LAST TEN YEARS.

By Dr. Guerder,
of Longwy.

Translated from the *Annales des Maladies de l'Oreille, du Larynx et des Organes connexes.*

By W. DOUGLAS HEMMING, M.R.C.S.,
Assistant Surgeon, Central London Throat and Ear Hospital, Surgeon to the Notting Hill Dispensary, &c.

(*Continued from page 510, Vol. XXIII.*)

Part I.—Anatomy and Physiology.

IV.—*The Eustachian Tube.*—Of late years much discussion has arisen with respect to the functions of the Eustachian tube. The importance which etiologists attach to this question is not surprising, when we remember the physiological value of the tube, and the considerable part which it plays in therapeutics.

The diseases of the tympanic cavity, which are much the most frequent causes of deafness, are scarcely get-at-able by our therapeutical means, except through the Eustachian tube.

Physiologically, the question really reduces itself to whether, in a state of repose, the tube is an open or a closed canal. Toynbee (*a*) raised the question in 1853,

(*a*) Toynbee, "On the Muscles which open the Eustachian Tube," 1853.

and admitted that in a state of repose the guttural orifice of the tube is always closed, and that it only opens by the action of the tensor palati and levator palate muscles. Since that time many works have been published on the subject, some to confirm Toynbee's opinion, others to oppose it. The authors have taken various bases, some grounding their opinion on the anatomy, others on considerations of normal and pathological physiology. Others have sought to solve the question on the living body by the aid of a new method of exploration—pharyngeal rhinoscopy first, and more recently nasal or anterior rhinoscopy. To give a complete account of the actual aspect of this question, we will examine successively the three methods of research :—

1. *Anatomical Observations.*—After Toynbee's memoir nothing of importance on the anatomy of the Eustachian tube was written until 1864 ; then appeared the memoir of Von Troeltsch (*a*), soon followed by those of Rudinger (*b*) and Mayer. (*c*)

Von Troeltsch, studying especially the muscles of the velum palati which are inserted into the cartilage of the tube, arrived at the conclusion that the tensor palati (peristaphylinus externus) has its moveable insertion on the membranous and fibrous portion of the tube, and its fixed insertion on the velum palati when this last is contracted by the action of its other muscles. It therefore plays the part of an abductor of one of the walls of the tube in certain physiological acts (deglutition, phonation, &c.), and dilates it.

The levator palati muscle (peristaphylinus internus) which is attached to the inferior surface of the petrous bone, and by some fibres only to the part of the tubal cartilage, which at this point may be considered as fixed, will not have any direct action on the calibre of the tube. But as these fibres have a direction parallel to the tube, the muscle, when it contracts, would exercise compression on it from above downwards and diminish its calibre. It will be, therefore, to a certain extent, a constrictor to the tube and an antagonist of the tensor muscle. Von Troeltsch concludes with Toynbee that, in a state of repose, the tube is lightly closed, with no lumen, and that it only opens under the influence of certain muscular acts.

Rudinger and Mayer studied especially the form of the cartilage and the canal which it surrounds by means of transverse sections. The cartilage, disposed in the form of a gutter throughout its length, has a lumen in the shape of a hatchet, in the widest part of which the contact of the mucous surfaces is impossible. There exists, therefore, a constant canal, always open, which Rudinger calls "canal of safety." It would result from this, that even in a state of repose the tube will never be a completely closed canal. Afterwards, nevertheless, Rudinger, (*d*) seeing how physiological phenomena contradicted his opinion, returned to the question, and admits, with Moos, (*e*) the possibility of permanent closure of the tube. Holding to the description which he had given of the disposition of the cartilage and the existence of a permanent aerial canal (canal of safety), he recognised, after new experiments, that there existed a place where the lumen of the tube is completely closed. In the middle segment of the tube exists a place where the disposition of the cartilage, and especially of the mucous folds, is such that the mucous surfaces are completely in contact. The tube, says Rudinger, is a mucous canal, which may be closed at a fixed spot, and which presents the form of two irregular and open funnels united by their points, of which one may be regarded as the tympanic cavity, and the other the pharynx, and closed at their point of junction. At this point the canal can be opened only by the action of the dilating muscle of the tube (peristaphylinus externus). Thus, Von Troeltsch and Rudinger make this muscle play a considerable part in the dilatation of the tube, and as an antagonist of the peristaphylinus internus. The difficult study of the action of these muscles and their ligaments merits deep examination, and causes very interesting researches, which have enlarged the field of the question and brought out completely new results, which we owe to Rebsomen, (*a*) Weber Liel, (*b*) Zukerkandl, (*c*) Urbantschitsch. (*d*)

(To be continued.)

(*a*) Von Troeltsch. "Beitrage zur Anat. und Phys. der Tuba Eustachii."—*Arch. der Ohren.* 1864.
(*b*) Rudinger. "Bayerisches Int. Blatt." 1865.
(*c*) Mayer. "Studien ubn die Eust. Ohren trumpets." Munich. 1866.
(*d*) Rudinger. "Uber die Möglich Keit der Verschliessung der Tub. Eust." M. f. Oh. 1876.
(*e*) Moos. "Beitrage zur normalen und Path. Anat. der Eusta Rohre." Wiesbaden. 1874.

(*a*) Rebsomen. "Zur Mechanism der Tuba Eust." *M. f. Oh.* 1868,
(*b*) Weber-Liel. "Uber die Beziehungen der levator Veli zur Tuba Eust." *M. f. Oh.* 1871.
(*c*) Zukerkandl. "Zur Anat. der Tuba Eust." *M. f. Oh.* 1873. No. 12.
(*d*) Urvantschitsch. "Zur Anat. der Tuba Eust. der Menschen." *Wiener Med. Jahrb.* 1875. Vol. I.

Clinical Records.

MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. E. S. O'GRADY.

AMONGST the patients whose cases came to a conclusion during the month of October, were the subjects of the following memoranda :—

Severe Injuries consequent on a fall from a train in motion.—On the night of the 24th February a strong, well-built man, æt. 27, was admitted shortly after having fallen from the open door of a railway carriage, one of a train at the time in rather slow motion. The patient, who suffered considerably from shock, was depressed, but quite conscious. On the forehead was a clean cut, running from the bridge of the nose upwards, and slightly to the left. At the bottom of this wound was a fissured fracture of the frontal bone about an inch long, inferiorly a scale of osseous tissue being broken off completely. The injury was obviously over the sinus, but there was no emphysema or tangible escape of air through the line of fracture. Contusions and abrasions were present in different places ; these were worst on the fronts of both thighs. The left hand was severely injured, its ulnar margin seemed to have been nipped between the rail and the flange of the wheel ; it was here split open extensively, the fifth metacarpal bone being smashed and splintered, the little finger hanging on by a few tattered shreds of integument and tendon. The digit and comminuted fragments of its metacarpal bone having been removed, the edges of the jagged wound were suitably trimmed and supported in apposition by strips of adhesive plaster, Friar's balsam being also applied as the dressing. Iced water was directed to the forehead. At first the progress was apparently entirely favourable. The repair of the head injury was rapid, the wound cicatrising speedily. On the hand there was some local formation of matter and limited sloughing, which duly separated. In a few days the patient was able to sit up, but he soon began to fall back. Heavy night sweats came on, accompanied by much swelling of the right foot. Constant pain was now complained of in the left thigh. After a time the swelling and soreness shifted from the foot to the knee on the same side, and then the other ankle became affected, one or other joint long continuing to be a source of suffering. Some time subsequently a very large abscess suddenly formed deep in the structures of the left thigh. It was opened and exhibited extreme slowness of repair. This limb, in spite of sedulous preventive care, gradually became contracted and crippled. *Pari passu* the patient's health had become gravely implicated. His pulse was high,

appetite capricous and wanting, night sweats troublesome, and bowels irregular, usually tending to diarrhœa. Emaciation was progressive also. The wounds of the hand, which for a time had been doing well, became unhealthy-looking, and in spite of the strictest attention to cleanliness, and the use of the full-sized water-bed, pressure sores formed in various localities over the external malleoli, elbow, sacrum, &c. So low at one time was the vitality that such occurred also over the anterior spines and crests of the ilia. For a time the case wore a very hopeless aspect, matters steadily progressing from bad to worse. The iron constitution of the man, however, asserted itself; the hand slowly scabbed and healed, the different pressure sores in varying degree also taking on reparative action; the general health, too, notably mended. Passive motion had been occasionally practised as far as practicable with the knee and hip-joints. The mal-position of the left limb which had remained persistent in spite of the use of weight and pulley, was rectified under chloroform, when adhesions were broken down. After a stay of eight months the patient felt himself sufficiently restored to be removed to the country, whence favourable accounts as to his progress have been received.

Enucleation of Eye.—The nature of the injury which necessitated operation in this case was probably unique. A woman æt. 46, five weeks previously received a lash from a cow's tail in the right eye; this was followed by loss of sight, attended with severe and constant suffering; there was incessant lachrymation in the injured eye, which, prior to admission to hospital had become quite diaorganised. Pain, tenderness, and sensitiveness to light were of late present in the sound eye. Recovery rapidly followed the enucleation.

Cleft Palate—Two Cases.—In both the entire of the soft palate were cleft. In one patient, a lad æt. 14, the fissure was very large; it united most satisfactorily in its entirety after a single operation. In the other patient, a child of two years and three months, union did not occur, the cut surfaces became ill-conditioned and sloughy. In neither case was it considered necessary or desirable to practise accessory myotomy. In both waxed silk sutures were used.

Strumous Disease of Anus, causing Incontinence of Fœces, treated by an Operative Procedure.—The anus of a man, æt. 25, by occupation a grocer's assistant, and who had repeatedly been operated on for "fistulæ in ano," presented a very peculiar appearance, the orifice being funnel-shaped, and formed for a considerable portion of its extent by cicatricial tissue, which anteriorly stretched into the perinæum in a V-shaped prolongation of the anal opening, the aperture being so large that it would have been easy to introduce the hand; even when lying down the patient could not retain the contents of the gut. The general health was markedly below par. The case was treated much after the manner usually followed for laceration of the perineum in the female, viz., broad bands were pared off the *opposite* sides of the V, and the rawed surfaces were then united by quill and superficial sutures. Though but partial success followed, it was such as to be encouraging; a couple of bands of adhesion were obtained, which in view of further operative steps would afford an invaluable aid as a firm basis of support. The patient was obliged to leave the hospital too soon to test whether there was tangible relief, but he considered there was, and he expressed his intention of coming back to the hospital for continued treatment when the parts should harden and his health become improved.

Large Gangrenous Abscess of the Scrotum occurred in a car-driver æt. 28, who was admitted in a sorry plight with a foul ulcer on the perineal portion of the scrotum; this led into a large sloughing cavity as big as an orange. There was great accompanying prostration and debility. The history given by the man was that whilst asleep one of his comrades, wishing to rouse him, tugged and twisted the scrotum forcibly. Tonic and supporting treatment was attended to, the dressings being at first stimulating applications with poultices, subsequently support with pressure. Repair was slow, the patient not being able to leave the hospital for nearly three weeks, when the parts were sufficiently well to admit of his attending as an extern. At no time was there any urinary leakage or complication.

Croup—Tracheotomy.—A child, three and a half years old, was admitted for advanced croup; only a short time previously he had been a patient in the service for a similar attack, which he recovered from. Treatment now failing, the operation was proceeded with. The trachea proved to be so exceptionally deeply placed that the ordinary tube could scarcely be made to reach it, the tip only being capable of insertion. To secure its proper retention a stitch of ligature silk was passed on either side through the edges of the tracheal incision, and these were fastened to the shield of the tube, in addition to the ordinary tape contrivance around the neck. There was free venous hæmorrhage, and during the manœuvres some blood unavoidably got into the trachea: this was sucked out by the operator, and satisfactory respiration soon became re-established. At midnight, seven hours after the operation, the child's state seemed to be reassuring; he continued for some hours longer to progress favourably, till suddenly, about 5 A.M., dyspnœa, rapidly followed by death, occurred just twelve hours after the operation. There was no blockage of the canulæ, but it is to be feared one of the silk stitches mentioned above gave way, and so the extremity of the instrument slipped from the tracheal incision.

Compound Fracture of Forearm, occurred from a fall in a man, æt. 43, who sustained a Colles fracture, the ulna also being broken immediately above the styloid process, and both portions of this bone protruding through the wound. The injury was treated on the ordinary pistol splint, with a straight posterior one. Both fractures united well, and with but little deformity, in the usual time.

Sloughing Phagedæna of Prepuce—Rapid Reparative Action whilst Patient was dying.—A man, æt. 19, was admitted for internal disease of a grave type, the general state of the patient being prostrate in the extreme. As regards the local trouble, the glans protruded through the prepuce, this being gangrenous. Death supervened from the internal affections in five days, against which time the slough had separated, and the resulting ulcer was well advanced towards cicatrisation.

Tenotomy, followed by Erysipelas, on an infant of two months old; both tendo-achilles were divided simultaneously. On the fifth day erysipelas appeared in the left foot. It travelled up the limb across the lower portion of the trunk, and down the other extremity. Subsequently the hands became independently affected. The disease was of a moderately mild type, ran a favourable course, and in no way prejudiced the repair of the deformity. It may be mentioned that for a considerable time no case of erysipelas had been in the hospital. Coincidently with this one two others occurred. Each of the three cases took place on different floors. In the wards with two of them were several cases of wounds and major operations, but in no instance did the trouble spread.

Two Cases of Breast Amputation.—In one patient, a weakly woman, æt. 54, who had been married but had no family, the disease existed on the left side, and was accompanied by enlarged axillary glands. The enlargement was first noticed two years previously. The entire breast was removed by the ordinary elliptical incision, the outer angle of the wound being prolonged into the axilla, several of the glands from which region were also taken away. The other patient, a single woman, æt. 40, was operated on the same day. In her the trouble was seated in the right breast. There were no adhesions or gland complications. This woman had been much reduced by excessive hæmorrhages from a uterine polypus which was "écrasured" some days before operating on the breast. In both cases the wound was well dabbed with a solution of chloride of zinc (40 grs. to the ounce), and each was dressed with due attention to "drainage." Repair in both, though somewhat tedious, was ultimately

satisfactory, one woman being discharged 38, the other 43, days after the amputation, the wounds in each case having been soundly healed for some days beforehand.

CONJOINT EXAMINATION AND MEDICAL EDUCATION.

At the Inaugural Address delivered at the Mater Misericordiæ Hospital by Dr. Gunn, the lecturer pointed out to the students of the hospital the necessity for constant work as distinguished from cramming. Stress was laid on the importance of self-education as the sole means of gaining skill. The changes in the examinations of the College of Physicians were referred to, and the importance of the study of hygiene and medical jurisprudence dwelt on.

Dr. Gunn having given a brief sketch of the Medical Act of 1858, discussed at some length the Medical Bill introduced last session by the Duke of Richmond.

Referring to the proposal to abolish registration of a single degree, the lecturer said :—

"It was a wrong to the public that any medical man might hold but one diploma. It was a monstrous state of affairs that any surgeon could practise without having proved his acquaintance with medicine, or any physician without having given evidence of knowing surgery. The border land between the two great kingdoms of the healing art is so broad and undefinable that, standing in it, it is frequently impossible to say whether we are nearer to medicine or to surgery. Under the Medical Act either a medical or surgical qualification could be registered, and many having registered one diploma, and got into practice on it, found it most difficult, often impossible, to spend the necessary time preparing for the other, and thus the tendency of the law was to lower the standard of knowledge. Under the proposed bill this could not occur. The stimulus to work is not withdrawn until both diplomas have been obtained."

After referring to some minor points in the Bill, Dr. Gunn expressed the following upon the Conjoint Scheme :—

"In the Duke of Richmond's bill, as at first drafted, there was a clause making the formation of a conjoint board compulsory ; but this clause was dropped before the bill was presented to the House of Lords. I may here explain that this conjoint board is a board of examiners appointed for each division of the kingdom by the license-granting bodies in that division of the kingdom in which it is to work.

"Now, it was intended that every person who had obtained a diploma should, before being registered, be compelled to pass an examination before this conjoint board. A little examination will show that this scheme was not calculated to raise the standard of knowledge. In the first place, it was an expression of the fact that the nineteen colleges and bodies were not competent to test a candidate's knowledge of his profession, and that a conjoint board was necessary. The logical sequence of the creation of such a body was the killing of the colleges and societies which now grant diplomas. The universities would not be affected ; their professional schools are but a small part of their economy ; but with such bodies as the two colleges in our own city the case is very different. These bodies depend for funds on the fees derivable from candidates for qualification. It might be asked would the destruction of the colleges involve any serious loss? I think there can be no doubt that the answer would be in the affirmative. Our colleges have done good work and are doing good work. They are the great centres towards which all newly-found knowledge gravitates, and is thence diffused. They are the means of maintaining that high tone of conduct which justly makes our profession so much respected in this kingdom. Without them we would lose all we gain from discipline—lose all we gain from moving as a trained army. Professional honour would be lowered — professional progress retarded.

"Extended powers in relation to examinations are given to the General Medical Council, and this, I think, is the provision of the measure which would have the most effective influence on the medical profession of the future. I have pointed out that the Medical Council controlled the examinations indirectly through the Privy Council, and that it had no power short of refusing to register ; being like, indeed, to a surgeon whose only method of cure was amputation. Clause 14 of the bill laid down that the Medical Council might frame rules for regulating the examinations of persons desiring to obtain double qualification, and in the words of the bill, 'determining the subjects thereof, and the standard for passing, and the method of conducting the same, and providing for the superintendence thereof by such Council.' These rules were to be approved of by the Privy Council, and if any of the licensing bodies failed to comply with them the Medical Council were to act as they would have done formerly ; that is, apply to the Privy Council for leave to refuse to register the degrees of the offending body. This clause gave rise to a large amount of discussion. It was looked upon as an alternative to the conjoint scheme. As the Medical Council was given great power over the examinations it could fix a minimum standard, and compel the adoption of this standard subject to the appeal to the Privy Council. We had here a guarantee that an insufficiently-informed man could not get a diploma, and the necessity for the troublesome and expensive conjoint board vanished. Had the General Medical Council possessed the confidence of the profession, this clause would have been accepted at once ; but as I have pointed out, when referring to the Act of 1858, the profession, apart from the licensing bodies, is not represented in the General Medical Council, and has not complete confidence in it."

ARMY MEDICAL DEPARTMENT.

ABSTRACT OF THE REPORT OF THE COMMITTEE

Appointed by the Secretary of State *to Inquire into the Causes which tend to prevent sufficient eligible Candidates from coming forward.*

(*Concluded from page* 400.)

If taken without qualification, these arguments point to the advantages of granting admission to the department without competition, as vacancies occur.

We believe, however, that, as a matter of fact, there is a considerable difference in the value of the diplomas issued by the several schools. Further, we think that competition is beneficial ; so far as it can be resorted to without seriously deterring eligible candidates from coming forward. While therefore we are of opinion that the system of competition may be greatly relaxed, we hesitate to recommend an entire departure from it—at least until some better means of securing a common standard of proficiency be adopted. Such a standard would be attained should the "one portal" system of admission to the medical profession become law, which is proposed in the Medical Bill now before Parliament.

For the present we recommend that the vacancies occurring in the department be filled up one-half by nomination and one-half by open competition.

In recommending this modification of the system of entry by public competition, we wish to place on record our view that we are not, in reality, weakening the effect of that most valuable institution (Netley). The examinations of the various medical schools are to a great extent public competitions ; and the selection of candidates by the schools themselves will be watched by the students attending them. The advantages of public competition will, therefore, be attained more thoroughly than now ; when the examination is, in reality, nothing beyond a "pass," as the candidates rarely equal the vacancies.

With the abandonment of the ten years' system, and the consequent increase in number of those serving for a pension, we think the age for entry into the department ought to be reduced to its former maximum—viz., 28 years.

q. The low rates of Pay and Pension as compared with civil medical life and with other professions.

Rank, honours, and other distinctions have, without doubt, their due influence in drawing candidates to the army ; and, in the case of combatant officers who are not prepared by a special technical education, these attractions, with love for a military life, do draw sufficient numbers, notwithstanding competition and the low rates of pay. As a rule, combatant officers are men not wholly dependent on their pay. With medical men the case is otherwise. Comparatively few would undergo the labour of the preliminary course of study unless they intended to derive their living mainly from the exercise of their profession. To such men, the prospect of the greater pay will afford the greater attraction. Thus it happens that the Indian Medical Service, with the drawback

of life-long duty in India, draws sufficient candidates, its pay being high. The army and the navy fail to do so, mainly because their pay is too low to compensate students for losing the home comforts of settled civil life.

We endeavoured to obtain, from the medical schools and from other sources, trustworthy estimates of the average net earnings of civil practitioners at different periods of their career. From them we think we may arrive at the following result. Taken one with another, a young medical man obtains in civil life a net income of £300 a-year within five years of commencing practice. After ten years he is unlucky if he does not net £500 a-year, and thence his income gradually rises to an average of £800 to £1,000. Of course, in exceptional cases, these rates of income are very far exceeded.

If these rates of civil income are to be obtained—as it appears to us they are—it is quite evident that the pay offered to military medical officers will be insufficient to draw many eligible candidates to the department. During the first few years, the discrepancy is, perhaps, not conspicuous; but after ten and fifteen years' service, and more especially in the later days of retirement, the State pay cannot compete with civil earnings. It is true that good pay and, perhaps, fair pension are offered to Surgeons-General; but where that rank is very small and, with the high mortality of medical officers, only 83 out of 1,000 who at 20 years of age commence their studies for the Army Medical Service, can hope to attain it. The vast majority of the service have no better prospect than retirement at the compulsory age of 55 on £365 a-year. This prospect is, we maintain, insufficient to draw to the department an adequate supply of medical men of the better class.

To improve the prospects in the service, we feel that an entire re-consideration of the rates of pay and pension is called for: and we submit that the time has come to abandon petty reforms; and to endeavour so to constitute a department, that it may fairly compete with civil practice for a considerable period. The market price of an article must be followed, whatever the expense, if the supply is to be kept up. We regret to have to report our belief that at present the offers made to the profession are below the market price.

Our first endeavour has been to increase the chance an officer has of obtaining a good pension. With this object we propose the creation of a new rank, somewhat corresponding to that of fleet-surgeon in the Royal Navy. We propose to introduce between the deputy surgeons-general and the surgeons-major an establishment of 50 brigade-surgeons to be promoted by strict selections from surgeons-major, and to form the body from whom the deputy surgeons-general would, later on, be taken. They are to be executive officers, but will serve as seconds to the administrative officers; and in a station where there is no administrative officer, one will act as principal medical officer.

To sum up:—Our recommendations are as follows:—

That retirement be optional.

Surgeons and surgeons-major—

After 10 years'	service	on a gratuity of	£1,250.
,, 15	,,	,,	£1,300.
,, 18	,,	,,	£2,500.
,, 20	,,	a pension of	£1 a-day.
,, 25	,,	,,	£1 2s. 6d. a-day.
,, 30	,,	,,	£1 5s. ,,

That horses be maintained at large stations by the Army Service Corps, for the use of medical officers requiring to be temporarily mounted.

That a medical officer placed in barracks be allowed a distinct "medical officer's quarter."

That it be considered whether it is necessary to have so many resident medical officers.

That in case of sickness a medical officer may be allowed, if necessary, leave on full pay up to one year for the recovery of his health.

That half-pay in case of wounds or ill-health be governed by the rules applicable to combatant officers.

That the question be considered of giving a new title to the Medical Department.

That the Army Departments have no precedence *inter se*, but be arranged alphabetically.

That honours and good service rewards be bestowed on the scale applicable to combatants.

That the honorary physicians and honorary surgeons to the Queen have letters Q.H.P. and Q.H.S. appended to their names in the seniority list.

That the names of the Queen's honorary physicians and surgeons be printed in the army list after those of Her Majesty's Aides-de-Camp.

The appointment as honorary surgeon or physician raise an officer, *ipso facto*, to the rank (supernumerary) of deputy surgeon-general.

That surgeons-major rank with lieutenant-colonels according to the date of completing 20 years' service.

That surgeons rank as captains; probationers, as lieut.

That principal medical officers be instructed to make the best arrangements practicable for relieving senior executive officers from the mere routine duties.

That at certain large stations medical institutes be formed.

That the condition of Indian service for the rank of deputy surgeon-general be promulgated.

That for all new entries, retirement after 10 years be made optional instead of compulsory.

That officers who joined under the "ten years' rule," if allowed to come under the new system retain their £250 a-year; but, in case of subsequent retirement on gratuities, be only eligible for sums, less by £250 than those shown in recommendation No. 1.

That one-half of the vacancies be filled up, without examination, but subject to the approval of the director-general, by registered surgeons nominated and vouched by the medical schools of Great Britain, Canada, and Australia in rotation.

That one-half of the vacancies be filled up by half-yearly competitive examinations in advanced practical subjects.

That probationers be sent to some large station for practical instruction until the Netley course begin.

That probationers rank as lieutenants, and have pay at 8s. a-day.

That the maximum age for admission as probationer be reduced to 28.

That an executive rank of 50 brigade surgeons be interpolated between the deputy surgeons-general and the surgeons-major.

That promotion to brigade surgeon be by selection.

That deputy surgeons-general be selected from brigade surgeons.

That the rates of pay and retirement be as shown in section 93 of this report.

That all medical officers retiring before the age of 55 be liable until that age to be called upon to serve in time of declared national emergency; that their names be retained meanwhile in italics, and that they be allowed to wear their uniform.

That the numbers of the executive ranks be gradually reduced to 796 surgeons-major and surgeons.

We hope that the importance of the inquiry entrusted to us, with the number and complexity of the points involved, will serve as an excuse for the length of this report. We are also deeply sensible of the responsibility we incur in recommending such extensive changes in the status and condition of the department, and in advising so large an additional expenditure. We believe, however, that the time has fully come when the difficulty of obtaining medical officers for the army must be met in a liberal and comprehensive spirit. Their services are indispensable, and are recognised practically in the civil community by handsome remuneration. Government, to command those advantages, must supplement the certainty and the distinction of its service by pecuniary offers not seriously lower than those made by the civil community.

(Signed by the Commissioners),

RALPH THOMPSON.
W. M. MUIR.
DENHAM ROBINSON.

War Office.

A CLERGYMAN'S TESTIMONY RESPECTING THE CONTAGIOUS DISEASES ACTS.

THE following statements are made as replies by the Reverend E. P. Grant, Vicar of Portsmouth, to the questions addressed by Convocation to the Clergy as to the Operation of the Contagious Diseases Acts:—

The result of the Contagious Diseases Acts has been most beneficial

(*a*) In diminishing prostitution; for whilst in 1865

there were 789 prostitutes on the register in Portsmouth, there were on 31st December, 1870, 476 ;

(*b*) In diminishing the amount of disease in women ; for, whereas in 1865 the ratio of disease per every 100 cases of examination was 70, it has been gradually reduced until 31st December, 1876, it was only 4·84.

It is not possible to state with equal accuracy what the ratio of disease in men is, but there is every reason to believe that it is rather less than half what it used to be.

These results have been brought about by the general working of the Contagious Diseases Acts ; and, most especially, the fortnightly examination of the women, with the consequent detection of the disease at its immediate commencement.

The number of brothels has decreased by very nearly half since the introduction of the Acts, the number being, in 1865, 263 ; in 1876, 133.

There are no special police regulations beyond those which obtain, I believe, in all towns ; but the ordinary regulations are being very energetically and effectually carried out.

The number of persons living by the practice of this sin has considerably decreased ; there being fewer prostitutes, fewer brothel-keepers, and consequently fewer people hanging on to them.

The number of private houses, as distinct from brothels, in which prostitutes lodge or are received, is gradually diminishing ; the number being, in 1865, 160 ; in 1876, 115 ; and there are now only nine (so-called) indiscriminate houses.

The effects of the Acts is most beneficial (*a*) upon men ; in that with regard to soldiers and sailors especially, they are in a better state of health, and therefore not only less expensive, but better able to do their work to their country than they were before. As to their sinning more, because they think they can sin with impunity, I do not believe they ever think of it. (*b*) Upon women ; in that, in addition to their number being considerably reduced, they are much more cleanly and orderly in their appearance and conduct than they used to be.

And notwithstanding rash statements made by various persons to the contrary, I have no hesitation, after nine years' life in the High Street, in testifying to the marked improvement in the appearance and behaviour of the women of the town. Order and quiet have taken the place of disorder and noise, and I may say there is an utter absence of any such license as was once too prevalent.

No such instances of extreme degradation as formerly existed are now brought before the magistrates' notice.

The examination tends to reclaim the fallen.

1. Some from dislike of the examination (though upon this point I would remark whereas every woman has to be examined once a fortnight, no magistrates order requiring a woman to attend was granted during 1876, and every woman freshly examined comes voluntarily) are led to give up the life they are living, and so continuing on the register.

2. And others, by immediate admission into the hospital on the appearance of the disease, are brought under good influence, and have the opportunity of reforming, before they have become hardened by long continuance in the sin.

I think the periodical examination does help to deter some from the sin, especially very young girls from coming on the register ; and, as a proof of this, I may mention that whereas there have been girls at the age of 12 on the register, in 1874, there was only one at 14 ; in 1875, there was only one at 14 ; 30th December, 1876, none under 16, and only two at 16 and 17.

The effects of the Acts upon the population generally are good in every way. There is less immorality, less disease, and consequently less infliction of a most hateful curse upon an undeserving posterity.

In proof of which I would mention that whereas the percentage of disease existing among women already on register is 7·30, it is 26·58 among women newly registered. But if, in addition to this, the calculation be made of those who come from unprotected districts, the per-centage is very largely increased, being 74. I most strongly, and on religious grounds most especially, advocate the extension of the Acts.

And, should the Acts be repealed, I can imagine no steps being taken which will prevent such towns as Portsmouth from relapsing into the fearfully sad state of immorality in this respect, from which it has for the last 10 years been slowly but most perceptibly emerging.

The health of the soldiers and sailors will be proportionately impaired, and a good means of reclaiming fallen women will be removed out of the way.

With regard to special agencies at present at work by chaplains, clergy, or laymen, there is no point in connection with the patients in the lock wards, in which the committee of management are more deeply interested, and more strongly insist upon than in the efforts that are made to reclaim the women who come into the hospital.

A chaplain is appointed, whose duty it is to visit the wards every day, and who conducts divine service in them once on the Sunday.

In choosing a matron, the committee always have regard to the good influence which she is likely to exercise over the patients, and they have hitherto been most happy in this respect ; and every opportunity is given to the patients by careful classification, close supervision, generally good influence, and personal attention to individual cases on the part of the chaplain or matron, of recovering themselves, and either returning to their friends or entering penitentiaries.

During the year 1876, 55 patients were sent from the wards into penitentiaries, most of whom the matron has reason to believe are doing well, and 33 were sent home to their friends.

Outside the hospital there is one penitentiary, and one receiving house, in which girls are either received from the hospital or taken direct from the streets, and a certain amount of good is being done by both. Another "refuge" has been opened in the town since the above was written

An effort is being made to establish a Portsmouth Cottage for the reception of penitents in connection with the St. Thomas' Diocesan Home at Basingstoke. This is now (July 1878) in course of erection, and hopes are entertained that penitentiary work will be taken up by the clergy and laity more generally and effectively than it has hitherto been.

Beyond the awakening of this more general interest, the establishment of this new home, the continuance of existing agencies, I do not see what other means can be or need be adopted for the purpose of meeting an evil which, great though it be, is, I am thankful to say, being considerably reduced in this town.

Transactions of Societies.

THE MEDICAL SOCIETY OF DUBLIN

Held its inaugural meeting for the Session on last Wednesday week. The chair was occupied by H. H. HEAD, M.D., President of the College of Physicians, who addressed the Society briefly.

Dr. MACSWINEY read a paper upon a

FATAL CASE OF RAILWAY SPINE.

The patient, a woman forty years of age, was in an accident which occurred at Dalkey, when a collision took place, and many persons were injured. For a few days she showed no symptoms of illness, but after that time she commenced to complain. At first she was pale, weak, sleepless, and had sick stomach. Next pain in back and left side of abdomen was suffered from. Then a train of nervous symptoms arose. She became querulous and capricious, had a very quick and excited pulse ; her tongue was densely coated, her bowels constipated, thirst excessive. *Her temperature was subnormal.* She was miserable, depressed, and nervous.

Gradually, as time wore on, all her symptoms became aggravated. She lost flesh, was sleepless, had no appetite, had considerable suffering from pain in back and left leg. Her mind gave way, she was at one time in high hysterical delirium, at another morose, melancholy, taciturn. She never rallied, proceeding daily from bad to worse. Towards the close she was attacked with severe epileptiform convulsions, which lasted for several hours and left her utterly prostrated. Finally she became semi-comatose, sunk into extreme wasting and exhaustion, and died six weeks after the accident. A *post-mortem* examination was not permitted. Referring to the pathology of these fatal accidents, Dr. MacSwiney showed that the following lesions had been met with and reported, viz., 1. Intra-spinal hæmorrhage, outside or inside the coverings of the cord, or in both situations. 2. Tearing of the membranes. 3. Extravasation of the medulla. 4. Disintegration and inflammatory softening of the cord. 5. Anæmia of the nervous centres. 6. Lesions of the brain and sympathetic ganglia. None of these states could be diagnosed with certainty in Mr. MacSwiney's case during life, and no autopsy having been allowed, he was left to infer from the whole case the probable nature of the injury sustained by the cord. He entered at considerable length into a review of what was known of the nature of these confessedly obscure cases, and quoted from the reported instances, examples of the fact that "the gravest nervous affections, and death itself, may follow violent concussion from a railway collision, even though there be no obvious lesions of the vertebral column, and that no symptoms arise for some time after the accident." These remarkable symptoms were prominently present in this patient: Abnormal rapidity of the sanguineous circulation, sub-normal temperature, and hyperæsthesia. Observations, bearing upon each of these conditions, were made by Mr. MacSwiney, and he offered some explanations of the non-parallellism of the pulse and temperature.

Dr. Harvey read a short paper entitled,

NOTE ON SO-CALLED COMPENSATORY EMPHYSEMA IN ACUTE THORACIC DISEASES,

with the object of disproving a doctrine held by some, namely, that the peculiar resonance, sometimes amounting to tympany, heard over the healthy portion of lung in acute inflammation, &c., is due to a distension of that portion of lung compensating for the non-action of the affected portion. Having referred to the use of the healthy pleura, and the manner in which compensatory emphysema is brought about by pleural adhesions, Dr. Harvey proceed to show that the very reverse of the conditions necessary for the production of compensatory emphysema are present in the kind of case referred to; that, in other words, there must be a diminished, and not an increased, pulmonary tension in these cases. Finally, he referred to the explanations given in modern text-books (Guttmara, Gil) which recognise the diminished tension of the pulmonary parenchyma as the cause of the increased resonance.

Novelties.

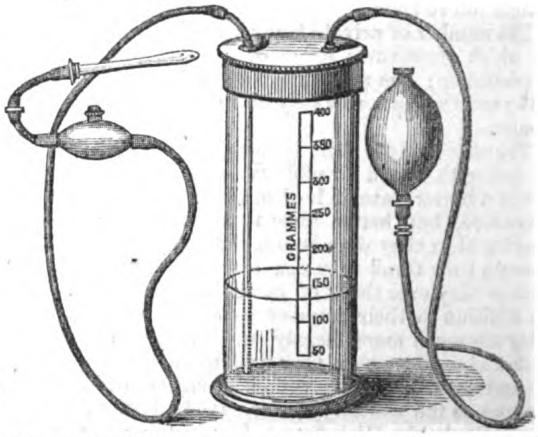
MALTINE.

Some time ago, under the heading "The Constitution of Malt Liquors," we drew attention to a chemical examination which Mr. J. Coleman, F.I.C., F.C.S., made of some of the malt liquors and malt extracts then in use; and it was stated that many of these preparations owed their digestive and nutritious properties not so much to the quantity of nutritive material they contained themselves, as to the presence in them of a principle which promotes the digestion and assimilation of the food ordinarily taken. This principle is called *diastase*, and it aids digestion in virtue of its property of converting starchy and farinaceous foods into such a form as will admit of their being readily absorbed by the system. As, however, some of these preparations contain also, in a concentrated form, a quantity of nitrogenous or flesh-forming material, as well as of certain salts which enter into the composition of bone and nervous tissue, they also contribute directly to the nourishment of the body.

Now we find that "Maltine," which is a highly concentrated extract of malted barley, malted wheat, and malted oats, contains in an eminent degree the peculiar principle above-mentioned, together with those materials which are necessary to repair the waste and to maintain the heat of the system. We have prescribed it for several patients who were suffering from general debility, indigestion, &c., with marked benefit, and it appeared to sit easily on the stomachs of patients who were unable to take stout or any other kind of malt liquor. We have not yet tried it in other cases, but judging from the general constitution and properties of these malt extracts, and from the careful manner in which this "Maltine" has been prepared by the Maltine Manufacturing Company, we expect to find it of great service in the treatment of children's diseases, in all those affections which are attended with nervous or general debility, weak digestion, and where, moreover, there is any draw upon the system. We may also add that "Maltine" belongs to the class of non-alcoholic or unfermented malt extracts, and that it is a very palatable and agreeable preparation.

IMPROVED INJECTION APPARATUS.

At a recent meeting of the Academie de Médicine of Paris, M. Beclard presented, for M. Léard, an injection apparatus without piston or stop-cock.



It is constructed, as shown in the above illustration, of a glass receiver, o a capacity of 500 to 1,000 grammes and graduated; the upper end is embraced by a metal ring, into which a cap is screwed having two tubulures. Two tubes pass through these openings, to one of them an elastic tube and hand-ball are connected, while the other gives passage to a tube which extends nearly to the bottom of the receiver, and its upper end has a discharge pipe affixed. In the course of the discharge pipe a glass bulb is inserted, having a side opening for the introduction of a medicine to be acted on by the current of fluid.

SEAMLESS TINWARE.

In laboratery work many of our readers have doubtless experienced considerable annoyance from the corrosive action of acids upon the seams of utensils employed in boiling or trituration. Those who compound their own drugs will have noticed this more particularly, and have probably resorted to more expensive ware to obviate the difficulty when it has arisen. This being essentially an age of invention, even the domestic saucepan has come in for a share of the inventor's attention, and we have lately had submitted to us by the Anglo-American Stamping Company articles of every conceivable pattern and utility, both for scientific and domestic use, made of seamless block-tin. The secrets of manufacture are of course not in our province, but we can express our approbation that means have been devised for doing away with the seams hitherto existing in tin ware, by a method of stamping out of the solid block of metal utensils which are a necessity in every household, and much used in the laboratory of medical men and chemists. The metal is also much thicker than that hitherto employed in similar goods, and all the articles we have examined are very serviceable-looking, and will be a great boon to the housewife; whilst in price they are said not to exceed that charged for the articles in common use, on account of the abolition of seams and the expense of soldering them together.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 20, 1878.

"THE ALCOHOL QUESTION."

IN the current number of the *Contemporary Review*, there are three articles on "The Alcohol Question," which Sir James Paget, Dr. Lauder Brunton, and Dr. Albert Bernays have respectively contributed to the pages of that journal, and which cannot fail to guide the judgment of the more educated classes of the community with respect to a much vexed question of the present day. The longest, the most practical, and the best argued of these essays, is from the pen of Sir James Paget, whose views on the subject appear to us such as are most consonant with the teachings of science and the general experience of mankind. The eminent surgeon starts with the proposition that, on the question of national health and strength, with such evidence as we have, the habitual moderate use of alcoholic drinks is generally beneficial, and that in the question raised between temperance and abstinence, the verdict should be in favour of temperance. This proposition, he supports, by the following arguments:—1. The evidence of the evils of intemperance is abundant, clear, and complete. Against moderation we have no such evidence. The statistics that have as yet been adduced in favour of total abstinence, are insufficient and fallacious. "The least that could be used with any chance of getting at the truth, would be a careful comparison of 500 total abstainers, who have never been intemperate, and were not born of intemperate parents, with 500 habitually moderate persons similarly born and bred, pursuing similar callings, and living under generally similar conditions." 2. The opinions and experience of the medical profession, are by a vast majority in favour of moderation. 3. We cannot rely upon some of those deductions from physiological observations which are supposed to indicate a mischief in even habitual moderation. "Some of these are really such that if in the place of 'alcohol,' we were to read 'common salt,' we should be led to conceive, if it were not for experience to the contrary, that we are destroying ourselves by the daily excessive use of a material which, in its excess, can alter the constitution of our blood, or the permeability or other properties of our tissues." Many deductions from physiology prove fallacious, and most medical practitioners will testify to the fact that experience alone can decide the practical value of a deduction from physiology. 4. The beliefs of reasonable people are by a large majority favourable to moderation rather than abstinence, and this should not be regarded as of no weight in the discussion. The long-abiding custom of all civilised nations makes it probable that the moderate use of alcoholic drinks is actually beneficial. There is a natural disposition among adult men to drink. In the absence of any clear evidence to the contrary, there must be a presumption that such a natural taste has its purpose rather for good than for evil. In a general view of the natural tastes of all creatures for food and drinks, we see that tastes are guides to good and not to evil. For when it is said that the tastes for these drinks is not natural but artificial or acquired, there is an error as to what in this case natural should mean. "Our natural state is that in which we now live; the present state is to each race of men, if not to every one man, the natural state; the state attained in the natural course of development." Considering how largely our nature has been changed from a less civilised or completely savage state by the gradual developments of society and by the various habits, dispositions, and capacities therewith associated, it is in the highest degree probable that with those changes we should have beneficial adjustments of different foods or other means of sustaining us in our work. 5. The presumption in favour of moderation being generally better than abstinence is strengthened by a comparison broadly made between those of our race who do not and those who do, habitually use alcoholic drinks. In making this comparison, we shall find that, as to working power, whether bodily or mental, the advantage is on the side of those who use alcoholic drinks. 6. We are bound further to consider the great length of time during which the nations compared have followed their different habits in regard to drinking. The accumulated evils of thirty generations of men given to moderate drinking should, if that habit be injurious, now be notable. But the result is the reverse of this. West against East, North against South, the heirs of the moderate drinkers are better men in force of body and mind than are the heirs of the abstainers; and it should be borne in mind how great would be the force of any hereditary evil accumulated in a succession of many generations. "If, then, healthy families are born after thirty generations of habitual drinkers of alcohol, how can we fairly charge its moderate use with doing mischief? Is it not fair to think it probable that it has rather been beneficial, and one among the conditions to which we owe the still gradually increasing healthiness and working power of our race?" 7. Some people seem to argue that if a large

quantity of anything does great harm a smaller quantity must do some harm, however much less it may be. But the facts are the other way, as may be shown by a consideration of the respective effects of small and large, or poisonous, doses of quinine, arsenic, &c. The same influences which, in one degree, are destructive, are, in a less degree, beneficial. It would only be consistent with this rule, that alcohol should be in large quantities injurious, in small quantities useful.

Such are, briefly and categorically, the main arguments of Sir James Paget on one of the most important social questions of the present day. It is a question on which the MEDICAL PRESS AND CIRCULAR has not been silent, as our articles on "The Medical Profession and Total Abstinence," "The London Temperance Hospital," "Alcoholic Medical Prescriptions," &c., will show; and it is gratifying to find that the conclusion which the eminent surgeon has drawn from his reflections on the subject is the same as that at which we ourselves arrived. The reader will admit the force of the arguments which Sir James has drawn from the effects of heredity upon the health of man as now living—from the natural and instinctive tastes of all creatures for foods and drinks most suited to the circumstances under which they are placed—and from a comparison of alcohol with other active agents which, though hurtful or even poisonous in large quantities, are either harmless or actually beneficial when taken in moderation. His remarks on the fallacious nature of the statistics which the total abstainers have adduced in support of their views, remind us of a similar kind of reasoning that was adopted by the authorities of the London Temperance Hospital, and to the fallacy of which we long ago drew attention. Equally true and practical are his observations with regard to the errors that are incidental to many physiological deductions; an argument which was worked out with peculiar force and ability in two or three papers which Mr. Brudenell Carter recently contributed to the columns of one of our contemporaries. There is an argument made use of by Sir James Paget which closely touches upon one advanced by us on a former occasion, and which should not be altogether ignored in considering this question. Granting that, by the general consent, not only of the medical profession but of mankind, the moderate use of alcoholic drinks is beneficial in certain states of disease, and in various functional derangements of the body, we contend that these drinks may, for the same reason, be moderately and very generally taken without any harm, and often with much benefit to the apparently healthy system. For considering how much the nature of many of us has been changed by the gradual development of society, considering the struggle for existence or for wealth in most civilised communities, and considering the artificial restraints and exigencies of modern life, how few there are of us who can say that they are always in a perfect state of health? As Dr. Albert J. Bernays justly remarks, "If the temperate man were in perfect health, his appetite would never require subsidising. But the demands of a town life on the nervous system are sufficient reasons for recommending the moderate use of wine."

The essay of Dr. Lauder Brunton deals with the alcohol question from a purely physiological point of view; but able and interesting as all Dr. Brunton's writings are, his arguments in favour of total abstinence are not free from those fallacies that are often inseparable from arguments that are too exclusively based upon physiological data. Thus he upholds the old argument that even the earlier stages of the stimulating effects of alcohol may be hurtful, and that any apparent increase of power obtained by the use of alcohol is gained at the expense of subsequent reaction. But this, Dr. Parkes's experiments notwithstanding, is contrary to experience. It does not follow that, because the ingestion of a large quantity of alcohol is followed by an amount of reaction corresponding to that of its previous stimulation, the ingestion of a small quantity must have the same effect, especially if this small quantity be taken, not by a person in perfect health and vigour, but by one who, in some way or other, is more or less physically or mentally indisposed. Indeed, the universal experience of moderate drinkers is sufficient to upset this doctrine of "reaction." For, who is there, provided he finds it to agree with him, may not up to an advanced age take daily a moderate quantity of beer or wine without experiencing any disagreeable reaction from it? We must confess, however, that Dr. Brunton is by no means a bigoted opponent of the moderate use of alcohol. He regards "its title to the name of food as completely established;" and admits that there are many circumstances in which it may be moderately and beneficially indulged in.

We have already so trespassed beyond the space assigned to us, that we can scarcely notice the short essay which Dr. Albert Bernays has written under the title, "The Moderate Use of Alcohol True Temperance." Suffice it to say, that he enters into many details and gives many hints that cannot fail to guide the judgment as well as the taste of all those who wish, like ourselves, to be temperate without being total abstainers.

DENTAL REGISTRATION AND DENTAL DIPLOMAS.

THE proceedings of the General Medical Council, reported by us some weeks since, taken with the Minutes of the Executive Committee of last week's date, are of especial interest, as they give to the profession a view of results which may be expected from the Dental Act of Sir John Lubbock.

The Minutes of the Executive Committee issued on the 8th of November, informs us that in three months 1,418 persons were officially recorded as legally competent to practice Dental Surgery. To these may be added a number of persons whose registration awaits only formalities, and we have, in round numbers, 1,450 newly-made legally recognised dentists. Of these persons, 120 produced the Dental Diploma of the London College of Surgeons, and no less than 1,296 received Her Majesty's patent as Dental Surgeons without a scrap of evidence that they knew anything whatever of dental surgery or pathology. No doubt very many of these registrées were gentlemen who, by long years of practice, had acquired an excellent title to operate on the *corpus vile* of the public; but it is impossible to say how many of them possessed such qualifi-

cation, inasmuch as the law asks no questions on the subject; and they would be just as much entitled to be recorded as competent dental surgeons, if they had only mounted a brass-plate on the 31st of July, 1878. Of the 1,298 thus registered, 854 practised dentistry "separately;" this number including all the dental mechanics and vulcanite workers who pleased to enrol themselves amongst the elect of Sir John Lubbock; 444 others were practitioners, almost to a man, in pharmacy—in other words, counter-prescribing druggists.

Thus, even supposing that one third of the 854 "separately" practising dentists are worthy of trust as capable practitioners, there still remain over 1,000 persons who have been pitchforked within three months into the legal practice of this branch of surgery in a state of almost complete ignorance of the profession in which Mr. Tomes and Sir John Lubbock have seen fit to place them. The prediction of the *Lancet* is fulfilled, "that the Medical Council will have blindly added to its *protegès* wellnigh a thousand persons who do not know dentine from brilliantine, and whose sole title to registration was the removal of teeth which a true practice of dentistry would have saved."

That the profession of dental surgery should have been thus degraded, and the suffering public thus misled is, we feel, nothing less than a calamity for which a very grave condemnation is merited by both those who have done the act, and those who have permitted it to be done. Of the foremost in the transaction, Sir John Lubbock deserves no greater blame than that which attaches to a legislator who allows himself, inconsiderately, to be used for purposes which he does not understand. No doubt he had confidence in the advice of Mr. Tomes, and took for granted all he was told without taking the trouble to form a well-informed judgment of his own; for we cannot do the learned baronet the injustice to suppose that he did form a deliberate determination to do an act which never was done before—to lift a crowd of incompetent pretenders up to the level of competent dental surgeons, and foist upon the public as such an uneducated mob of self-dubbed practitioners. As to Mr. Tomes's share in the matter, we are obliged to confess our incapacity of comprehension. He, whose greatest energies should have been devoted to the protection of his own profession, was the man who dealt it its heaviest blow and greatest discouragement. Being commendably anxious to create a roll of legally recognised and properly educated dentists, he committed the astounding error of buying off the opposition of the great unqualified, by taking the whole of them to the capricious embrace of the profession. It will take thirty years to atone for this fatal error, and until the present generation of coopted druggists—dentists, and mechanics, passes away, the roll of dentistal surgeons must continue to be nothing better than a catalogue of pretenders to the profession.

We cannot acquit the body of surgeons practising dentistry of blame in the matter, nor can we pretend to understand their blind inactivity and indifference to the transaction. They were repeatedly warned of the object and effect of the Tomes-Lubbock Bill, and were fully informed as to the introduction into it of the amendment which admitted the whole body of prescribing-druggists to a participation in dental surgery, and yet they made no sign, nor gave themselves any trouble about it.

Even the medical journals (saving the MEDICAL PRESS, whose protests were frequent and emphatic) seem to have slept upon the subject, and have only awoke to the extent of the disaster when it is now too late to prevent it.

To the Medical Council, however, belongs nine-tenths of the discredit of having tolerated the legislation which has placed them, and the surgical profession, in so alarming a difficulty. Officially entrusted with the supervision of such matters, it gave to Sir John Lubbock's Bill hardly a passing thought. It would almost seem as if the Committee who reported on the Bill had never taken the trouble to read its phraseology; and it is perfectly evident that the great majority of the Council were in blissful ignorance of the provisions of the Act until the crowd of druggists and metallicians came knocking at their gate to demand that they should be let into the precincts of the surgical profession. The *Lancet* asks, "could there be anything more discreditable to the Council than to allow an Act to pass without protest—nay, even to sanction the passing of an Act which gave the discretion of registering to the Registrar of the Council—in this case, not a member of the medical profession?" We would echo the inquiry, but that we are aware that the Act gives no such discretion to the Registrar—that it does not make him or the Council the judge as to the "*bona fides*" of any applicants for dental practice, but actually allows each applicant for registration to decide for himself whether he is or is not "*bona fide* in the practice of dentistry."

From the disaster which this Act has inflicted upon the profession and upon the public at large, we are at a loss to suggest an escape. The 1,500 registrées who are now enrolled, and as many more as can get their names placed upon the list before next February, must certainly hold their places. But we might, perhaps, hope that Govern ment, on an emphatic representation of the matter, would be induced—in re-introducing their Medical Reform Bill—to put into it clauses repealing Sir John Lubbock's Act, and re-enacting such portions of it as might seem likely to secure sufficient guarantees of competency in the dentists of the future. Certain it is that, it will be of little avail to pass laws for the suppression of unlicensed medical practice if, at the same moment, we admit to the practice of the dental specialty in surgery, a multitude of persons who, themselves, will not claim to be competent dental surgeons.

WHARTON JONES ON BLOOD-LETTING.

NEARLY eighteen months ago (July 4, 1877), and on two subsequent occasions, we drew the attention of the profession to the possible revival of blood-letting, as well as to the propriety of that operation in certain states of disease. We had, as we then remarked, "long been of opinion that the almost entire banishment of blood-letting from the domain of therapeutical science is by no means consistent with the principles of rational medicine; and that it might be doubted whether there are any facts, either of a physiological, a pathological, or a clinical nature, that should warrant us in wholly giving up a practice which, notwithstanding its former abuse, has much to

recommend it." Since that time we are not aware that our contemporaries have made any editorial remarks, either for or against this old, and until recently, much neglected method of treatment. In a late issue (Nov. 2, 1878) however, of the *Lancet*, Professor Wharton Jones, of University College, has published a clinical lecture "On Blood-letting," which, while it somewhat realises the prediction we long ago ventured to make, affords valuable and weighty evidence in support of our views respecting the propriety of reviving the practice of venesection.

"It may fairly be asked," the lecturer remarks, "whether by abstention from blood-letting altogether, as is the present fashion, inflammations of important organs are not often allowed to run a prolonged and disastrous course, which might be prevented by a timely abstraction of blood in such quantity that the loss of it could be in no wise injurious to the patient?" With regard to an important inflammation—namely, iritis, Professor Wharton Jones says: "In my experience, blood may be safely drawn, in any case in which we would think of letting blood at all, to the amount of 10 to 20 ounces, while in many cases a repetition of the venesection to the same quantity need not be feared. You will have opportunities of observing in cases of iritis under my treatment here that when bleeding has been had recourse to at the early stage of the disease, the pain around the orbit, or in the temple, ceases, or is soon greatly mitigated, the feeling of depression of the strength—for it is only a feeling, not real weakness—is relieved, the vascular congestion of the eye subsides, the pupil yields more completely to atropia, while mercury operating with more effect, less of it requires to be given. Convalescence is thus established within two or three weeks, sometimes even one week, with strength not only unimpaired, but actually improved." He then cites the case of the late Mr. Graham, Professor of Chemistry at University College, who, though not a strong man, was rapidly cured of a severe case of rheumatic iritis by two venesections, calomel and opium internally, and a belladonna application externally. Within a fortnight Mr. Graham was back again to his lectures at the college, with strength not only unimpaired, but actually increased; and so much did he appreciate the benefit he had derived from the blood-letting, that some years afterwards finding himself somewhat out of health he asked whether a blood-letting was likely to do him as much good as before. He was of course assured that there was no necessity for such an operation. The lecturer further observes that one moderate bleeding at first—say to 16 ounces—is usually sufficient for the speedy cure of an iritis or catarrho-rheumatic ophthalmia, but in some cases it may be necessary to repeat the venesection. Moreover, in acute inflammation of the membrani tympani attended by ear-ache in children, a leech or two behind the ear and a few doses of grey powder give speedy relief, and by arresting the inflammation prevent damage to the structure and function of the ear. In grown-up persons, if the pain in the ear be very great, venesection may be required, followed up with blue pill or calomel, colchicum, and Dover's powder. Even in many low states of the system, the cure of many very stubborn inflammations may be accelerated, in the opinion of Professor Wharton Jones, by the application of leeches. In a case of scrofulous ophthalmia, for instance, it is a common thing to see port wine and tonics prescribed at once, without first trying to check the inflammation and relieve the congested vessels by the application of one or two leeches, with a few doses of grey powder to correct the morbid state of the liver and stomach.

Were it not that the opponents of blood-letting were equally sceptical of the virtues of mercury it might be said that the good results following the treatment adopted by Prof. Jones were owing to his calomel and opium and other drugs, rather than to his bleeding or his leeches. But not only is he himself convinced of the good effects he has obtained from the employment of this agent, but it will be within the recollection of the reader that not long ago we noticed in these columns some remarkable cases of scarlatinal dropsy and cases of puerperal convulsions, in which blood-letting appeared to have been followed by the happiest results. We are also reminded of the views of the late Dr. Marshall Hall, who, in his work "On the Morbid and Curative Effects of Loss of Blood," pointed out that in certain inflammations, such as cerebritis, acute pleurisy, peritonitis, acute pneumonia, &c., there was great tolerance of loss of blood, and that in these affections the quantity of blood lost before fainting comes on, whilst the patient is in the erect posture, is never more than is requisite for the cure of the inflammation, and never so great as to prove hurtful to the patient.

There are, indeed, many reasons why the partial revival of blood-letting should be, under certain circumstances a rational practice. On a former occasion we asked whether we are sure that the pathological doctrines which we are now taught, and to which we are told the overthrow of the old practice of blood-letting is to be mainly ascribed, are firmly established, and are to be reckoned among our most unassailable scientific truths? Are we sure that the pathology of which we have formed so high an opinion may not be leading us into error with regard to our abandonment of a practice in which formerly so much confidence was reposed? Are we sure that inflammation is nothing more than a manifestation of perverted nutrition—a morbid condition of the nutritive functions of the part affected? To these questions we have an authoritative answer from one who can speak from experience on the subject, elucidated by scientific observation as to the pathology of the inflammatory process generally. "The doctrine," remarks Prof. Wharton Jones, "that the inflammatory process consists merely in 'proliferation' virtually ignores the vascular congestion and the symptoms depending on it, such as *rubor cum calore et dolore*. The doctrine thus refutes itself, by omitting cognisance of the condition on which depends the supply of material from the blood for the maintenance of the increased activity of cell-multiplication constituting 'proliferation.' By disallowing vascular congestion as an all-important stage in the inflammatory process, the doctrine of proliferation supplies a plausible argument against the necessity of blood-letting, easily admitting, however, of being disproved by clinical observation and experience."

In fact, as the above writer truly observes, the good

effects of blood-letting in certain states of disease consist in the impression made on the vaso-motor nerves and in the changes produced in the composition of the blood, whereby re-establishment of the activity of the circulation in the congested part is promoted. At the same time increased absorption takes place into the blood of serous fluid from the interstices of the tissues, this absorption being promoted by the dilated condition of the arteries and the abstraction, through the loss of blood, of part of their contents.

Such are the opinions of a great authority on a question in which we have always taken a deep interest, and which is, at the present day, too much ignored by the profession. We cannot now pursue the subject further, but perhaps enough has been said to show that there are good reasons why the temperate and cautious revival of an almost obsolete practice should not be discouraged, and why we may look forward to the time when the lancet, guided by prudence and moderation, will take its proper and immovable position among the armamentaria of the practical physician.

Notes on Current Topics.

The Registrar-General's Quarterly Return.

It is seldom that we do not find in these returns some matter for reflection; not only the health, but the prosperity also of the country are shadowed forth in these apparently dry statistics—the former by the rate of mortality and the prevalence of epidemic and other diseases, the latter by the birth-rate and the marriage-rate.

As might be expected from the great depression of trade and the high price of provisions, while, compared with the average marriage-rates in the three preceding corresponding quarters, those in London and the home counties showed an increase in the three months ending June last, a marked decline occurred in the manufacturing and mining districts of the Midland and Northern counties and in Monmouthshire and South Wales. With regard to infant mortality, it appears that the death-rate of infants under one year old was higher last quarter than in any corresponding quarter since 1876, and exceeded by 47 per 1,000 that which prevailed in the September quarter of last year. As usual, it was very high in the urban as compared with the rural populations, and while it did not exceed 128 per 1,000 in the South-Western registration division, it ranged as high as 260 in Leicestershire, and 285 in the East Riding of Yorkshire. In the towns of Bedford and Luton infant mortality was exceptionally high.

Diarrhœa still remains a disease over which all our hygienic precautions have exercised very little control. The Registrar-General remarks that, "although it is unquestionable that the death-rate from diarrhœa is low in cold summers and high in summers showing an excess of temperature, we know little as to the precise meteorological conditions which govern the fatality of the disease. Neither do we appear to be at present much nearer a satisfactory explanation of the wide variation in the intensity of fatal summer diarrhœa in different localities and populations. On the definitive solution of this problem appears to depend the adoption of successful measures for controlling fatal summer diarrhœa."

In another place he observes that infantile summer diarrhœa is essentially an urban disease, that there seems to be no good grounds for disputing the correctness of its classification among filth diseases to which the term preventible may be safely applied. Among the fourteen millions and a-half of urban population the death-rate from diarrhœa was equal to 3·7 per 1,000, while in the remaining or rural population of more than ten millions it did not exceed 1·5. Moreover, the death-rate from this disease was as remarkably high in some towns as it was low in others. In Hull it was for the last summer quarter as high as 10·2, while in Merthyr Tydvil it was only 0·3, in Chester only 1·2, in Halifax only 1·3. Bristol and Oldham again show their usual comparative immunity from this disease. The immunity from diarrhœa shown by Halifax contrasts as strongly with the rates in most of the other large Yorkshire manufacturing towns as does the Oldham rate among the Lancashire towns.

Scarlet fever was, after diarrhœa, the most fatal zymotic disease in England and Wales during last quarter. It has been prevalent and fatal to an extraordinary extent in the Oldbury sub-district (Staffordshire), a place which is said to be almost destitute of drainage and good water supply. It has been repeatedly inspected by the Local Government Board, but although it is in such a state that enteric fever and scarlet fever are scarcely ever absent from the place, the representations of the sanitary authorities do not appear to have led to any practical result. The mortality from the other zymotic diseases was not unusually high.

In some of the registration districts the proportion of uncertificated causes of death is still remarkably high; the percentage was equal to 36·9 in Alverstoke, 23·3 in Docking (Norfolk), 20·4 in Helston, 24·5 in Redruth, 23·0 in Hayfield, 20·7 in Skipton, 21·2 in Pateley Bridge, 20·6 in Keighley, and 19·7 in Durham. In some of the sparsely-populated districts of Wales, the proportion of uncertified causes of death was still larger, but showed a decline from that in preceding quarters. Since the Births and Deaths Registration Act imposed upon medical practitioners the duty of furnishing certificates of the causes of death of patients attended during their last illness, the non-certification of a cause of death implies that the deceased person had not been attended during his or her last illness by a registered medical practitioner. The large proportion of uncertified deaths in such urban districts as Helston, Redruth, Keighley, and Durham appears therefore, to call for investigation.

Private Lunatic Asylums.

The unjustifiable and indiscriminate attacks which a large portion of the daily press has recently levelled against private lunatic asylums makes it incumbent on us to expose the senseless fallacies of those who have joined in the blatant cry against the proprietors of these establishments, amongst whom can be numbered some of the greatest philanthropists of the age; and the wholesale slanderers of a humane and honourable class should

be reminded, that it is to these we are chiefly indebted for the great improvements which have taken place of late years in the treatment of the insane.

Without the slightest wish to detract from the great merits of our public pauper asylums, we think it fair that the special advantages of small private asylums should be duly recognised, and it will relieve the minds of those who have relatives in them, to learn that they are not the "hells" that some poor deluded individuals would lead us to suppose.

It must be evident to every candid observer that in a public asylum, where there is a proportion of three or four medical men to several hundred patients, it is impossible to give that particular attention to each case which it would receive where one person had the superintendence of a limited number of patients only. The particular symptoms of some subtle form of mental aberration must often be overlooked in so vast a crowd. In a private asylum the duties of the superintendent are most anxious and arduous. His whole existence is mixed up with that of the patients; he has to share their meals and their amusements. He is therefore necessarily subjected, not only to frequent petty annoyancess, but it sometimes even happens that his life is placed in jeopardy. These molestations can be borne, but it must certainly be trying to his patience to have to endure the unprovoked slander of ignorant scribblers at a time when he believes himself usefully and benevolently employed in relieving the sufferings of his fellow-creatures.

The most scrutinising inquiry by the Dillwyn Committee of the House of Commons has satisfactorily shown that no instance of *mala fides* could be proved against any proprietor of a private lunatic asylum.

One of our contemporaries has likened private asylums in part to hotels; we were not before aware that a stranger could enter an institution of this sort and order a bed and bitter beer.

Criminal Abortion.

To judge from the reports which we occasionally see in the daily papers, the criminal production of abortion is a more common practice among a certain class of persons than is generally supposed. Very lately an herbalist, of Leeds, was brought up on remand, charged with attempting to procure abortion, but the case was remitted to the Bradford Borough Justices. There is nothing very remarkable or very uncommon about the charge, but it is worth noting that in nine cases out of ten the criminal or accused party is some obscure herbalist plying his questionable trade in one of those back slums with which all large towns abound. He keeps a small, dingy, dirty shop in which he displays all kinds of dried herbs, and his customers know well that he, like the proprietors of certain other establishments, can accommodate them in more ways than one. The drugs dealt in are anything but simple and innocent, and we often hear of the vendors of them being tried for wilful murder, whether they are found guilty or not. It would not be amiss if these herbalists were now and then "interviewed," as are the sellers of immoral and indecent photographs and prints, for in many cases we warrant some curious discoveries would be made.

Cambridge Sanitary Improvements.

It is interesting to notice how desirous some urban authorities of this country are to prevent the pollution of the rivers that flow in their district. Time was when little notice was taken of rivers being little better than open sewers, into which the sewage from a large population was discharged. A few days ago a meeting of the Cambridge Improvement Commission was held, at which was read Sir John Bazalgette's report on the best means to be adopted for preventing the discharge of the sewage of Cambridge into the river Cam. A committee was appointed to consider the advisability of the adoption of the report, and we hope before long to hear that this picturesque and well-known stream is no longer in such a state as to endanger the health of the inhabitants of Cambridge. Sir John Bazalgette recommends intercepting sewers, and the final deposit of the sewage upon land below Chesterton. Such a proposal will, we think, meet with the approbation of most sanitarians, for it cannot be denied that, where practicable, the land is the proper place for sewage.

The State of the Thames.

In the course of his summing up the facts respecting the loss of the *Princess Alice*, Mr. Carttar, the Coroner, remarked that, "the shameful state of the river in which the poor persons were drowned was a matter that ought to be attended to. We have seen the bodies of hundreds of persons who had been drowned, and none of them presented so shocking a state as those of the deceased whose deaths they were now inquiring into." Mr. Carttar was alluding to the filthy state of the recovered bodies owing to the dirty and polluted state of the river. It can scarcely be imagined that the bodies of those unfortunate creatures would be found in such a state after the enormous outlay that has been expended upon the construction of the main drainage works and the conveyance of the sewage of London to a point so low down the river that it was thought impossible that its waters could become contaminated. But, according to a rejoinder which Captain Calver has recently issued to the reports of the Metropolitan Board of Works, it would appear that the river is almost as much polluted with decomposing mud and sewage matter as it was before the construction of the above works. An examination of the Thames water and its deposits showed that they contain a large quantity of putrescible organic matter, and, what is more remarkable, a good deal of this deposit is found high up the river above the outfalls, a circumstance which Capt. Calver accounts for by stating that the sewage-matter is carried up the river by the flood-stream which has a much greater carrying power than is generally supposed. As we remarked on a former occasion, the authorities connected with the Metropolitan Board of Works deny the correctness of Capt. Calver's allegations. But there are many reasons (the state of the bodies drowned in the *Princess Alice* to wit) for believing that Capt. Calver is in the right; and, therefore, it is to be hoped that before long some "Imperial" measure will be taken to rectify a condition of things which is scarcely conceivable in this age of sanitary improvements.

Drunk or Ill? Extraordinary Mistake.

A PROTRACTED inquiry was quite recently held by Dr. Hardwicke, the Coroner, respecting the death of a cab-driver, who had not only been taken into custody by the police, but was also convicted by a magistrate on a charge of drunkenness, which proved to be wholly unfounded, for the verdict of the jury was to the effect "That the deceased died from fracture of the skull, arising from a fall by coming into collision with a van, and from accidental causes. And the jury are further of opinion that in all cases of persons being taken into custody, where there are any signs of injury or bruises, a medical man should be called in by the police before the prisoner charged is placed in a cell. They are further of opinion that the evidence upon which the deceased was convicted by Mr. Barstow was insufficient."

Most medical men will be inclined to endorse the recommendation of the jury, for we are so constantly hearing of these mistakes being made that it is high time that, in these common and often doubtful cases, the advice of a medical man was sought for more frequently than it is under the the present system. The fact that the man did not show any signs of being seriously ill at the time he was convicted by the magistrate will be intelligible enough to the reader, who well knows how frequently the symptom of concussion of the brain may apparently pass off for a time notwithstanding irreparable and fatal mischief has been done to that organ.

Port Sanitary Work.

WE are glad to see that Mr. Harry Leach, Medical Officer of Health for the Port of London, has taken up a subject in sanitation which has been much neglected. In a paper recently read by him he adverted to the questions of the systematic visitation of craft within the port limits, the dealing with epidemic diseases, whether brought from abroad or from the outports, the dealing promptly with persons affected, the superintending the removal of foul cargoes, and the examination of drinking water supplied to the crews of ships. The Public Health Act of 1875 said nothing about either emigrants or immigrants, but merely gave power to the sanitary authority, as on land, to remove any person suffering from an infectious disease wherever he might be. The ventilating arrangements on board merchant ships were very defective. It was important that ships should be as well ventilated and drained as a house in the most populous neighbourhood, because less cubic space was usually available for respiration afloat than ashore, though better arrangements existed now than formerly for the accommodation of the hands employed on shipboards.

We have no doubt that this is a field in which there is much useful work to be done, and therefore Mr. Harry Leach has done well in drawing the attention of his brother officers of health to so important, and hitherto neglected, a subject.

Tree-Planting in Large Cities.

A CONTRACT has been entered into by the local authorities with a firm of nurserymen to plant St. George's Road, Southwark, with plane trees, from the Elephant and Castle to the Westminster Bridge Road; also to complete the planting of the Blackfriars Road up to the approach to Blackfriars Bridge. The desirability of such a movement in a sanitary point of view will be sufficiently obvious to our readers, who are well aware of the important part played by vegetations in the purification of the atmosphere, and in otherwise contributing to the health and pleasure of those who are within its reach. Our object in noting the above fact is to suggest to individual members of the profession the propriety of doing all they can to extend a practice which, as yet, is only fashionable in certain towns and districts. There are thousands of places which could be made both more pleasant and more healthy by the planting of these trees, and where the social influence of medical practitioners could do much towards popularising the practice.

Mrs. Weldon.

DR. FORBES WINSLOW is to be congratulated on the statement made by Mr. Flowers the other day, in which he informed the public that the course of action taken by Dr. Winslow was in every way legal. The magistrate having allowed Mrs. Weldon in the first instance to make an *ex-parte* statement in court, Dr. Winslow has been subjected to unwarrantable annoyances; and we are, therefore, gratified to observe that Mr. Flowers has exculpated him. It is the duty of a professional man to express to the patient's relatives an honest opinion on a case in which he may have been consulted; but he is *in no way* justified in making such privileged information public. In this trying case Dr. Winslow has acted throughout in a professional manner, and has wisely refrained from satisfying the curiosity of the public with any of the details connected with Mrs. Weldon's case which have been entrusted to him. We have previously mentioned that Dr. Winslow signed no lunacy certificate in this case. From the fact that Mr. Flowers stated that Dr. Winslow had acted legally is sufficient justification of the part taken by him, and of our opinion that Dr. Winslow could only have acted in the way he has done. A professional man cannot publish the private history of a patient, and it is most unjust that the press should express an opinion damaging to a medical man's character when ignorant of the circumstances connected with the case.

Adulterators Triumphant.

Sir JAMES INGHAM, the London police magistrate, has repealed the Adulteration Act, and until an amending Bill can be got through Parliament, adulteration swindlers can drive their trade without fear of consequences. After mature deliberation, Sir James Ingham has confirmed his previous decision that an adulterator cannot be punished for selling a fraudulent article to an inspector, inasmuch as the inspector, being not personally interested in the purchase, the article is not sold—in the words of the Act—"to the prejudice of the purchaser." This decision makes it impossible to obtain a conviction in any case in which the article is obtained for the purpose of detection by the officer appointed for the purpose, and thus renders nugatory three-fourths of the prosecutions against those guilty of trade frauds. The immunity thus afforded to

adulterators will, of course, be short-lived, for it is to be assumed that the Board of Trade or the Local Government Board will see the necessity for restoring the law to its former very limited efficiency as soon as Parliament assembles. Meanwhile there will be a season during which the milk-waterers, seed-killers, drug-imitators, and other, such can dispose of their stocks without fear of the law.

Large Doses of Belladonna in Intestinal Obstruction.

We believe it was Dr. Brinton who first drew the attention of the profession to the efficacy of belladonna in the treatment of these troublesome cases, although he chiefly relied upon it for the relief of the pain and distressing tenesmus which sometimes characterises intestinal obstruction. Dr. Norman Kerr (*British Medical Record*), reports five cases of this affection which he has treated successfully by the administration of belladonna in two-grain doses every hour. The accessory treatment consisted of fomentation, warm enemata, gruel and beef-tea per rectum ; *i.e.*, iced milk and soda-water internally. Attacks of obstruction occurring afterwards were also treated successfully by belladonna. In no case was alcohol prescribed. In the after treatment pulvis glycyrrhizæ comp. was found the most effectual remedy as a preventive of obstruction.

A Centenarian Magistrate.

Mr. Henry Baldwin Foott, the only magistrate in the United Kingdom who had passed the extraordinary age of 100 years, died recently at Cunigacunna Castle, in the county of Cork. Some months since Mr. Foott celebrated the centenary of his birth-day, and it was then stated that up to a very short period before, he had enjoyed excellent health and been a very active magistrate. As Mr. Foott was a gentleman of considerable landed property, there could have been no doubt as to his age, which must have appeared by many legal documents.

Mr. E. F. H. Burroughs, L.R.C.S.I., of Weston-Zoyland, Somersetshire, was a few days since presented with a handsome silver tea kettle and stand, in testimony of the esteem in which he is held by his professional brethren and patients in Weston-Zoyland, where he has resided for the past few years. As soon as it was known that Mr. Burroughs' health compelled him to leave, a fund was started which met with ready subscribers, the result being as above stated.

In the principal foreign cities the annual rates of mortality, according to the most recent Weekly Returns were—in Calcutta 31, Bombay 35, Madras 56 ; Paris 23 ; Brussels 30 ; The Hague 23 ; St. Petersburgh 30 ; Berlin 27, Hamburg 21, Breslau 23, Munich 29 ; Vienna 24, Buda-Pesth 32 ; Rome 23, Naples 25, Turin 23, Venice 31 ; Alexandria 45 ; and New York 25.

With the lowering of temperature the death-rate gradually rose last week throughout the United Kingdom—London showing a mortality of 23 per 1,000 of its population, Edinburgh 24, Dublin 25, and Glasgow 25. In some of the other large towns a much greater increase was observable. In Brighton from 14 to 21, Bristol 17 to 28, and Oldham from 30 to 37 per 1,000.

Of the diseases of the zymotic class, those most prevalent last week—scarlet fever, enteric fever and whooping-cough. Oldham, Birmingham, Sheffield, and London give the highest death-rate from the first-mentioned, and by a curious coincidence 4 deaths occurred in the same house in which a similar number succumbed in 1876. From small-pox but 11 deaths were reported throughout the kingdom

Lord Rosebery was elected on Saturday last, Lord Rector of Aberdeen University by 302 to 293 votes given to Mr. Cross, the Home Secretary.

Literary Notes and Gossip.

The new volume (vol. viii) of "Ziemssen's Cyclopædia of Medicine," comprises the Diseases of the Chylopoëtic System ; with chapters relating to Diseases of the Bladder and Urethra, and Functional Affections of the Male Genital Organs. The authors are Professors F. A. Zenker, H. von Ziemssen, F. Mosler, N. Friedreich, H. Lebert ; Doctors G. Merkel, J. Bauer, and H. Curschmann.

* * *

A most remarkable, and at the same extremely interesting, paper appears in the October number of *La Revue Mensuelle de Médicine et de Chirurgie* (Baillière), upon "The Pyscho-motor Centres of New-born Animals." The author is Professor de Tarchanoff, of St. Petersburg, and his experiments go to prove that these psycho-motor centres exist in certain of the lower animals, and can be electrically excited even before birth. This doctrine being so diametrically opposed to the generally accepted theories, we shall revert to the subject when the author's essay appears, as it is sure to do, in book form.

* * *

Mr. Mathew Browne has in the press "An Apology for the Nerves." Dr. Tylor has contributed to the forthcoming number of *Folk Lore*, "Japanese Popular Stories, and Superstitions of the the Hidasta Indians." Dr. Routh has in the press, the paper read in the Obstetric Section of the British Medical Association at Bath, "On the Moral and Physical Evils likely to follow if practices intended to act as Checks to Population be not strongly discouraged and condemned," together with the discussion thereon, which is intended to counteract the effects of the publications of the Bradlaugh-Besant school.

* * *

Cincinnati, the birth place of many ventures, has just added to its progeny another medical journal, entitled the *Obstetrical Gazette*. "New brooms sweep clean" is a trite old saying ; one peculiarly applicable to new journals. The present promises well, and if its continuings come up to the standard of the initial number, it will deserve—although we doubt if it will obtain—success. Centralisation seems to be the order in journalism, as in everything else now-a-days, and at the present moment we cannot recall the name of any journal on one specialism, which is a success. There has been a growing tendency towards journals whose specialty is the whole *régime* of medicine and surgery ; and we doubt not these bearings are the wiser.

* * *

The new medical works which have been published during the past few days are :—Gegenbaur's "Elements of Comparative Anatomy," translated by Mr. F. J. Bell (Macmillan). "Hydrocele," by Mr. S. Osborn (Churchill). "Diseases of Bone," by Mr. C. Macnamara (Macmillan). "Memoirs of the Royal Botanic Gardens, Kew," by Dr. R. H. Semple. "The Nature of Consumption," by Dr. P. Gowan (Churchill). "Organic Philosophy," by Dr. Hugh Doherty (Trübner). "The Germ Theories of Infectious Diseases," by Dr. John Drysdale (Baillière, Tindall,

& Cox). The Croonian Lectures "On Diabetes," by Dr. Pavy (Churchill). Dr. Headlam Greenhow "On Bronchitis," 2nd edition (Longmans). Mr. J. R. Pretyman, "On Dispauperisation," 2nd edition (Longmans); and Hardwicke and Bogue's series of cheap popular "Health Primers," entitled "Premature Death: Its Promotion and Prevention;" "Alcohol: Its Use and Abuse;" "Exercise and Training;" "The House and its Surroundings;" "Personal appearances in Health and Disease;" "Baths and Bathing;" "The Heart and its Functions."

Correspondence.

"IS UTERINE BRUIT A SIGN OF LIFE AFTER CESSATION OF FŒTAL HEART?"

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—With reference to the correspondence concerning the question "Is a Uterine Bruit a sign of Life after the Cessation of the Fœtal Heart?" I beg to make the following statement of my knowledge of the facts of the case stated in MEDICAL PRESS of Oct. 4th, 1878:—

On Monday morning, September 25th, 1878, I was called upon by my friend Dr. Macnamara, of Urlingford, to attend with him a case of difficult labour at Killooly. Upon our arrival there, I found the patient had been at least 48 hours in labour, and, from the statement of the practitioner who preceded me in attendance, I learned that there had been no advance of the presentation during a period of at least twelve hours, and the woman at the time of my arrival showed symptoms of great depression, rapid pulse, despondency of mind, tenderness of abdomen, in short, all the signs that call urgently for immediate relief. Under these circumstances, I expressed my opinion in favour of an operation, from which the woman would have a chance of life; and then I became aware of a difference of opinion between my two friends with reference to a physiological point, which was, Could a uterine bruit or a placental soufflet be a sign of life, with the absence of the pulsation of the fœtal heart? I expressed my opinion that, although I did not hear the pulsation of the fœtal heart, still such pulsation might exist in a feeble form, without being heard; that I heard a strong placental soufflet, and that, although I could not be absolutely certain of the death of the child, still I considered it our urgent duty that we should deliver the woman speedily.

During the time in which we had been consulting, a male friend of the patient's came into the room in which we were, and implored us to do something, as the woman was getting rapidly worse; upon this remonstrance I expressed my opinion that we were there for a certain purpose, which could not be any longer delayed, and that, although the doubt did exist in my mind of the *certain* demise of the child, still I saw no prospect of the woman surviving unless delivery was accomplished speedily. Accordingly we re-entered the patient's room, and first tried the long forceps, and, after they had been properly applied, each of us made in succession as much traction as was justified with the instrument: we all failed. The next proposal was turning, or podalic version, and each of us three took our turn at that, but totally failed to bring down a foot, owing to a serious obstacle to the introduction of the hand, the obstacle being a large projection of the sacrum. Having thus been unsuccessful in the use of both forceps and turning, there was only the *dernièr ressort* of craniotomy, which was at once adopted. There was some difficulty in perforating, owing to the high position of the head, but this was at length effected, and the head diminished; considerable difficulty was encountered in extracting the skull, which had to be taken away piecemeal. At length, upon the complete extraction of the skull, which was a very slow process, and required extreme caution to preserve from injury both the parts of the woman and also the operator's fingers, delivery was accomplished, placenta quickly extracted, and some stimuli given; no hæmorrhage; uterus contracted satisfactorily; and, after waiting a reasonable time, we left the patient in the care of Dr. Burke.

I returned to Urlingford with Dr. Macnamara, after having arranged with him and Dr. Burke to meet them at the patient's residence on Tuesday, at 2 p.m.

Whilst passing through Urlingford the next day, I met Dr. Macnamara at his own door, and asked him to accompany me to Killooly; he told me that he had been there in the morning, at the urgent request of the patient's friends, but did not interfere in the treatment in any way. He was told that, after our departure, the woman had got a very bad turn; she had been in a state of complete collapse, and that a *neighbouring practitioner* had pronounced her dead, or nearly so. I said, "No matter, that things were often exaggerated, and that I would meet Dr. Burke."

According to appointment, I went to the patient's home, but had not the pleasure of meeting Dr. Burke; I saw our patient, however, who seemed to be doing fairly well, under the circumstances, and then returned. My services in this case then *ceased*. I perceive that a charge of the non-observance of medical etiquette has been made against my friend Dr. Macnamara, but, in my opinion, this charge cannot be substantiated, inasmuch as I have evidence, and there are proofs existing, that Dr. Burke abandoned the case as hopeless; and, under these circumstances, I consider that Dr. Macnamara was completely justified in continuing the after treatment, especially when entreated by the friends of the patient to do so.

I remain, yours faithfully,

ROBERT THOMPSON.

Urlingford, Oct. 28, 1878.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—With reference to the correspondence, "Is Uterine Bruit a sign of Life after cessation of the Fœtal Heart," as I presume that I am the practitioner alluded to, I beg leave to lay a few facts before the profession.

About 9.30 p.m. on the 24th of September a message came to my house to go and see Mr. R—. I told the party who came for me that I could not go, as I had to attend a call some distance away. He said I was told on leaving that the patient was very bad, and that Dr. B. had no hopes of her recovery. "My case not being very urgent," I consented, and got to the patient's house about thirty minutes after receiving the message (in place of a few hours, as stated by Dr. B.); examined the patient, and found we had to deal with a distorted pelvis. Dr. B. said craniotomy was the only thing; I suggested to try the forceps. He agreed. I then put on the long forceps, using a certain amount of force, but could not bring the head down further. Dr. B. also tried with the same effect. I then examined for the fœtal heart, which I could not hear. Dr. B. said he had heard it a couple of hours previous (though the patient asserts, and would swear if necessary, that Dr. B. said the child was dead on the afternoon of the 23rd). I remarked, "The uterine bruit is very strong, and the fœtal heart may be going on without either of us hearing it" (and not unlikely, when I tell the profession that there were three or four women in the room who, naturally enough, did not keep from talking, &c., expecting their friend's death from hour to hour). "Well," said Dr. B., "if you do not agree with me that the child is dead, I won't do anything further." I said I would not agree to anything which I was not certain of, but proposed to have him send for another doctor, mentioning the names of Drs. Hourigan, Warren, and Thompson. He said, "It would amount to the same thing if Dr. H. or Dr. W. came, as they are Roman Catholics as well as you and I" (did not that imply a doubt existing in Dr. B.'s mind as to the certainty of the death of fœtus?) I said, "Then send for Dr. Thompson, there is no man I would rather meet;" which he did. Dr. Thompson refused, as he thought two were sufficient, not knowing the urgency of the case. I ordered my horse, and drove for Dr. T., and within ten minutes after getting to his house we were on the road to the patient's. After getting there the long forceps was tried again, each of us making as much traction as was justifiable, but without success; then podalic version was proposed, but was impracticable on account of antero-posterior diameter of the pelvis being very narrow. We then adjourned to the next room, and had a conversation about the viability of the fœtus. Both Dr. T. and I agreed that it was no proof not hearing the fœtal heart, that the child was dead. But Dr. T. said, "It does not matter to

me; I shall operate if you are satisfied, so as to save the mother." We then agreed to have Dr. T. operate, which he did in the same accomplished manner as he does all operations. After giving the patient a dose of liq. opii and brandy, we retired to the next room, and remained there until we found the patient had sufficiently rallied so as to admit of our departure, which we did accordingly, leaving Dr. Burke in charge. Did not hear anything more of the case until the patient's brother-in-law called on me at about three o'clock in the afternoon of 25th, saying that Dr. B. had left, stating that she could not live many minutes, and would I go out to see her. I said, "No; the case is Dr. B.'s, and I can't have anything more to do with it; but if you will go to Dr. B.'s house and tell him the patient is living, and should he not come to see her, let me know. In the meantime I am going to see the patient whom I failed to see last night, and will not be home before next morning." On my return the following morning, the same party was waiting for me, to say that Dr. B. had not been to see her, at the same time handing me a letter from the patient's husband, requesting me to go see his wife, as no other doctor would be allowed to see her until I would visit her. I then (through the intercession of a few friends, whom her brother-in-law requested to speak to me on his behalf) went and saw her. When I got there I found the patient going on very favourably; did nothing more than speak a few encouraging words to her, at the same time telling her that Dr. B. and Dr. T. would see her at two p.m., and that I could not interfere until they would see her, but that I would be unable to be present with them at two, according to previous arrangement, as I had another urgent case to see after. After returning, I met Dr. T. on his way to the patient's; said I was sorry I could not accompany him, but that I was after seeing her. He asked me did I do anything for her? I said, "No." So he got some necessary instruments from me, and said he would do what he thought was necessary, whether Dr. B. was there or not. I met Dr. Thompson on his return; told me what he had done, &c., and said that by all means I should look after the case, as Dr. B. did not meet him, and that was 28 hours after the operation. Having the advice of Dr. T., a gentleman of about forty years in practice, and one who, I am sure, is incapable of doing anything unprofessional, I considered myself justified in taking up the case, which I did, and looked after her daily until I saw her able to walk about her bed-room.

I must bluntly deny that Dr. B. ever said, either in Dr. T.'s or my presence, that he intended laying the case before the profession. I am now very glad he did, though I don't think either Dr. T. or I should notice his correspondence, only fearing some other "neighbouring practitioner" might be foolish enough to think that his professional reputation was at stake, as Dr. B. did not name the accused party. Now, Mr. Editor I shall leave it to you and the profession at large to say who was the party most to blame. For my part I should feel sorry if my knowlege of professional etiquette were so limited as Dr. B.'s.

I am, yours faithfully,

JOSEPH MACNAMARA

Urlingford, co. Kilkenny.
October 28th, 1878.

[We have also received a communication from Dr. Owen Cullen, of New Birmingham, but as his object is to give us the names of the gentlemen connected with the case, who have above explained their relation to it, we do not consider it necessary to publish the communication.—ED. M. P. & C.]

THE "STUDENTS' GUIDE."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—That the little "Students' Guide" which you have done me the honour to notice in a recent number does not do "Justice to Ireland" I confess with regret. The idea of writing it occurred to me only just before the session began, and I had not time to call in the help of an Irish friend. Therefore I cannot wonder at the offended tone of your critique. But may I be allowed to point out that my remarks do not fully warrant the interpretation you put upon them?

1. Why do you reproach me with saying that "the additional expense" of adding a degree of the Queen's University to the M.R.C.S. England "is small"? I am quite sure that no true Irishman considers cheapness *per se* a thing to be ashamed of. The additional expense *is* small, for the more time a man studies in Ireland the less time he need study in England, and the fees are reasonable.

2. Your own quotation proves that I do *not* class the Queen's University with the University of Durham. I mention the latter institution merely as a *dernier ressort*.

3. You sarcastically observe that "it is but just to say that the University of Dublin is not one of the Irish institutions recommended by Mr. Keetley." I say and think nothing but good about that University, and I do not recommend any particular University whatever. I notice the value of the Arts degree which the University of Dublin requires, and I take it for granted that many students who have sufficient time and money will go to Trinity College as a matter of course.

You could hardly do an author any greater injury than to allow a whole nation to remain prejudiced against him. I therefore trust you will allow me to publish this little explanation in your columns.

The word "nominal" is an inexcusable error on my part for "academical."

Yours obediently,

CHARLES B. KEETLEY.

London, 1878.

ALCOHOL: ITS PLACE, AND POWER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I was very much pleased with the interesting paper by Dr. Godwin Timms in your last two numbers. The pendulum of medical opinion is beginning to sway in a more rational and scientific manner. The attraction of Dr. Richardson's eloquence has not proved sufficiently powerful to resist the counteraction of stern facts. The triad combination in the *Contemporary Review* is another instance of the tide setting in in favour of Temperance *versus* Teetotalism, as advocated by Dr. Richardson, who would exclude alcohol from the domain of medicine. It is a matter of astonishment to me that during the past ten years we should have such divergence of opinion as regards alcohol amongst medical men, or that it should be necessary to adduce the evidence of Sir James Paget, Drs. Brunton and Bernays to enlighten the public on the question. For this simple reason: We have already a medical work on the Temperance question, stamped by high authority, in which the proper *role* of alcohol is assigned. I allude to the work of the late Professor James Miller, entitled "Alcohol: its Place and Power," published by the Scottish Temperance League. Thirty-six thousand copies have been circulated—some proof of its excellence. Very little new has been adduced in favour of or against alcohol since this work was published, and the *rechauffés* of Miller's views which have been issued by various writers, are simply weak and insipid after the original forcible expressions of the Scottish Temperance Leader. Miller's work is characterised by elegance of style, eloquence, method, arrangement, and scientific research. It should be read by every medical man. Having this guide it is a wonder that so much energy has been expended by Dr. Richardson in endeavouring to force on medical men his peculiar views. After ten years' controversy the general consensus of the profession seems to be in favour of the views of Professor Miller, that alcohol is a Poison, a Medicine, and a Remedy. I am afraid medical opinion will not be valued any the more by this disagreement on the alcohol question.

The temperance question may be settled by the public themselves: If each one will put it to the test of a practical trial and see how it agrees with him. If an habitual drinker, let him abandon the habit; if a moderate drinker or almost total abstainer, let him also try the same plan, and give it a fair chance without medical advice. Our clients do other things quite as injurious to their health as drinking, so that they need not have any scruple in thus running counter to, perhaps, their own doctor's opinion, and may prescribe for themselves cold water or temperance beverages. If I could see a balance-sheet of their health and expenses at the end of a year, I have no doubt of the profit that would be shown on both accounts.

If during a year's trial the remedy should be required, it should be taken, the same as Epsom salts, Friedricshall and Carlsbad waters, &c., and discontinued when it had done its work—in other words, when health was restored. I might formulate, *that the necessity for the daily and continuous use of alcohol in any of its forms is an indication of a diseased condition or a departure from health*, as mal-assimilation, mal-nutrition, mal-innervation, &c., &c. So that when the brain-worker feels the necessity for a spur in the shape of alcohol he is evidently out of health, doing too much work, and the medicine he is taking is a remedy in every sense of the word. Rest would be a more effectual mode of treatment, but rest cannot be had in the present hard-working age.

A practical teetotaler myself, I have for ten years followed Miller's teaching, and I am pleased to find that his principles, seemingly forgotten, are likely again to attract attention.

Yours truly,

T. M. DOLAN, L.R.C.P.E.

Halifax, Nov. 14th, 1878.

PROFESSIONAL CONFIDENCES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Under the above heading, in your issue of the 3rd ult., you have criticised the propriety of a certain medical gentleman's testimony at an inquiry lately held by the inspector of the Local Government Board at Claremorris, co. Mayo, in reference to charges made against a relieving officer. You say you do not consider a medical man justified, except in extreme cases, in making public facts communicated to him confidentially in reference to his patient, still less conversations on matters outside his duty as a professional man. Finally, you express your conviction that in the case referred to the witness felt the responsibility of his position, and was induced to give his evidence under what he considered stern compulsion; but you do not see that there were any exceptional circumstances to justify that opinion. If from the foregoing you would have your readers that the gentleman in question might have withheld his testimony in this particular case, I am of a different opinion, and trust that the subjoined accurate representation of the case will corroborate my views.

I am the individual in question, and being duly tested, was reluctantly obliged to attend, when a question, involving what I considered a breach of professional confidence, was put. I objected, the court, contrary to my opinion, decided that there was no breach of professional confidence involved. Still I declined to answer till peremptiroly called upon by the court to do so—a leading fact omitted in your report of the matter. Further obstinancy would have rendered me liable to an attachment for contempt of court. During the inquiry I heard the inspector threaten to commit one of the other witnesses if he persisted in refusing to answer a question. Whilst deprecating the obligation under which I felt constrained to discharge a loathsome and unpleasant duty, I fail to perceive in what respect I have acted unbecomingly, or in violation of professional propriety.

By giving insertion to the above in your next issue, you will oblige, yours faithfully,

CHAS. E. CREAM.

[We never doubted that Dr. Cream had yielded unwillingly to what he considered the inevitable, and the report did not inform us, as he does, that he had a second time protested. But we think that the principle involved was one which demanded the adoption of an extreme course, and had Dr. Cream positively refused to answer questions in violation of professional confidence, we do not conceive that the inspector would have dared to commit him, or the Local Government Board to punish him. The precedent is a serious one, and worthy of the notice of the Irish Medical Association.—ED. M. P. & C.]

Medical News.

Paying Patients at Hospitals.—At a meeting to be held this day (Wednesday) it is announced that the authorities of St. Thomas's Hospital will deal with the question of admitting paying patients into wards to be appointed for that purpose.

University of London.—The following candidates passed the recent Second M.B. Examination :—

FIRST DIVISION.

Blake, William Henry, University College.
Carrington, Robert Edmund, Guy's Hospital.
Davy, Henry, Guy's Hospital.
Gadsby, John Topham, University College.
Hadden, Walter Baugh, Liverpool School of Medi and St. Thomas's Hospital.
Henderson, George Courtenay, University College.
Nicholson, John Francis, St. Thomas's Hospital.
Philips, Sidney Philip, University College.
Prowse, Arthur Bancks, St. Mary's Hospital.
Sheldon, Thomas Steele, Guy's Hospital.
Smith, Kenneth Rawlings, University College.
Uhthoff, John Caldwell, Guy's Hospital.
Whitney, Neville Scott, University College.
Wiglesworth, Joseph, Liverpool Royal Infirmary.
Willcocks, Frederick, King's College.

SECOND DIVISION.

Benham, Frederick Lucas, University College.
Evans, Charles Walter, University College.
Joule, John Samuel, Univ. Coll. and St. Barthol. Hospital.
Lubbock, Montague, Guy's Hospital.
Mercier, Charles Arthur, London Hospital.
Miller, Richard Shalders, University College.
Paddison, Edmund Howard, Guy's Hospital.
Silcock, Arthur Quarry, University College.
Whitelegge, Benjamin Arthur, B.Sc., University College.
Wilkinson, Arthur Thomas, B.A., B.Sc., Owen's College.

Royal College of Surgeons of England.—The following gentlemen, having passed the required examination for the diploma, were duly admitted Members of the College at a meeting of the Court of Examiners on Monday, Nov. 11th :

Baber, H. Aitkens, L.S.A., Exeter.
Bull, E. George, M.B. Edin., Edinburgh.
Collington, A. Gabourel, L.R.C.P. Edin., Falmouth Rd.
Dallaway, J. W. Dennis, L.R.C.P. Edin., Torquay.
Davies, John, L.S.A., Chester.
Dixon, W. Edward, L.R.C.P. Edin., Canonbury.
Farrer, G. Albert, L.S.A., Brighouse.
Garstang, T. W. Harropp, L.S.A., Forest Hill.
Granger, E. Bridden, L.R.C.P. Lond., Nottingham.
Illingworth, C. Rumney, M.B., Mildmay Park.
James, Philip, L.R.C.P. Edin., Pontypridd.
Leahey, A. W. Denis, L.S.A., Oxford Street.
M'Crea, J. Frederick, L.R.C.P. Edin., Guernsey.
Sarkies, S. Carapiet, L.R.C.P. Edin., Calcutta.
Sellers, R. Burdett, L.R.C.P. Edin., Rochdale.
Wadham, Frederick, Darlington.
Warrillow, E. Sadler, L.S.A., Headcorn, Kent.
White, E. W. Wood, M.B., Killiney, co. Dublin.

The following passed on Tuesday, Nov. 12th :—

Batson, W. Lascelles, Guilford Street.
Buck, J. Stirling, Streatham.
Cox, R. Hippisley, Leicester.
Day, W. H. Horatio, Croydon.
Garrett, H. Edwa,d, Manchester.
Hall, R. D. Grant, Clapham.
Hartley, R. Nightingale, Brixton Road.
Jolliffe, W. John, Isle of Wight.
Lory, W. Manley, L.S.A., Exeter.
Mitchell, C. Pitfield, Manchester.
Oldroyd, J. Hollinshead, Edward Street, S.W.
Phillipps, W. Alfred, Sydenham.
Rowbotham, H. Claude, Woolwich.
Storry, F. William, Howden. Yorkshire.
Winskell, W. Edwin, M.B. Toronto, Kelvin, Ontario.
Woods, J. Francis, L.S.A., Leyton, Essex.

The following passed on Wednesday, Nov. 13th :—

Bennett, H. J. Lee, L.R.C.P. Edin., Plymouth.
Bradford, A. Somers, Chippenham.
Brunt, John, L.R.C.P. Edin., Exeter.
Bury, A. Thomas, L.R.C.P. Edin., Sheen, Staffordshire.
Collett, R. William, L.R.C.P. Edin., Shepherd's Bush.
Howse, F. Robert, Argyle Square.
Lunn, J. Reuben, Hull.
Norman, W. Henry, Chiswick.
Robinson, S. C. Bates, Bruges.
Vincrace, J. Hinks, Birmingham.
Womersley, J. King, L.S.A., Thorpe Hamlet, Norwich.

King and Queen's College of Physicians, Ireland.—At the November examinations the following obtained the licences in Medicine and Midwifery :—

MEDICINE.—Thomas William Beale, Thomas Vesey Bell, Richard James Corr, David Fennell, William James Mackie, Francis Casement Reeves, George Edward Twiss.

MIDWIFERY.—William James Mackie, Edward Magner, Francis Casement Reeves, George Edward Twiss.

THE LORD MAYOR AND THE METROPOLITAN HOSPITAL SUNDAY FUND.

THE Lord Mayor had scarcely become installed in the Mansion House before he appears to have made up his mind to be rid of the Metropolitan Hospital Sunday Fund and its Secretary. The Council of the Fund were hastily summoned on Monday last to consider this unlooked for act of ejectment on the part of Sir Charles Whetham ; and in spite of appeals from influential members of Council, he refused to reconsider the question, or recede from the hostile position he had assumed. He declared in the blandest tones that he had no wish to injure the Fund ; on the contrary, desired to see it attain to greater prosperity. Nevertheless, it was his determination to eject its recognised officer from the place in which it was established, and has become generally known and associated in the public mind. To say the least, the action of the Lord Mayor will be looked upon as very ungracious, both by the clergy and the medical profession.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

INDIAN.—Surgeons can often get free passage to India by giving their services to outward-bound ships. Applications should be made to the chief offices of the large shipping companies.

A VICTIM.—It is an invariable rule with us never to recommend any particular medical man. Yours is an every day complaint, and could be properly treated by any qualified practitioner in your neighbourhood.

L.S.A.—Apply to Mr. Needes, of Adam Street, Adelphi, or Mr. Langley, 50 Lincoln's Inn Fields. Doubtless you will obtain what you require, as good qualified assistants are always in demand.

HARVEIAN SOCIETY.—Thursday, at 8½ p.m., Dr. Farquharson, "On the Treatment of Incontinence of Urine."—Dr. Morton, "On the Mortality referable to Alcohol."

CLINICAL SOCIETY OF LONDON.—Friday, at 8½ p.m., Sir James Paget, "On a Case in which Watery Fluid drops from a Nostril."—Dr. Williams, "On Bronchiectasis and Localised Emphysema treated by Tapping."—Dr. Whipham, "On a Case of Perforation of the Appendix Cæci,"—Mr. Bryant, "On a Case of Talipes Varus treated by the Removal of a Wedge of Bone from the Tarsus" (living specimen).

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Habershon, London. Mr. Dressler, Paris. Dr. Ashendon, Hastings. Mr Joy, Northwold, Norfolk. Mr. E. Marlett Boddy, Dartford. Dr. John Drysdale, Liverpool. Mr. Richard Davy, Westminster Hospital. Dr. Maclagan, Dundee. Dr. Walker, Putney. Dr. Herbert Tibbits, London. Dr. Meadows, London. Mr. Withers, Kensington. Mr. Thorpe, Stoke Newington. Dr. Macadam, Edinburgh. Dr. Routh, London. Mr. Hay, Hull. Dr. J. Williams, London. Prof. Emerson Reynolds, Dublin. Dr. Sydney Pearce, H.M. Convict Establishment. Dr. Macnaughton Jones, Cork. Dr. Dolan, Halifax. Dr. Hayes, Rathkeale. Mr. G. H. Crabbe, Shaftesbury Park. Dr. Griffith, Pimlico. Mr. Oldham, Hospital for Diseases of the Throat. Mr. Whitford, London. Mr. Blackett, Society for Relief of Widows and Orphans of Medical Men. The Registrar, Royal College of Physicians of London. Dr. Campbell, Manchester. Mr. Morris, London. Mr. Napier, London. Mr. Hutton, Stoke Newington. Mrs. McRosty, Esher. Mr. Harris, London. Dr. Dudfield, Kensington. Mr. Joseph Bell, Edinburgh. Mr. Furneaux Jordan, Birmingham. Mr. Massingham, London. Mr. Chamberlain, London. Dr. Coombs, Castle Carey, Somerset. Mr. Macnamara, London. Dr. Baldwin, Columbus, Ohio. Mr. W. Rivington, London. Mr. W. Lyon, Dublin. Dr. Harbinson, Lancaster County Asylum. Prof. Tichborne, Dublin. Dr. Given, Blessington. Mr Mercier, St. John's Hospital. Mr. Reckitt, Newark. C. B. Keetley, London. Dr. Macnamara, Urlingford, and Dr. R. Thompson, Urlingford.

VACANCIES.

Bristol General Hospital.—Physician's Assistant. Salary, £50, with board. Applications to the Secretary on or before Dec. 7.

Celbridge Union, Kilcock Union.—Medical Officer. Salary, £120, with fees. Election, Nov. 28.

Dingle Union Workhouse and Dispensary.—Apothecary or Pharmaceutical Chemist. Salary, £50. Election, Nov. 28.

East Suffolk Hospital.—House Surgeon. Salary, £100, with board. Applications to the Secretary, King Street, Ipswich, before Nov. 27.

Longford Union, Killashee Dispensary.—Medical Officer. Salary, £120, with fees. Election, Dec. 3.

Newport Union, Achill Dispensary.—Medical Officer. Salary, £100, with fees. Election, Dec. 3.

Royal Berks Hospital, Reading.—Assistant House Surgeon. Board, &c but no salary. Apply to the Secretary.

Royal Surrey County Hospital, Guildford.—House Surgeon. Salary, £75, with board, &c. Applications to the Secretary by Dec. 2.

Sligo District Lunatic Asylum.—Assistant to the Resident Medical Superintendent. Salary, £100, with rations and apartments.

St. George's Dispensary, London, W.—Accoucheur. Election, Dec. 5. Personal attendance on November 28 at the Dispensary, 60 King Street, W.

York County Hospital.—House Surgeon. Salary, £100, with board. Applications to the Secretary on or before Nov. 23.

APPOINTMENTS.

BUCHANAN, L., M.B., L.R.C.S.Ed., Medical Officer and Medical Officer of Health for the Armagh Dispensary District of the Cavan Union.

CHETHAM, W. H., M.R.C.S., an Assistant Resident Medical Officer to the General Infirmary, Leeds.

CUNDELL, G. R., M.R.C.S., L.S.A., Medical Officer to the Royal Gardens, Kew.

FAWCETT, Mr. A., an Assistant Resident Medical Officer to the General Infirmary, Leeds.

GREENWAY, H., M.R.C.S., Medical Officer of Health for Plymouth District.

HARRIS, F. A., M.R.C.S., Senior House Surgeon to the Royal Albert Edward Infirmary and Dispensary, Wigan.

HAY, Dr. H., Resident Medical Officer to the Edinburgh Royal Hospital for Sick Children.

MUTER., Dr. J., Public Analyst for the Borough of Tenterden, Kent.

LYLE, T., M.D., L.R.C.P., Physician to the Lying-in Charity, Essex.

MACKAY, G., M.B., F.R.C.S.E., Assistant to the Extra Physicians of the Royal Edinburgh Hospital for Sick Children.

MOYNIHAN, T., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer and Medical Officer of Health for the Whitechurch Dispensary District of the Cork Union.

PALMER, J. M., L.K.Q.C.P.I., L.R.C.S.I., Surgeon to the Armagh County Infirmary.

Births.

CARLETON.—Nov. 11, at Delvin, co. Westmeath, the wife of William Carleton, M.B. Dub., L.R.C.S.I., &c., of a son.

FRANKLIN.—Nov. 14, at Leicester, the wife of George Cooper Franklin, F.R.C.S., of a daugher.

NANKIVELL.—Nov. 10, at Penmellyn, Bournemouth, the wife of Herbert Nankivell, M.D., of a daughter.

Deaths.

ASHBURNER.—Nov. 13, at 59 Cambridge Terrace, Hyde Park, W., John Ashburner, M.D., F.R.S.A., aged 81.

BATCHELOUR.—Nov. 13, at 47 Jeffreys Road, S.W., Wm. Batchelour, M.R.C.S., after a lingering and painful illness.

BLOXAM.—Nov. 5, at Mount Street, Grosvenor Square, William Bloxam, M.D., aged 48.

CHARLETON.—Nov. 5, at Suffolk House, Hastings, Edward Charlton, M.D., aged 61.

CLAPP.—Nov. 4, at Welbeck Street, William Clapp, M.R.C.S., aged 81.

FLOWERS.—Nov. 6, at Southport, W. F. Flowers, M.B. Oxon.

GREEN.—Oct. 31, at his residence, Bristol, Thomas Green, M.D., aged 77.

LESLIE.—Nov. 13, at 8 Walpole Road, Brighton, Percy Leslie, M.D., aged 43.

MACKINTOSH.—Nov. 8, at Caistor, John Innes Mackintosh, M.D., aged 58.

MINCHIN.—Nov. 14, at the residence of his father, Dr. H. Minchin, 54 Lower Dominick Street, Dublin, Robert W. Minchin, L.R.C.S.I., aged 25.

PATERSON.—Nov. 2, at Graham Street, Airdree, James Paterson, L.F.P.S.G., aged 67.

POWELL.—Nov. 9, at Wandsworth Road, W. Mark Powell, L.R.C.P.L. aged 63.

ROUGHAN.—Nov. 7, at University Square, Belfast, Anna, daughter of George F. Roughan, M.D., aged 11.

ROWLAND.—Nov 5., at Chadwick Mount, Everton Valley, Liverpool, William Rowland, M.R.C.S.E., aged 64.

SAINSBURY.—Nov. 4, at Oldbury, Henry Sainsbury, L.F.P.S.G., aged 37.

TURNER.—Nov. 9, at Gleadthorpe, Hornsey Rise, John Senior Turner, M.R.C.S., late of Alfreton, Derby, aged 65.

IRISH POOR-LAW INTELLIGENCE.

DUBLIN PROBATE COURT—THE BURY BEQUEST.

PURCELL *v.* BURY.

THIS was a suit instituted by Mr. Theobald R. Purcell, Q.C., as surviving executor and trustee named in the will of the late Mr. John Bury, barrister-at-law, Leinster Road, Rathmines, who died on the 14th January, 1878. The will was dated the 19th June, 1877, and by it the deceased, after some trifling legacies, left the bulk of his property, which consisted of real and personal estate, valued at between £20,000 and £25,000, for the purpose of either founding an hospital in Dublin, or adding a wing or beds to existing hospitals, as in the opinion of the trustees might be most expedient for the relief of the sick poor of various denominations. The trustees named in the will were the late Cardinal Cullen, Mr. Purcell, Q.C., and Mr. Serjeant Sherlock, M.P.; but in consequence of the death of Cardinal Cullen, and in consequence of Serjeant Sherlock having renounced, Mr. Purcell was now the sole executor. The deceased, who had been a Protestant, became a Roman Catholic. His will was disputed by Mr. Charles Wright Bury, cousin and heir-at-law of the deceased, on the ground of want of capacity and undue influence. The case was tried in June last, but after four days' hearing it resulted in a disagreement of the jury. A large amount of evidence was given on the trial as to the eccentric habits of deceased, but no evidence was given to sustain the allegation of undue influence.

After the jury had been sworn,

The Solicitor-General, with whom were Mr. John O'Hagan, Q.C., and Mr. E. G. Swifte, instructed by Mr. W. T. Daniel, appeared in support of the will, and stated that the case had been settled, and that the defendant consented to a verdict establishing the will. There being now but one trustee, the assistance of the Court of Chancery would probably be asked to settle a scheme, and to arrange how this money could be best devoted to the charitable purposes for which the testator intended it. The defendant was a first cousin of the testator on the mother's side, and as heir at law was entitled to put those who propounded the will on proof of its validity. Now that the defendant had an opportunity of having the matter investigated, at the former trial he had withdrawn further opposition, having satisfied himself that the will was one that ought to be established. On the other hand, the plaintiff did not think it would be a just thing to the family that they should be exposed to any pecuniary loss for having required proof of the will, and with his lordship's approval he was ready to agree that the costs which had been incurred by the family should be paid out of the estate. Certain persons were charged with undue influence. No evidence whatever was adduced to support any such charge. One of the persons named was Mr. Daniel, who acted solely as solicitor in the matter; another was Dr. Hepburn, who acted simply as medical adviser; and the last was an old woman who got a small legacy, having been many years in the testator's service, and who did not even know that she was getting the legacy until after the testator died. It should be understood that no imputation whatever was sustained against any of these persons. He asked for a decree establishing the will, and authorising payment of defendant's costs out of the estate.

The President said there was no evidence whatever of undue influence, but in reference to the eccentric habits of deceased, it was quite a proper case for investigation, and he approved of the terms of the settlement.

A verdict was then taken by consent, establishing the will, and an order was made for payment of defendant's costs out of the estate.

Mr. Macdonough, Q.C.; Mr. J. A. Byrne, Q.C.; and Mr. C. Molloy, instructed by Messrs. Tyrell and Stannuel, were for defendant.

BELFAST BRANCH ROYAL MEDICAL BENEVOLENT FUND SOCIETY FOR IRELAND.

QUARTERLY MEETING OF COMMITTEE.

THE quaterly meeting of the committee of this branch of the above excellent society was held in the chambers, 33 High Street. There were present—Dr. Drennan, Dr. Arnold, Dr. James Moore, R.H.A., Alderman Dr. Whitaker, Dr. Higginson (Bangor), Dr. Browne, R.N., J.P., Dr. M'Gee, and Dr. Spedding.

Alderman Dr. Whitaker moved that Dr. Browne do take the chair.

Dr. M'Gee seconded the motion, which was passed.

The Chairman called upon

Dr. Arnold, hon. secretary, who read the minutes of last meeting, which were confirmed. The hon. secretary stated that he had seen Dr. Purdon, sen. (permanent president), Dr. J. W. T. Smith, Dr. M'Cleery, and Dr. Harkin, J.P., who had requested him to express to the meeting their regret at their inability to be present.

The Hon. Treasurer then reported as to the financial affairs of the branch, and expressed his desire that the honorary collectors would kindly commence their work a little earlier than usual, so as to avoid delay in making up the annual return.

Dr. Higginson (Bangor) reported as to the success attending his efforts to extend the membership of the society in his district.

After some observations from Dr. M'Gee and others,

The committee then engaged in conference as to the best means of extending the society's benevolent operations.

It was reported that copies of the annual report had been duly furnished to all members and subscribers of the branch.

The annual meeting of the branch was then appointed

to be held at Belfast on the first Wednesday of February, 1879, at noon.

The business having concluded,

Dr. Wilberforce Arnold moved that the chairman do leave the chair, and that Dr. Drennan take it, and that the best thanks of this meeting are due, and are hereby tendered, to Dr. Browne, J.P., R.N., for his proper and dignified conduct in the chair, and for the lively interest he had so long manifested in promoting the best interests of the society.

Dr. Moore, R.H.A., seconded the motion, which was passed amidst applause.

The Chairman conveyed the resolution, and

Dr. Browne having replied,

The meeting separated.

TOBERCURRY UNION.

THE two bodies who control the appointments of medical officers in the Tobercurry Union met to appoint successors to the late Dr. Massey. The deceased gentleman occupied the position of dispensary doctor and medical officer to the workhouse, but the idea prevailed that the two offices involved too much labour for one medical gentleman, and though it was not distinctly stated in the advertisements, it seemed to be generally understood that that the appointments would, in future, be separated. There was no contest for the dispensary, and Dr. Flannery was elected nem. con. For the workhouse appointment, however, three candidates presented themselves—Drs. McDonnell (Roscommon), Croscadden (co. Leitrim), and Maguire (Bloomfield, co. Sligo). Dr. McDonnell was elected by a majority of six, thirteen guardians having voted for him, and seven for Dr. Croscadden.

RIVERSTOWN DISPENSARY.

A MEETING of the committee was held on Monday, November 4th.

The circular of the L. G. B. in reference to the improper issue of tickets was read by the Secretary.

The Chairman said that he did not think the law in any way defined who were entitled to tickets, but that it would be very desirable if poor people could be attended on a lower scale of fees than others.

Dr. Wallace explained that if once a ticket was issued he was bound to attend upon it till cancelled, whatever might be the circumstances of the patient. He also stated that he was always ready to meet the circumstances of the poorer class in the district, and that even if the party was only required to pay car hire it would serve as a check upon unreasonable calls, for there was no question that people applied for attendance by red tickets for ailments so trifling that they would never think of calling in a medical man if it cost them anything. He further stated that the number of red tickets this year was 23 per cent. above what it had been for many years.

The subject was then dropped.

CLOGHER DISPENSARY.

LUNACY CERTIFICATES.

AN application for £2 2s., fee to Dr. Keelan, of Dunleer, for certifying that a lunatic was dangerous, was read. Having examined the patient in Dunleer, and certified there, the application was made in the first instance to the Ardee board. A communication was read from the Clerk of the Ardee Union, stating that, as the patient belonged to Drogheda Union, the application should be made to the Drogheda Union.

Mr. M'Kenna—With all respect for his legal opinion, why should we pay for a patient examined outside our district, certified for by a doctor not belonging to our district, and on the order of magistrates not connected with our board?

Mr. Dowdall—No doubt the doctor of the district is the party to certify; but, suppose he wasn't to be had at the time, what were you to do?

Mr. Everitt—But it appears he was to be had. Why didn't the doctor of the district certify?

Mr. M'Kenna—If one doctor can hand over a lunatic to another doctor, sending her out of his district to another doctor to get his £2, it is for the board to say whether they think they ought to pay it.

Dr. Adrian said that the regulation issued in the matter was that the doctor of the district was the party to certify in all cases, when he was available; of course if he wasn't available it was a different matter.

Mr. Everitt—But it appears he was available.

Mr. Whitworth—Let Dr. Drew give an explanation.

This was approved of.

The clauses of the Acts referring to the matter are as follows:—

30 & 31 Vict., sec. 10.—Whenever any person shall be brought before two justices and it shall be proved to their satisfaction that such person was discovered and apprehended under circumstances denoting derangement of mind, and a purpose of committing some crime for which, if committed, such person would be liable to be indicted, the said justice shall call to their assistance the medical officer, or, if there be more than one, the nearest available medical officer of the dispensary district in which they shall be at the time, and if there shall not be any such medical officer available, then the nearest available medical officer of any neighbouring dispensary district, who shall examine such person without fee or reward; and if such medical officer shall certify that such person is a dangerous lunatic or a dangerous idiot, it shall be lawful for the said justices, by warrant under their hands and seals, to direct that such person shall be taken to the lunatic asylum established either wholly or in part for the county, county of a city, or county of a town in which he shall have been apprehended; and every such person shall remain under confinement in such asylum, and be there maintained, in like manner and subject to the same conditions as if such person had been removed from any gaol to such asylum by virtue of the warrant of the Lord Lieutenant under the provisions of 1 Vict., cap. 27.

38 & 39 Vict., sec. 14.—Notwithstanding anything in 30 & 31 Vic., cap. 118, sec. 10, it shall be lawful for any two justices causing any person to be examined by any medical officer as therein mentioned, if they think fit so to do, to make an order under their hands and seals upon the guardians of the union to which such person belongs, for the reasonable remuneration to such medical officer and for the payment of all other reasonable expenses in or about the examination of such person, not exceeding in the whole the sum of £2. All moneys so ordered to be paid by the guardians of such union shall respectively be advanced, paid, and raised in like manner as any other moneys required for supporting and maintaining the destitute poor of such union.

SOUTH DUBLIN UNION.

RESIGNATION OF DR. SHANNON.

A LETTER was read from Dr. Shannon, one of the medical officers of the union, tendering his resignation after thirty-nine years' service, owing to declining health.

The resolution was accepted, and the three other medical officers of the union were requested to do the duty of the house.

Sir George Owens gave notice that he would move on that day week that a superannuation allowance of £100 a year should be granted to Dr. Shannon.

The board soon after adjourned.

TRALEE FEVER HOSPITAL.

THE following resolution was passed unanimously:—"That the thanks of this meeting of magistrates and cess-payers assembled at Presentment Sessions at Listowel, are due and hereby given to the grand jury assembled at the last summer assizes, for declining any longer to raise money off the county for the support of the fever hospital, at Tralee, the same being in the opinion of this meeting unnecessary as a county institution."

THE SURGEON OF WEXFORD PRISON.

(From the *Wexford Constitution.*)

We regret to learn that Dr. Boxwell, after a service of nearly forty-two years as Surgeon of Wexford County Gaol, has, through what he himself calls "red tapeism"—in other words, in consequence of recent interference with him in the discharge of his duties, whereby he was subjected to unnecessary fatigue, annoyance, and harassment—been obliged to resign that post. As our readers are aware, Wexford Gaol, as well as all other prisons, under the provisions of a recent Act of Parliament, fell under a new *regime* on the 1st of April last, local boards of superintendence having been abolished, and the administration of all prison affairs being placed in the hands of a central board appointed by Government. Since that time—we cannot speak of other prisons, but as regards Wexford—the surgeon's duties have been directed to be performed in so irksome and laborious a manner that Dr. Boxwell, having regard to his own health and what was due to a medical man of his position and experience, felt compelled to resign the appointment. Had the alterations made in the mode of his discharging his duties been for the advantage of the prisoners—secured them greater benefits than they formerly enjoyed—there is no man, as all who know his kindness of heart will admit, who would have been more ready to sacrifice himself in their interests, or in the interest of any patient, than Dr. Boxwell. But these changes were made, not with a view to the welfare of the prisoners, but apparently for no other purpose than to bring the whole system under the control of red tape, and render the surgeon's duties—like the duties of most governmental appointments—as irritating and obnoxious as possible. For instance, under the old system prisoners presumably in health were ranged in a row at the time of the surgeon's visit, and individually interrogated by him. If any one had a complaint to make he was taken into an adjoining apartment and privately examined. That was a ready, convenient, and satisfactory method of discharging the duties. Every man was heard, and all saw that any one who made a complaint received the doctor's care and consideration by being withdrawn for private examination. There could be no better system. Now, however, the doctor is required to visit *each prisoner in his cell.* All these, be it borne in mind, are presumably healthy; there was not one of them on the sick list the night before, and yet the doctor has, at great fatigue and needless loss of time, to wander over that immense building and visit every recess of it in which a prisoner is confined! Few men, be they ever so youthful and active, would care to undertake, for considerable remuneration, the mere bodily labour that this duty would involve, and we are not surprised (although it is but one illustration of many annoyances that he has recently been subjected to) that Dr. Boxwell has resigned the appointment. It was not a remunerative post for the doctor, but he would have been entitled to a salary and a pension had he retained it. It will surprise many of our readers to be informed that for the forty odd years during which Dr. Boxwell has acted as surgeon to the county gaol he has never received a farthing's remuneration. As surgeon of the County Infirmary he was *ex officio* medical officer of the prison, and during all those years he gave his professional services to that establishment without receiving any fee or reward except his salary as surgeon of the County Infirmary. Under the new *regime*, however—that is, since the 1st of April last—he would be entitled to a salary (not yet fixed), but the annoyance and harassment to which he has recently been subjected have obliged him to sacrifice that pecuniary advantage. We should have thought that the Prisons' Board would have had some consideration for an officer who rendered forty-two years' professional service without complaint, and treated many thousands of sick prisoners without misadventure, and would have permitted him to discharge his duties in the accustomed way, and with his usual discretion and judgment. It is ridiculous to hamper a medical man with rigid and inflexible rules of non-essential importance, and bind him within a hard and fast line circumstances often make it necessary and advantageous to relax. No educated gentleman—as a surgeon must be—no man of independence and spirit, could brook to have his professional actions regulated and controlled by non-professional men. Every medical man is well impressed with the serious and onerous nature of his duties, and before a jealous and watchful public he will take care to discharge them honestly and to the best of his ability. He should therefore be as little interfered with as possible, and such interference as Dr. Boxwell has suffered in the discharge of his duties as medical officer of Wexford Prison is greatly to be condemned, and cannot tend to the public advantage. We trust that it will turn out, that there has been some misapprehension in the matter and that it is not really the desire of the Prisons' Board to make the duties of prison surgeons impossible of performance.

APPOINTMENT OF MEDICAL SUBSTITUTES DURING LEAVE OF ABSENCE.

THE following letter has been addressed—as the last of a correspondence—to the Secretary of the Newry Dispensary Committee, by the Local Government Board:—

Local Government Board,
Dublin, 2nd October, 1878.

SIR,—The Local Government Board for Ireland forward herewith, to be laid before the Committee of Management of Newry Dispensary District, an extract from the minutes of proceedings of the Board of Guardians of Newry Union on the 21st ultimo, relative to the appointment of a temporary medical officer of the district during the absence of Dr. M'Bride; and in reference thereto the Local Government Board desire to state that the committee acted irregularly and contrary to the regulations in leaving the selection of a temporary substitute for Dr. M'Bride to the Board of Guardians, who have no authority in the matter further than fixing the rate of remuneration.

Article 22 declares that if a medical officer be temporarily incapacitated by illness or other cause from performing his duties he shall recommend to the committee a medical practitioner to perform his duties during his temporary incapacity; and although the committee are not bound in all cases to act on the recommendation of their medical officer, it is the usual and preferable course to do so, inasmuch as the medical officer is bound to recommend a medical practitioner having the necessary qualifications to discharge the duties of the office.—By order of the Board,

B. BANKS, Secretary.

As we understand the circumstances which called forth this letter they are as follows:—Dr. M'Bride being unable for duty, notified his inability to the Secretary, and in due course recommended Dr. Martin as fit to act as his substitute. It appears that on previous occasions (but not without exception) Dr. Crossle, Dr. M'Bride's colleague, had been recommended. The committee, thereupon, granted the leave, but it does not appear clear that they made any definite appointment of a substitute, but remitted

that matter, with the question of payment, to the Board of Guardians. The question having come under consideration, the guardians remarked that Dr. Crossle, who had usually done similar duty, had not been nominated, and not knowing any reason for the change of system, empowered the Secretary of the Committee to see Dr. Crossle, and to appoint him if he were willing to take up the duty, the recommendation of Dr. M'Bride being thus set aside. Dr. Martin naturally complained of this course, and, as a result, the L.G.B. pronounced the judgment above recorded.

The circumstances involve two considerations—1. That the Committee has no power to remit the appointment of a substitute to the Guardians. 2. That an appointment made by the Guardians is invalid. And—

3. That the recommendation of the Medical Officer—though not binding on the Committee—is entitled, according to the judgment of the L.G.B., to great consideration, and compliance with it is declared to be "the usual and preferable course." We entirely concur in the opinion of the L.G.B., but we deprecate the theory that the Medical Officer is in any way responsible to do more than make sure that the substitute suggested by him possesses all the necessary qualifications. Medical officers are not endowed by the regulations with any power of selection, and, in innumerable instances, have got themselves into trouble by going out of their way to nominate a friend, thus making themselves personally responsible for the friend's payment, and leaving themselves open to be snubbed by either committee or guardians, or both. We think that—so far as possible—the Medical Officer should recommend the doctor who, while possessing the requisite qualifications, can most conveniently for the patients discharge the duty. He ought as far as possible avoid showing favouritism in the matter, and the Committee would act quite properly in entirely disregarding a recommendation made for personal reasons, and in considering solely the advantage of the sick poor of the district.

Death from Ergot employed to Cause Abortion.

Dr. J. Lincoln, Ohio, reports a case of the above-mentioned nature, in which the effects produced by the drug were swelling and discolouration of the lips and face, dilated pupils, anxious and alarmed expression of countenance, pulse of forty-eight, and weak, cold extremities; purplish hue of skin over entire surface, persistent vomiting and purging, and an alarming degree of prostration. Coma supervened; action of heart became more feeble, breathing irregular, and death took place two days after the abortion occurred, and four days after taking the ergot, which was afterwards ascertained to have been in the form of fluid extract, and in quantity, four ounces.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF OCTOBER, 1878.

September 28th.—Purcell, John; Banroe, Feakle, co. Clare; Lic. R. Coll. Surg. Edin. 1878, Lic. R. Coll. Phys. Edin. 1878.

28th.—Fleck, William; Ballymena, co. Antrim; M.D. and Mast. Surg. 1878, Q. Univ. Irel.

October 7th.—Buchanan, Lewis; Carrig House, Ballyjamesduff, co. Cavan; M.B. Univ. Dub. 1878, Lic. R. Coll. Surg. Edin. 1878, Lic. Mid. K. Q. Coll. Phys. Irel. 1878.

9th.—Dawson, Yelverton; 59 Fitzwilliam Square, Dublin; M.B. and M.D. Univ. Dub. 1878; Lic. R. Coll. Surg. Irel. 1878.

12th.—Knott, John Freeman; 34 York Street, Dublin; Lic. 1877 and Lic. Mid. 1877 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1877.

19th.—McCormick, Thomas; Kilcleen, Castlederg, co. Tyrone; Lic. R. Coll. Phys. Edin. 1878, Lic. R. Coll. Surg. Edin. 1878.

22nd.—Mulock, Fraderick Arthur; Kilnagarna, Athlone, King's County; Lic. R. Coll. Surg. Irel. 1873, Lic. Mid. R. Coll. Surg. Irel. 1877, Lic. K. Q. Coll. Phys. Irel. 1877.

25th.—Wigmore, James; Feshonagh, Kilmeady, co. Limerick; M.D. Q. Univ. Irel.. 1878.

25th.—Atkins, Thomas Gelston; 6 Adelaide Place, Cork; M.D. 1878 and M.Ch. 1878 Q. U. Irel.

25th.—Hartnett, John Joseph; Clonakilty, co. Cork; M.D. and M.Ch. 1878. Q. Univ. Irel.

28th.—Pearson, Charles Yelverton; Castleview, Carrigaline, co. Cork; M.D. and M.Ch. Q. Univ. Irel. 1878.

28th.—Young, James; Grey Abbey, co. Down; M.D. and M.Ch. Q. Univ. Irel. 1878.

31st.—Chartres, John; Lisnaskea, co. Fermanagh; M.D. Univ. Dub.

Table *showing for* Eight Large Towns, &c., *the* Area, *in Statute Acres; the* Population *in* 1871; *the* Annual Rate of Mortality *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, Nov.* 9, 1878; *the Total Number of* Births and Deaths *registered during the Week with the Number of* Deaths *at certain Ages, and from* Several Causes, &c.

Towns, &c	Area in Statute Acres.	Population in 1871.	Week ending Saturday, November 9, 1878.															
			Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	Number of Deaths from Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
Dublin . .	10,050	314,666	25	200	152	28	27	2	3	5	...	3	12	1	9	11	53
Belfast . .	20,687	182,082	25	144	88	25	8	...	...	16	...	2	1	4	1	2	15
Cork . .	13,816	91,965	31	50	54	11	27	...	...	...	..	1	1	...	...	...	20
Limerick .	8,509	44,209	19	23	16	4	5	...	...	...	...	1	..	1	...	1	5
Londonderry .	21,865	30,884	30	12	18	2	3	...	...	...	...	...	...	...	...	...	2
Waterford .	17,209	30,626	15	11	9	3	3	...	..	...	...	...	...	...	...	...	1
Galway .	21,358	19,692	40	10	15	1	4	4	...	...	...	...	1	1	..	..	5
Sligo , .	30,835	17,285	21	1	5	...	...	...	..	...	...	...	...	...	...	...	1

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 27, 1878.

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A COURSE OF

Clinical Lectures

ON THE

PATHOLOGICAL ANATOMY OF THE LUNGS.

By Professor CHARCOT,

Physician to the Salpêtrière Hospital, Paris; Member of the Academy of Medicine of France; Fellow of the Clinical Society of London, &c.

(*Continued from page* 406.)

I. THE LOBULAR STRUCTURE OF THE LUNG.

I. We now come to the special object of our study. In accordance with the method I laid down in my introductory lecture we must, in the first place, be exact in our knowledge of the normal anatomy. How otherwise can we recognise with certainty the characteristics of pathological conditions in the various parts of this complex organ?

I suppose you to be well acquainted with the particulars of the descriptive anatomy of this part, and that you have clear ideas on the structural anatomy, and would refer you to special works where you will find most minute particulars. But I would remark, once for all, that the descriptions of anatomists have not usually been made with a view to their immediate application to the study of lesions. Now, each detail of structure or of form which from a purely anatomical point of view has only a secondary interest, may, on the contrary, have a considerable importance from an anatomo-pathological standpoint. I would add that, as regards the pulmonary organs we have no work of a kind like that of Kiernan on the liver, where the details of microscopical topography so necessary to any one to show him where he is in the study of these delicate lesions, are specially considered. We must, therefore, endeavour as far as possible to fill this gap.

These considerations, which will have shown you that besides normal structural anatomy there exists a corresponding anatomy in relation to pathology, and which it will be well perhaps to call *medical* structural anatomy, will, I hope, justify the particulars on which I am about to enter.

II. In the first place we must consider the *lobular structure of the lung.* In our former studies on the various viscera, kidney and liver for example, you know how important was the lobular arrangement in the anatomo-pathological examination of those organs. It was, as I showed you, one of the keys of the situation. What I said then I can now repeat in respect of the lung. It has long been known that the lung is composed of parts all formed on the same model, and in each of which is reproduced in miniature, in its essential characters at any rate, the constitution of the entire organ. These *similar portions,* or as one may still call them, these *elements of texture,* are nothing else than *lobules.* They have a real anatomical independence; it is, in fact, easy to inject or to insufflate them separately. We can isolate them from one another, without much alteration in their structure, by hydrotomy and dissection. After this has been done they may be compared to the leaves of a tree supported by their stalk, which is represented by a minute bronchial tube. But whilst in other organs, the liver for instance, the size of an elementary lobule is very minute, in the lung they appear of comparatively colossal dimensions. In the lung the large lobules are sometimes as much as a cubic centimetre in size. There is, in this respect, however, very great variety, and we may find, in the deeper parts of the organ, filling up the angles of the bronchial bifurcations, very small lobules, hardly as large as a pea.

The form of the lobules is also very variable. The lobules called superficial because they are placed beneath the pleura are generally in the shape of pyramids whose pentagonal or hexagonal base is marked at the surface of the organ by straight furrows united at right and obtuse angles, and also in the adult, and especially in old age, by a line of a more or less dark colour, whilst the apex, which receives a bronchiole, is directed towards the central parts of the organ. With regard to the lobules which

form the sharp edges of the lung they are generally in the shape of a wedge, the base of which is turned towards the centre. Lastly, the deeper lobules assume such varieties of form that it is almost impossible to assign to them any common type.

In course of time, I shall show you the relative independence of the lobules and the possibility of isolating them one from another by dissection ; this isolation, however, cannot be effected without the destruction of the connective tissue between them. If this be so, it follows that all the lobules are contained in a woof of connective tissue which forms a kind of capsule. This may be confounded on the one hand with the sub-pleural cellular tissue, and on the other with the cellular tracts which accompany the bronchial tubes in their divisions and subdivisions. The existence of this region of connective woof in the lung is not so much noticed as it should be. It offers, you will see, great pathological interest. It will suffice for me at present to remark :—

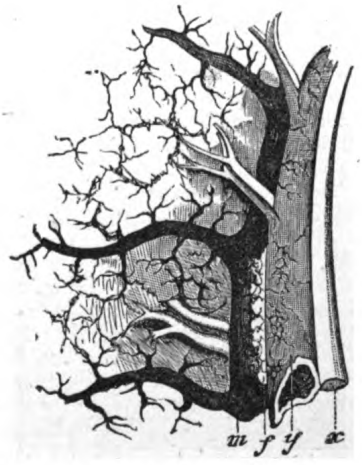
1. That it serves to support numerous vessels and lymphatic lacunæ, and the ramifications of the pulmonary vein.

2. That the vessels, as well as the connective tissue may be primarily the seat of important lesions.

It forms what we may call in the lung *inter-lobular spaces*, resembling the spaces of the same name in the liver. These spaces are altogether distinct from those which, on the other hand, are called *intra-lobular*. The latter are formed by the layers of connective tissue which follow, even into the depths of the lobule, the bronchial ramifications and those of the pulmonary artery.

Following other authors I have compared the lobules of the lung to the leaves of a tree supported on their stalk. But in fact, the stalk in question is at least double for each leaf, for it is necessarily composed of a branch of a bronchial tube and a branch of the pulmonary artery, which are joined to one another by a species of connective web which I just now proposed to call *intra-lobular spaces*, a name justified by the appearance presented by anatomo-pathological sections, and borrowed from the nomenclature applied to the liver by Kiernan. The constant relation which unites in the spaces the pulmonary artery and a bronchiole is a fact deserving attention. It will serve as a guide for us in our studies.

Fig. 1.



A diagram showing the principal features in the minute anatomy of the lungs. *x*. Pulmonary artery. *y*. Bronchial tube, with its minute branches. *f*. Leaflets clinging to pulmonary vein. *m*. Trunk of pulmonary vein.

The accompanying diagram shows well some of the peculiarities on which I have just insisted (fig. 1). It is borrowed from an interesting work by Dr. Heale on the "Physiological Anatomy of the Lungs," published in London in 1862.

It shows among other things the constant and intimate connection of the arteriole and the bronchiole which enter the lobuli ; it shows also the isolated course of the pulmonary veins in the inter-lobular spaces. It is seen that these last named vessels are joined to the bronchioles and the arteries only when these are of some size.

Reviewing this summary sketch, you will have noticed the analogies and also the difference in arrangement in the parts composing the liver on the one hand and the lung on the other.

In the liver the centre of the lobule is marked by the presence of the intra-lobular vein belonging to the system of sub-lobular veins. This vein is in immediate contact with the cells of the parenchyma of the liver without the intervention of connective tissue. In the lung, on the other hand, the centre of the lobule is occupied by a bronchiole accompanied by its satellite artery, a branch of the pulmonary artery, and these two canals are enveloped in a connective web, which also supports the bronchial arterioles and the lymphatics.

In the liver the inter-lobular connective spaces give passage to biliary canaliculi, to branches of the portal vein, to lymphatics, and to branches of the hepatic artery. In the lung it is the lymphatic vessels and the branches of the pulmonary venous system which especially occupy the inter-lobular spaces.

After this sketch, intended to bring forward the principal facts concerning the relations of the lobules to each other, as well as to the arteries, veins, and bronchioles, we must consider the disposition of these parts in the lobule itself. We shall commence this in the next lecture. We shall be led into minute details in the exposition of this difficult subject. I think, however, I shall be able to show you later on that you must not regret the time spent in this labour. According to custom, also, I shall take every opportunity of showing how the ideas thus gained may be turned to practical application.

(To be continued.)

Original Communications.

THE THEORIES OF GLAUCOMA.

By W. SPENCER WATSON, F.R.C.S.,
Surgeon to the Great Northern Hospital, &c.

An attempt to define glaucoma is at once met with the curious anomaly that the term itself describes a mere accident of the disease. A sea-green (γλαυκός) colour of the pupil was, by the earliest observers, thought to be one of its essential features, but more recent and extended experience has convinced us that the peculiar opalescent green colour of the pupil is rather the exception than the rule in acute glaucoma, and is, in fact, only occasionally present in chronic cases. It is, moreover, sometimes present in cases of amaurosis without glaucomatous complications. Hence, though the name is retained as a matter of convenience, it is used now-a-days without reference to its etymology, and describes a group of diseases of the eyeball having two leading characteristics, viz., increased intra-ocular pressure and impairment of vision of a peculiar kind. This group includes Acute Glaucoma, either (1) Primary, or (2) Secondary, or Consecutive Chronic Glaucoma, and perhaps an intermediate form called Subacute.

The acute and subacute may be subdivided into the Inflammatory and the Simple types of glaucoma. Amaurosis, with excavation of the optic nerve and disc, is by some included among the glaucomatous diseases. It is, however, very doubtful whether increased intra-ocular tension is ever marked or perceptible in simple amaurotic cases, and it is, therefore, better to regard them as coming under a distinct head. This, however, does not apply to cases of amaurosis with excavation of the

disc, with a distinct history of antecedent glaucoma. For it is quite certain that the advanced stages of chronic glaucoma are characterised by total amaurosis and excavated disc, generally however with distinctly perceptible intra-ocular tension. At the same time it is conceivable that the excavated disc may be one of the results of atrophy of the nerve, independently of intra-ocular pressure, and that it is sometimes produced by a shrinking of the interstitial fibrous tissue, as well as of the proper nerve-tubes of the optic nerve.

Restricting the term glaucoma, however, to those cases in which intra-ocular pressure either is or has been a decided feature of the disease, it will be interesting to trace, historically, the steps by which this view of its nature has been arrived at.

Though Demours, in 1818, described glaucoma very accurately, and even designated the hardness of the eyeball one of its features, William Mackenzie seems to have been the first to point out the hardness of the eyeball as an essential characteristic. He attributed this hardness to a disturbance of the hyaloid membrane, with a diffluence or fluidification of the vitreous and a dissolution of the choroidal pigment; and supposed that the increased collection of fluid within the eye led to blindness in consequence of pressure on the retina. He also recommended puncture of the sclerotic as a remedy.

Middlemore also (about 1835) seems to have had a tolerably clear conception of its nature. He calls it an inflammation of the hyaloid membrane, with increased volume of the vitreous humor, and that inflammation of the choroid was only a secondary complication. As a rule, however, before the invention of the ophthalmoscope very vague notions were entertained as to the nature of glaucoma, though the majority of oculists regarded it as a choroiditis of a gouty origin.

Stellwag was one of the first observers who, with the aid of the ophthalmoscope, investigated the condition of the eye in glaucoma. He denied that it was a simple choroiditis, on the ground that impairment of vision often preceded any evidence of inflammation of the choroid. Jäger and von Gräfe soon began to investigate the condision of the optic nerve, and they came at first to the erroneous conclusion that it was convex towards the vitreous chamber. Gräfe also discovered that the arteries pulsated spontaneously, and he attributed this to increased intra-ocular pressure. Weber soon after corrected Gräfe's erroneous opinion as to the convexity of the optic nerve, which he proved by dissection to be excavated. Gräfe at once saw and acknowledged his mistake. Thus the theory of increased intra-ocular pressure was established, and it was shortly afterwards (1856) confirmed by H. Müller's anatomical investigations.

In the clinical descriptions and classification of the various forms of the disease, I shall, in the main, follow Gräfe, though for inflammatory I shall substitute the term acute.

In *Chronic or Simple Glaucoma* we have permanent increase of the intra-ocular pressure, and as a consequence excavation of the optic disc; these symptoms being generally accompanied by appreciable hardness of the globe of the eye, and a progressive contraction of the field of vision, especially on the nasal side.

In *Acute Glaucoma* increased tension of the bulb is always present, excavation of the disc sometimes absent, at least, at the commencement, but only in rare cases. In addition, flattening of the anterior chamber, cloudiness of the refractive media, indoplegia and discolouration of the iris, diminished sensitiveness or complete anæsthesia of the cornea, ciliary redness, dilatation of the anterior ciliary and some conjunctival veins, and finally, a series of subjective symptoms of which the ciliary neuralgia, extending over half the forehead and head, is the most prominent.

With regard to secondary glaucoma, the attack in a large number of cases, especially those connected with changes in the cornea and iris, commences with deepening of the anterior chamber, and this deepening continues as long as the affection lasts.

Excessive intra-ocular pressure being thus conceded as the one essential condition of glaucoma, it becomes necessary to consider the condition as to interchange of fluids from within outwards, and *vice versa*, in the healthy eye. We have then first a closed globular capsule including sclerotic and cornea, containing fluid and semi-fluid contents. This capsule, which is in health elastic to a certain very limited extent, is perforated by three sets of arteries belonging to different vascular districts, and four sets of veins. The arteries are the central artery of the retina, the posterior long and short ciliary arteries, and the anterior ciliary arteries. The veins comprise those corresponding to the arteries named, and the veins of the choroid collected into the venæ vorticosæ. These are the principal means of interchange of fluids from and to the interior of the capsule. There are, besides, two other outlets—1. The aqueous humor, according to Leper, drains into Fontana's spaces. 2. The lymphatics which leave the eye near the optic nerve are presumably the means of carrying away fluid from the posterior regions. It is probable that the aqueous humor plays an important part in regulating the drainage of the eyeball, by allowing excess of fluid to drain through Fontana's spaces into the venous channels in the ciliary region, and thence into the anterior ciliary veins. From the evidently muscular character of the ciliary body this part of the contents of the capsule is probably exposed, from time to time, to considerable variations of pressure, and hence the importance of a free channel of communication through Fontana's spaces and the canal of Schlemm. Variations of pressure in other cavities of the body are comparatively unimportant, because the extensibility of the walls of the cavities (*e.g.*, thorax and abdomen, and even the cranium), allows of variation without any undue pressure upon their contents. In the eyeball, however, any sudden increase or diminution of pressure is attended with fatal derangement of the delicate adjustments of the parts necessary for perfection of vision. Hence, the want of distensibility of the capsule is a means of keeping the intra-ocular pressure constant, so long as free outlets exist in its walls.

In the normal state we must conclude that there is either a limited amount of elasticity in the sclerotic, or a limited muscular contractility, the latter seeming the more probable. In either case, however, this quality must have the very important function of regulating the intra-ocular pressure, and keeping it practically constant, or so nearly so, as to produce in health no palpable signs or disturbance of vision. Alterations of pressure within the normal eye are prevented, according to Dr. Hock, of Vienna, by the manner in which the eye is enclosed in an elastic capsule, which is kept by the normal contents of the eye in a state of tension sufficient to counteract any increase of pressure (blood-pressure), or to respond to any such increase by pressing out the fluids of the eye. "If we assume that the capsule of the eye is kept in a normal state of tension equal to a pressure of 30 mm. of mercury, it is evident that every wave of blood thrown into the eye, must momentarily increase this pressure; for the wave of blood would not only by its volume increase the capacity of the chamber, but would also arrive with a certain portion of the heart's impulse corresponding to its distance from that organ. This pressure will in part be conveyed to the capsule, which on account of its increased tension will exercise a counter-pressure upon the vessels. With regard to the arteries, this counter-pressure will merely act by preventing over-distension due to intra-vascular pressure; it will, however, cause the veins to discharge their contents more rapidly in an outward direction. All this will take place in the same moment before the blood wave has completed its course into the veins. Inasmuch, however, as the resistance in the veins is soon diminished by the rapid escape of blood, the blood will now flow with diminished natural pressure through the arteries: thus the capsule is a regulator, both for the quantity of the blood, and also for its pressure within the eye, and therefore for the intra-ocular pressure, so that it may be assumed that under physiolo-

gical conditions the same quantity of blood always flows through the eye at the same pressure. As, however, the intra-vascular pressure is always higher than that in the other ocular spaces, this difference will endeavour to equalise itself by diffusion of fluid from the vessels. This increase of fluid will be immediately followed by a transfusion of liquid in an outward direction through the canals above alluded to, and in this way an instantaneous adjustment takes place, and the tension of the capsule remains the same. It is, therefore, clear that the intra-ocular pressure cannot be permanently increased, either by great increase of pressure in the general circulation, or by profuse secretion of fluid in the eye, due to nervous influence," *i.e.*, under physiological conditions.

(To be continued.)

THE TREATMENT OF GENU VALGUM.

By S. MESSENGER BRADLEY, F.R.C.S.,
Surgeon Manchester Royal Infirmary, and Lecturer on Practical Surgery, Owens College.

OPERATIVE interference in cases of genu valgum is almost entirely the work of the last year or two, for although Meyer in 1852 removed a wedge-shaped piece of bone from the upper part of the tibia to remedy the deformity, the custom was not followed; and, until revived by Langenbeck and Max Schede, in 1877, may be said to have fallen into a complete desuetude. The just confidence, however, with which the practice of antiseptic surgery inspires us has encouraged many operations of late upon, and in the neighbourhood of, the joints, which without such aid could not be safely or judiciously undertaken; amongst such operations those performed to remedy rachitic deformities occupy a notable place, and it is to the nature and character of these operations that I specially wish to draw attention in this paper.

Genu valgum differs widely in degree, varying from a slight inward tilt, due perhaps to a wide pelvis, or to a limp muscular system, to the most extreme deformity, where the tibiæ are bent outwards at an angle of forty-five degrees with the femora, and locomotion rendered almost impossible. Sometimes it is the only deformity, more frequently there is evidence of rachitis in other characteristic departures from the normal condition. Knock-knee is sometimes congenital, sometimes occurs in early infancy or during dentition; at other times does not commence till puberty. Delicate, ill-nourished lads are the most common subjects of the affection, as met with in adolescents, and in them it often assumes its most aggravated form. A loose, weak, muscular arrangement no doubt is always present, but in addition to this the articular ligaments all become loose and soft, until the knee-joint feels as if it could readily be dislocated in any direction. After the first inward tendency is developed, the internal condyle begins to hypertrophy, and in some cases this goes on to such a degree as to become in itself a real deformity; while thus the muscles, ligaments, and bones (*i.e.* internal condyles) lengthen on the inner side, the muscles and fasciæ on the outer side undergo a slight contraction. Now, passing over the milder cases, which are capable of being cured by splints or "irons" properly fitted and selected, or by a subcutaneous division of the biceps tendon and adjoining fascia, I wish to speak of the tre atment of those cases which are not amenable to such milder measures as are included in the general list of cases treated by apparatus. (*a*) The operations at present in vogue for the cure of these aggravated cases may be grouped under the following heads:—

1. Section of tibia below the spine, with removal of wedge-shaped peice of bone, the fibula being broken or sawn through at the same time. (Meyer, Schede, &c.)
2. Section of femur above inner condyle, and removal of wedge-shaped piece of bone. (Dr. McEwen.)
3. Resection of knee. (Bauer.)
4. Removal of wedge-shaped piece of bone from tibia and femur beyond the joint cavity. (Barwell.)
5. Subcutaneous section of the internal condyle. (Ogston.)

Now since it is manifest that all the first four operations are of a serious nature, while the last (Ogston's) is comparatively simple and trivial, it is important to inquire if there are counterbalancing advantages in these graver methods.

The first operation, which consists in removing a wedge of bone from the tibia, and then forcibly straightening the limb, is based upon a false conception of the nature of the deformity, which does not reside in the tibia, but is dependent upon a downward growth of the internal femoral condyle, and this of course is not directly affected at all by the operation. This plan may, therefore, be at once discarded as an improper proceeding.

For much the same reason the very formidable undertaking by which Barwell seeks to remedy the deformity, viz., section of both femur and tibia, ought certainly to be abandoned. For the sake of not opening the joint, which it will be shown in the sequel can be done with safety and without any ill effect, this surgeon deliberately produces a compound fracture of both femur and tibia in order to remedy a rickety deformity affecting one condyle of the femur only. The method adopted is totally disproportionate to the object aimed at, and is certainly not justified by the single successful case yet published.

The objection to resection of the knee, besides the severity and danger inseparable from the operation, lies in the fact that a stiff anchylosed joint in the straight position is substituted for a crooked but movable articulation, and of the two it will be admitted that the remedy is probably the worse condition.

It remains for us to consider then the rival advantages of Dr. McEwen's and Dr. Ogston's operations, both of which aim at effecting a cure by much the same means, *i.e.*, removal of the cause of deformity, the internal condyle. Dr. McEwen, to effect this, opens the joint by an incision sufficiently large to enable him to chisel out a wedge-shaped piece of bone, and though in some of his cases no untoward accident happened, but on the contrary he obtained good results; still it cannot be doubted that were this operation to come into general vogue, cases of suppuration of the joint would occur, and life and limb would be imperilled.

Ogston's operation, unlike all the others, does not seem open to these objections. It is true the joint is opened, but through an opening so almost completely subcutaneous that, as a matter of fact, no ill consequences have been found to follow. The operation has now been performed many times, and so far as I know, in no instance has any ill effect resulted. But is it efficient to remove the deformity? By way of reply, let me quote my own experience. I have performed this operation eight times; in one instance I repeated it on the same limb, not having divided the condyle sufficiently near the centre of the joint on the first occasion. In no instance has any ill effect followed, and this is the experience of my colleague, Mr. Heath, and of Mr. Jones, both of whom have frequently performed the operation, and who are highly satisfied with the results. I have sometimes found that after dividing the internal condyle, the biceps tendon and adjoining fascia, requires division, and either proceed to make the necessary tenotomy at the time or a few days later. The limb is at once put upon a back or external side splint, and kept in a right line

(*a*) Since writing this paper, I notice an interesting article on the treatment of genu valgum by Mr. H. A. Reeves, in which he ably advocates the systematic treatment of moderate cases by division of the biceps tendon, the ilio-tibial band, and the external lateral ligament, with immediate forcible straightening. His arguments certainly will induce me to try this method, but I imagine Mr. Reeves will agree with me that there are many cases of genu valgum which would not prove amenable to such comparatively mild measures, and for which, consequently, the emedy is to be found in Ogston's, or some similar operation.

by means of a plaster of Paris bandage. I do not remove the bandage or unseal the small wound for the first week or ten days, in which time I have invariably found that the puncture is firmly healed. In one case, in which I performed this operation on both legs, the deformity was so extreme that when the child tried to stand erect the weight rested entirely on the inner side of the feet, which were widely separated from each other. The tibiæ, indeed, formed angles of 45 degrees with the femora. The boy, æt. 8, could scarcely walk at all. No synovitis followed the operation, and the legs are, I may say, now perfectly straight; it is true the knees look large, but this is due to the real rachitic hypertrophy of the articulation. The knees in this case are still somewhat stiff from having been kept fixed for so long (viz., about three months) upon a splint, but the boy walks well and the leg is quite strong.

The deformity in this case was extreme, certainly as great as in any of the published cases of Barwell, Langenbeck, or others who resort to much more severe measures to rectify the mischief; and it follows that if the treatment proved sufficient in such a case it would be equal to remedy any lesser degree of obliquity. Like every other surgical procedure, even the simplest, such as the avulsion of a toe-nail or extraction of a tooth, I do not say it is free from all risk—only collect a sufficient number of cases, and we are sure to hear of some accidents, perhaps of some fatality; but what I affirm is that it is incomparably less likely to be followed by such results than the other operative measures for the cure of genu valgum, and is, therefore, being equally efficacious, incomparably the best of all such operations. No operation, of course, should be undertaken if the knock-knee is capable of being straightened by simpler means, but when these fail, then I believe Ogston's operation will prove a simple, safe, and efficient remedy.

THE OTOLOGY OF THE LAST TEN YEARS.

By Dr. Guerder,
of Longwy.

Translated from the *Annales des Maladies de l'Oreille, du Larynx et des Organes connexes.*

By W. DOUGLAS HEMMING, M.R.C.S.,
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(*Continued from page* 407.)

Part I.—Anatomy and Physiology.

Rebsomen at first seeks to make out clearly what parts of the tube are fixed or moveable, and thence to ascertain the movements which muscular action can produce. Most authors admit that the middle cartilaginous plate of the tube is fixed, and that the lateral part turned like a horn is alone mobile, and alone gives insertion to muscular fibres. The author rejects this proposition as too general, and admits it only for the lower two-thirds of the cartilaginous tube. He states, with Henle, that the anterior extremity is attached very strongly to the posterior border of the internal plate of the pterygoid process. The mobile part of the first third of the tube is only the middle plate, the posterior surface of which stretches freely towards the pharynx, covered only by its mucous membrane for a length of more than a centimetre. It is just at this height that the basilar fibro-cartilage is inserted. The movements of this mobile portion of the tube are caused by a muscular fasciculus arising from the pharyngo-palatine muscle which is inserted by a flattened tendon into the posterior border and surface of the median cartilaginous plate. The contraction of this muscle, which Rebsomen calls *retrahens tubæ*, draws the median plate downwards and backwards. The angle formed by the lateral and median plates is thus slightly enlarged.

Another bundle of fibres, also arising from the pharyngo-palatinus, is inserted directly into the membranous portion of the segment of the tube; its contraction draws this membrane downwards and outwards.

In the neighbourhood of the osseous portion the tubal cartilage is fixed; the membranous portion of the tube is, for three-fourths of its length, of a fibro-cartilaginous structure, whence arises fibrous prolongations, which Troeltsch has described under the name salpingo-pharyngeal fascia. For this part, it is the peristaphylinus externus, the abductor of Troeltsch, the dilator of Rudinger, which comes into action.

This muscle, the fixed point of attachment of which is the pterygoid process, is inserted in the angle formed by the lateral plate with the membranous portion, and by some fibres to the petrous bone. Rebsomen has also found, though not constantly, some fibres inserted into the salpingo-pharyngeal ligament.

The act of opening the tube is not the effect of one muscle alone, but of the combined contraction of a certain number of muscles, and this act is more complicated than the assertions of Troeltsch and Rudinger would lead us to believe.

Weber-Liel, after showing how little authors agree respecting the action of the peristaphylinus internus or levator palati, has endeavoured to show precisely how it acts from a novel point of view. We have seen that Troeltsch and Mayer attribute to it little influence over the lumen of the tube, that Rudinger considers it as an indirect dilator, and Rebsomen as a dilator, the action of which is limited to the guttural extremity of the tube. Weber-Liel asks whether, and to what extent, the function of this muscle of elevating the velum, influences the lumen of the tube and the ventilation of the tympanic cavity; his researches and pathological observations have brought him to this conviction, that there exists an intimate relation between paralysis of this muscle and some forms of deafness, an opinion long since put forward by Valsalva. For one ear to act well, says Weber, it is necessary that the sonorous waves which have struck the tympanum should find an easy exit by the tube.

When we breathe by the mouth, this free exit is checked by the current of air which tends to pass over the entrance of the tube; but the raising of the velum during the respiration turns this current from the neighbourhood of the tube. In fact, the contraction, slight as it is, of the levators, produces a projection in front of the opening of the tube which constitutes a kind of rampart, still leaving its aperture open.

Does the same thing happen when we breathe by the nose? No, for in this case the velum is not elevated. Weber admits, with Mayer, that then the column of air passes only near the opening of this tube. Mayer has established the fact that during inspiration the current of air formed by the dilatation of the lungs first proceeds in a direction perpendicular to the plain of the nasal openings, that is to say vertically. The aspiration continuing, the column of air is gradually directed backward, so that as a result it will, with the passage of the middle meatus of the nose, be more vertical when the aspiration is feeble, more horizontal when it is strong. The middle meatus being only slightly higher than the opening of the tube, the latter will thus not be reached by the column of air, and the more so because it is then protected by the projection formed normally by the levator muscle even in a state of repose. The levator muscles of the velum then, according to Weber-Liel, play an important part in the respiratory act, which gives fresh right to the opinion that they receive nervous filaments from the pneumogastric.

The author attributes to these muscles yet another action on the tube. As they are inserted into the cartilage just at those points where there is no antagonistic action, they must, by their elasticity alone, maintain it slightly open, and by their contraction during deglutition, to open it more widely.

Zukerkandl describes an elastic ligament in the vicinity of the tube under the name salpingo-pharyngeal ligament, which Moos has since called salpingo-pharyngeal fascia,

and which must not be confounded with the salpingo-pharyngeal fascia of Troeltsch, or that described by Weber-Liel. From the pharyngeal extremity a little above the walls of the tubal cartilage arise from three to five elastic cords which in their complete development present considerable analogy to the tendons of the ventricles of the heart. They have no definite insertion into the cartilage, but become insensibly mingled with its perichondrium, and when isolated nodules of cartilage are present, they are inserted first into these, which they surround, proceeding thence to the cartilage. They vary much in number, power, and length. Of a yellowish colour, like elastic tissue, their length is a few lines, or they may extend in a threadlike form to a length of some inches. Following their course we find that after leaving the tube they run along in the cellular sheath of the peristaphylinus internus, then in those of the superior and middle constrictors of the pharynx as far as the mucous membrane of the velum. Others are directed backwards towards the posterior wall of the pharynx. When the constrictor muscles of the pharynx are drawn upon, these tendinous cords are drawn downwards and inwards, the posterior wall of the tube is drawn aside, and the mouth of it opens. If the velum is drawn downwards the walls of the tube contract, but there then take place in the tympanic cavity phenomena to which Weber-Liel first drew attention, and which are due to the consecutive tension of the internal muscle of the malleus. In fact, if, in a preparation, we open the tympanic cavity, and then draw down the velum, we can distinctly see the ossicles move, and if the tympanic cavity be filled with water its level is raised. The same effect is produced in the preparation if the mouth is widely opened, by the traction which the palato-glossal arch then undergoes. These ligaments are often found dotted with nodules of cartilage, which, however, are not disposed with any regularity.

According to Urbantschitch (*a*) the contradictions of authors with regard to the action of the levator palati, are explained by the variation in the insertion of this muscle into the tube. These insertions differ individually according to the variations in the tube itself, and especially of its membranous portion. Its insertion into this portion of the tube is found in some persons and not in others.

The same relationship of the tensor of the velum with the internal muscle of the malleus, will explain the phenomenon that some persons possess the power of voluntarily contracting this muscle of the malleus. Politzer affirms that this pretended contraction of this little muscle does not exist, that the peculiar sound produced by this so-called contraction originates in the mouth of the tube. But it might well be that there is a contraction, or at any rate a pulling exercised on this muscle during contraction of the pharynx, a phenomenon which would equally explain the variations which occur in the oscillations observed in manometric experiments. This author describes with much detail the form of the tubal cartilage, its variations and the indentations described also by Moos and Zukerkandl. He describes, like Moos, some cases in which this cartilage was divided into several pieces. The indentations were sufficiently constant to be considered as normal; they were found especially in the middle plate, which as a result presents the most various forms, and when they extend all through the plate it is divided into several pieces. They are rarer in the lateral plate, and are scarcely found but at its guttural extremity. Tillaux has figured in his "Anatomy" one of these varieties of the tubal cartilage at the pharyngeal orifice. Amongst these numerous variations in the tubal cartilage three types may be distinguished. 1. The median and lateral plates are entire or in one piece. 2. There are promulgations of the cartilage from these plates, to which they remain united. 3. There are accessory and isolated cartilages which are found especially in the salpingo-pharyngeal ligament, along the lower border of the median plate, and in the membranous portion of the tube.

(*To be continued.*)

(*a*) "Anat. Rem. uber die Gestatt und lag der Ostium Pharyngeum der Tuba Eust." *Arch. der Oh.*, p. 1, 1870.

Clinical Records.

CLINICAL SURGICAL REPORTS.

By B. WILLS RICHARDSON,

Senior Examiner of the Surgical and of the Dental Surgery Courts of Examiners, Royal College of Surgeons; Surgeon to the Adelaide Hospital, Dublin.

Strangulated Femoral Hernia.

THE following case of strangulated femoral hernia is a melancholy example of loss of life caused by the oversight of the patient regarding the nature of her illness, and consequent delay in seeking relief therefor.

Sarah Gain, æt. 70, married, first came under my observation on the 3rd May, 1878.

She had a small tender tumour in the right inguinal region, and the pathognomonic symptoms of strangulated hernia were very decided, such as obstinate constipation, hiccough, and stercoraceous vomiting. The skin, however, was cool, and the pulse did not exceed 100.

Inquiries regarding her history left no doubt that strangulation commenced on the 27th of April, and that the nature of the case had been completely overlooked. Indeed, a lady friend of hers thinking that the symptoms were those of a bilious attack gave her two doses of castor oil of an ounce each. These, as might be expected, increased the anti-peristaltic action, and greatly aggravated her sufferings.

The hernia being irreducible by a short, careful methodical taxis, immediate operation was resolved upon. The patient having been placed under the anæsthetic influence of ether, I performed the operation at 2 o'clock, p.m., on May 3, 1878, my colleague, Dr. Barton, assisting.

There was no difficulty experienced in the operation. The sac was opened, its contents being a small piece of omentum, behind which lay concealed a knuckle of small intestine. This retained some polish, was of a dark chocolate colour, and was easily reduced when the ring was slightly enlarged. The omentum was firmly adherent in the femoral canal, and formed a cushion when applied to the opening of the intestinal descent, where it was allowed to remain. The edges of the cut skin were secured together with a couple of cat-gut interrupted sutures; and antiseptic dressing was practised. She was given half a grain of opium every fourth hour.

Vomiting ceased at the time of the operation and did not recur, and although she took her diet when given, and a suitable quantity of stimulants, she gradually sank, and died in twenty-six hours.

I should here observe that from my first seeing her there was no abdominal tenderness, and that the pulse, instead of rising in frequency, fell to 80 before death.

The post-mortem examination showed that the operation, at all events, had been satisfactorily performed, the nipped intestine having been completely reduced. It lay just above the femoral ring. Death resulted from peritonitis, the pathological signs of which were highly characteristic, notwithstanding that the subjective symptoms of this inflammation were in abeyance during life. I have seen not a few cases of this kind, and some others in which this class of symptoms became decided after operation only.

To Mr. James, of Exeter, we are indebted for an excellent practical memoir on the operation for strangulated hernia, in which the causes of death after operation are discussed. In a large majority of cases, it must be conceded, death results from peritonitis often combined with enteritis. His remarks on these complications of hernia

appear to be near the truth, and worthy of being more frequently noticed by surgical writers.

Regarding the peritonitis, so often the cause of death in strangulated hernia, he observes :—

"That there are some material points of difference between it and ordinary peritonitis. The symptoms of the latter are generally clear and well marked from the beginning ; in this, on the contrary, while the symptoms of obstruction are clear and decided, those of peritoneal inflammation may not show themselves, if existing ; and it is difficult to say when they do or do not exist."

In hernia he goes on to say. "there are two orders of symptoms : one arising from obstruction, namely—constipation, vomiting, hiccough, and pain at the pit of the stomach or navel ; the other those of peritonitis more especially, as tenderness, pain, tension of the abdomen and pain at the navel, and in an advanced stage tympanitis ; but the pulse, so important as an indication in idiopathic peritonitis, here varies so much as to be of little value, and the first order of symptoms, not essentially inflammatory, still continues. Now take the case of hernia : the taxis succeeding all the symptoms cease ; generally at once. Did peritonitis exist ? If it did, it must have been so slight as to fade away when the cause was removed. The taxis not succeeding, one of the operations is performed. If we now have peritonitis, it would be hard to say that it had or had not existed before the operation. If not, the chances of recovery would be great ; if it had, they would be less in proportion to its degree. The difficulty of diagnosis consists in the fact, that the especial symptoms do not disclose themselves, although extensive peritonitis is often found after death, even in cases where it has been little suspected ; a circumstance very unusual in idiopathic peritonitis. This leads to another and by no means unimportant point : it is the application of these facts to the subsequent history of these cases. The operation may have been performed, the primary cause (without which recovery is rare) removed, but it cannot be said that in all cases 'the effect surceaseth still ;' on the contrary, the temporary relief which consists in the cessation of the pressing symptoms, arising merely from the constriction, is followed at no distant period by those of peritonitis, which in many instances had in reality *preceded* the operation, but was *kept in abeyance*, so to say, by the depressing influence of the strangulation (the latent peritonitis of some authors). That having been removed, after a short interval the peritonitis developes itself, and the occurrence of the symptoms *then*, leads to wrong conclusion. It is often attributed to the operation, or the misapplication of remedies, albeit it existed before in a masked form." It cannot be placed too prominently before the junior reader that the type of the peritonitis "is commonly low, from the degraded condition of the bowel, as low inflammation anywhere will communicate its impress on the whole system." (*a*)

Mr. Paget (Sir James Paget) as Mr. James mentions in a note "gives a different interpretation of the fact, *i.e.*, that in some cases the symptoms of peritonitis display themselves immediately, in others more remotely. The first he refers to the local cause ; the second, to blood-disease."

Be the explanation what it may, it must be conceded that in many examples of strangulated hernia sinking will set in rapidly after operation, the subjective symptoms of peritonitis having been absent, and yet extensive peritonitis will be revealed at post-mortem examination.

The deceptive truce observed before death in some cases of strangulated hernia should not be confounded with the absence of symptoms in the latent peritonitis of other cases. The former occurs in persons who have had the symptoms well marked, the subsidence of which is caused by exhaustion, whereas, in latent peritonitis the symptoms are absent from the beginning.

It is a relief to pass from a neglected case like the above to the next one, the notes of which were carefully taken by our Resident Surgical pupil, Mr. Alexander Silcock, to whose incessant attention the patient is largely indebted for recovery.

Margaret Homer, æt. 72, married, but childless, was admitted to Adelaide Hospital on the evening of the 21st August, 1878.

She stated that she had been ruptured for more than ten years, and that three years previous to admission, she for the first time procured a truss, which having caused so much discomfort could not be worn. During constipation the rupture enlarged and hardened, but a rhubarb pill internally and a poultice to the hernia relieved these symptoms. The hernia was smallest when she was in the horizontal position.

On Monday, the 19th August, immediately after breakfast, it became larger, harder, and extremely painful. Vomiting and hiccough at the same time commenced, the ejected matters being of disagreeable taste and sour smell. These symptoms continued until the evening of the 20th, the hiccough, however, being most constant, and lasted up to the time of the operation. She stated that she had a scanty discharge from the bowels on Monday ; and another on Tuesday. But they were so small, she took a rhubarb pill some hours before admission. It had no result. The skin over the rupture reddened on Wednesday morning.

When admitted to hospital on the evening of that day, a femoral hernia, about the size of a turkey's egg, was found in the right groin. It had ascended a little distance upon Poupart's ligament, and the skin over it was highly inflamed. The tumour was exquisitely tender, and the inflamed skin was so tense it could not be raised from it. Fluctuation was perceptible, and impulse was absent. Temperature on admission 99·4 F., pulse 84.

An ice-bag was applied to the tumour, and she was given two purgative enemata containing turpentine, but without purgative result.

(To be continued.)

(*a*) "Practical Observations on the Operations for Strangulated Hernia," By J. H. James, F.R.C.S. London. 1859.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, NOV. 22ND.

Dr. GREENHOW, Treasurer, in the Chair.

Mr. BRYANT exhibited a patient who had been the subject of

TALIPES VARUS,

and had been treated by the removal of a wedge of bone from the tarsus. This boy was 12 years of age. He had been under surgical treatment for the condition from infancy. When 5 years of age tenotomy had been performed, with some success ; but as the Scarpa's shoe had caused pain, it was laid aside, and the deformity returned. On admission into Guy's Hospital the muscles of the leg were wasted, and the patient walked upon the outside of the foot, upon which had formed two large bursæ. Mr. Bryant removed a wedge-shaped piece of bone from the tarsus, as performed by Mr. Davis Colley in October, 1875. An incision was made across the dorsum of the foot, from a point corresponding to the tubercle of the scaphoid to the outer border of the cuboid ; and a second incision along the outer border of the foot ; the two incisions forming a ⊣ shape. The flaps were then turned back, and the tendons of the extensors divided. A spatula was introduced around the scaphoid bone, towards the sole of the foot, to protect the soft parts, and the lower section of the wedge of bone cut with a keyhole saw, one line of section extending across the dorsum of the foot from the scaphoid to the anterior border of the cuboid, the second bone section being made higher up ; and a wedge with its apex corresponding to the scaphoid bone, and its base to the cuboid, one inch long was thus cut away. After the operation the anterior half of the foot was readily brought round into position, and

horse-hair drainage was employed. The temperature rose to 102 deg., but on the third day was down to 99·7 deg., with a pulse of 80. A small quantity of pus was evacuated by a puncture made into the skin, in a position corresponding to the apex of the wedge, and in other respects the wound healed rapidly. The boy exhibited presented a foot of good form, with a flat sole, on which he walked with comfort. The foot was somewhat shortened after the operation. The tendo-achilles had been cut, with the object of bringing down the heel, from which but little advantage had resulted. Mr. Bryant said that ablation of the cuboid had been suggested by Dr. Little in 1854, and practised by Solly in 1857, upon which the operation now under consideration was a great improvement. He considered it also much better than Mr. Lund's operation, for the removal of the astragalus, which was performed in 1872, but which he thought might be useful where the equinus was worse than the varus.

Mr. Richard Davy congratulated Mr. Bryant on the case of talipes varus that he had exhibited. Mr. Davy stated that he had operated in a similar way more frequently than any other surgeon. There was a class of confirmed and intractable cases of talipes that resisted all methods of treatment. In 1874, he re-opened the subject of the removal of the cuboid bone, which operation had been once performed by the late Mr. Solly in 1857. Thus for twenty years the operations had not only lain dormant, but had even been condemned by leading orthopædic surgeons. During the years 1874 and 1875, he operated on five cases, and removed the cuboid; although the success resultant on this procedure was marked and striking, yet it was not quite perfect. He had proceeded on strictly experimental methods; and had not felt justified in interfering with the astragalo-scaphoid joint, until he had demonstrated that attacking the calcaneo-cuboid joint alone was insufficient. In April, 1876, he published his experience; and an abstract of a clinical lecture was printed. In October, 1876, Mr. Davies-Colley read his paper before the Medico-Chirurgical Society, which was the first intimation received at Westminster that Guy's Hospital had stolen a march on them. He had laid down the lines of operative procedure in a lecture published on December 15th, 1877; and stated that the more closely those lines were followed, the better was the result gained. Mr. Davy showed the casts of his ninth patient; taken before and after the operation; and the result was very satisfactory. He considered that even now the operation was on its trial, and was opposed by many surgeons. Mr. Davy alluded to the criticism he had been subjected to in recommending these tarsal operations; but was content to abide by results. Patients after the operation became absolutely plantagrades; the scar was small, and well out of the line of pressure; there was no possibility of relapse, and a symmetrical foot took the place of an unsightly and useless member.

Dr. Dyce Duckworth exhibited a

PATIENT SUFFERING FROM A WELL-MARKED ERUPTION PRODUCED BY IODIDE OF POTASSIUM.

The case was that of a man, æt. 32, who was formerly intemperate, suffered four years previously from rheumatic fever, and was the subject of aortic valvular disease and chronic tubal nephritis, with some dropsy of the legs. On the 8th November a mixture was prescribed for him containing some ammonio-citrate of iron, and two grains per dose of iodide of potassium thrice daily. On the 20th inst. an eruption appeared upon the face, and on the 22nd the patient came under notice. He was found to be suffering from coryza and general bronchial catarrh with hoarseness. The eruption was situated almost exclusively on the face and ears. Some portions were found on the back of the neck, and a few scattered spots upon the backs of the hands. The bulk of it was up the to left cheek, although it was fairly symmetrical. Two or three stages were observable in the course of the outbreak. On the forehead were seen numerous hard, spotty papules, becoming vesicular, not umbilicated. On the cheeks the highest point of vesiculation was reached, and here numerous coherent and confluent masses were seen. A vividly red arch extended around the individual and collective vesicles. The fluid was puriform in many of them. The patient was first seen on the third day of the eruption. There was no mass that could properly be called a bulla, and the eruption more resembled patches of herpes in some parts than anything that could be termed acne. Some of the vesicles occurred upon a piece of white scar-tissue on the forehead, where probably no sebaceous structures remained. There was no rash on the body. Some of the vesicles were found on the lips; none manifest on the tongue. The points of particular interest in the case, according to Dr. Duckworth, were, first, its occurrence as the result of small doses of the drug. It appeared that some months previously, in another hospital, a similar eruption had appeared after taking some medicine, and which passed away on discontinuing it. Secondly, the case was an additional one to certain others, which Mr. Morant Baker and another observer had noticed, in which there was present chronic renal disease. It had been surmised that in such cases, defective elimination occurred, and the drug was left longer in contact with the textures of the body than in the instances where the kidneys were healthy. Dr. Duckworth had published some observations upon the passage of iodide of potassium and other drugs through the kidneys in Bright's disease in the St. Bartholomew's Hospital Reports, and shown that in some cases the iodide does not pass out by these organs. In this instance iodine was found abundantly in the urine. The contents of some of the vesicles were also examined, but the results were equivocal as to the presence of iodine. However, it was well recognised that both iodide and bromide of potassium rashes occurred in the persons of those whose kidneys were presumably healthy. Even in such instances there might be defective eliminating power. Thirdly, the nature of the eruption did not warrant the term acne being applied to it, and further observation was wanting to prove how far the sebaceous glands were the true seat of the inflammation. Dr. Thin's recent examination of a case went to prove the immunity of these structures.

Dr. Greenhow referred to a case in which a rash had appeared three times in the same patient. Here there was no albuminuria.

Dr. Farquharson drew attention to the smallness of the dose necessary to bring out the rash. He attributed this to the eliminating organs being more actively brought into play by large doses of the iodide.

Sir James Paget read the notes of a case of

WATERY DISCHARGE FROM ONE NOSTRIL.

The fluid, about two ounces, shown to the Society, had dropped from the left nostril of a lady, æt. 49; and the author stated that similar fluid has been dropping, with rare intermissions, for 18 months. The fluid looked like pure water, or like that from the pia mater, or that from an acephalo-cyst. There was no evidence of general ill-health, or any appearance of any kind of local disease of the nose. The history was nearly as insignificant. In November, 1876, the patient had received a heavy blow over the left frontal sinus, but it seemed to have done no harm at the time, In January, 1877, she had one day of intense headache, but there had been no return of this. In February, 1877, she had a severe mental shock, and in May 1877, the dropping began. From that time to the present, the dropping continued, except for a fortnight in May 1878, when she had bronchitis, and took morphia; and on one occasion, when it ceased for a night. A small drop fell or ran down the lip every few seconds, and about 4 ounces had been collected in an afternoon and evening. The quantity was generally uniform, but was increased by much exertion or by straining. On long standing the fluid deposited a minute quantity of a greyish substance in which nothing could be found but the chance materials washed off from the surface of the nasal mucous membrane. Dr. Russell, Professor of Chemistry at St. Bartholomew's Hospital, reported the fluid to be slightly alkaline, and to contain proteid matter, probably albumen, chloride of sodium, phosphates, and a slight trace of iron, but no grape sugar. The specific gravity was 1004. Mr. Taylor had found the specific gravity on another occasion to be 1009, when he analysed the fluid for Mr. Lawson, who had previously seen the case. After suggesting several theories to explain the case, Sir James Paget concluded by expressing his opinion, though speaking with much doubt, that the fluid was derived either from a frontal or ethmoidal sinus, or from the sub-arachnoid space, or the sac of the arachnoid membrane. He brought the case forward in the hope of hearing that similar cases had been observed, and that by collecting and comparing them, we might gain some knowledge of their real nature.

Mr. BRUDENELL CARTER had met with a somewhat similar affection in the case of a friend of his, in whom it began at the age of 80, and who was also much troubled with gout in various forms. Here the fluid came from both nostrils.

Mr. SPENCER WATSON had seen cases of chronic catarrh of the nostril where the fluid was limpid, but at times became purulent. In a man of 34 there was abundant discharge from one nostril when the head was lowered.

Mr. LAWSON had seen the present case, and believed that it was cerebro-spinal fluid which escaped. During sleep very little came away. Was this because less was then secreted, or only because the fluid was swallowed?

Dr. HEWAN had observed a somewhat similar discharge from the nostril of a phthisical young man, which had yielded to hypophosphite of soda; this was, however, of a catarrhal nature.

Dr. ALTHAUS inquired as to the condition of the olfactory nerves.

Sir J. PAGET replied that the sense of smell was perfect; his case differed essentially from the others quoted, in that the secretion never was purulent. It was certainly not a catarrhal affection. In any cases which are hereafter reported the amount of the secretion and its character should be most accurately stated.

Dr. THEODORE WILLIAMS communicated a case of

BRONCHIECTASIS AND LUNG EXCAVATION, IN WHICH AN ATTEMPT WAS MADE TO DRAIN THE CAVITY BY TAPPING.

The patient, a man æt. 29, had chronic pneumonia of both lungs, resulting in perfect resolution in one, and in induration and dilatation of the bronchi in the other. He subsequently had hæmoptysis to the amount of three pints, and lost two stone in weight. When admitted into the Brompton Hospital in May, 1877, the symptoms were convulsive cough and fœtid expectoration, containing large quantities of lung tissue, and so offensive in character as to cause frequent vomiting. There was also considerable pyrexia. The physical signs denoted consolidation of the base of the left lung with commencing excavation. During his stay in the Hospital the area over which cavernous sounds were audible increased considerably. Various kinds of treatment were tried to relieve the cough, and to facilitate and disinfect the expectoration, but all with only temporary benefit; and as the patient appeared to be poisoned more and more by the retained expectoration, and exhausted by the cough, on October 16th, 1877, a medium-sized aspirator needle was passed between the eighth and ninth ribs, in the area of the cavernous sounds, and appeared to reach the cavity, but on exhaustion only a few drops of blood followed the operation and the puncture was consequently closed with lint. The patient afterwards suffered pain in the infra-mammary region, but as his symptoms continued to increase, a fortnight later a second attempt was made to reach the cavern; this time the intercostal space below the scene of the first operation being selected, and a trocar and large drainage-tube being introduced. On reaching the pleura a pint of brownish fœtid fluid escaped, which proved under the microscope to consist of broken-down pus cells. Symptoms of collapse followed the evacuation of the fluid, and the patient was with difficulty rallied with stimulants. The abscess was washed out with disinfectants, but no improvement took place, and the patient gradually sank three days after the operation.

On post-mortem examination it was found that the lung contained a labyrinthine cavity formed by the breaking down of the walls of several dilated bronchi, one of which had been penetrated by the first operation. Overlying the cavity was a limited empyema, which the second operation had evacuated. The right lung was affected by recent pneumonia, the result of infection through inhaled secretion from the left, this being the immediate cause of death.

Dr. Williams remarked that it was often difficult to determine by auscultation the exact size and form of a cavity, and especially so when, as in the present instance, it communicated with several dilated bronchi, as reverberation of sound in these winding and irregular passages increased the area of cavernous sound, and gave the impression of a larger extent of cavity than really existed. Another curious feature was the presence of vocal fremitus, in spite of the presence of a large quantity of fluid, but this might be attributed to the very tense condition of the pleura from the amount of effusion poured out into a limited space. The failure of the first operation was due, not to any error in aim, for the dilated bronchus was penetrated, but to the tenacious nature of the expectoration preventing its passage through the aspirator, and the second operation, with the trochar and canula, while it tapped the empyema, did not consequently reach the accumulated secretion in the bronchiectasis.

Dr. SYMES THOMPSON approved of this treatment, and had had two cases recently where the opening into the bronchus having closed, the external wound was then healed; in opening the pleura it was very important not to allow any accumulation to remain, and to insert the drainage-tube in the very lowest part.

Mr. BRYANT did not believe in the aspirator for treatment of such cases; the proper method was to make a free opening and wash out the cavity, which was to be treated like an ordinary abscess.

Dr. GREEN drew attention to the fact that here there was a pulmonic cavity, while Mr. Bryant was alluding to cases of localised empyema.

Dr. DOUGLAS POWELL thought this distinction of great moment, and that a free opening was hardly applicable to a lung cavity surrounded and traversed by large vessels; for such a case he should prefer a trocar. A point of importance was that, in this case, as he believes is frequently noticed, cavernous breathing was heard over an empyema, and even vocal fremitus was felt over it. He considers that in such a case, when there is much pus expectorated, an empyema is probably present.

Dr. CAYLEY mentioned that, in Berlin, twelve or more such cases had been related, where lung cavities had been tapped, with no encouraging results. Where the cavity is basal it may be treated like an abscess, but in apical tubercular cavities such a course was of doubtful good.

Mr. BERKELEY HILL had opened a large cavity in the 7th right interspace in a patient at University College Hospital. At least 10 ozs. of fluid escaped, followed by such free hæmorrhage as to require plugging; there was much temporary benefit. After death, the result of a mediastinal carcinoma, other cavities were found, while that one which he had opened had contracted to a sinus.

Mr. MAUNDER had frequently urged the treatment of empyema as an abscess. He asked whether adhesions could be always predicted in these cases of abscess of the lung?

Dr. WILLIAMS, in replying, said that they could neither be confident of the size of the cavity nor of the amount of adhesion in his case.

Special Reports.

ABDOMINAL SECTION IN INTESTINAL OBSTRUCTION.

AT the Bath meeting of the British Medical Association, Mr. Jonathan Hutchinson, F.R.C.S., introduced the above subject for debate, particularly in reference to the proposed operation of abdominal section for exploratory diagnosis. In an elaborate paper he summarised the principal causes of real mechanical stoppage of the bowels, as intussusception, impaction of fæces or of foreign bodies, strictures, malignant, cicatricial, or simple, valvulus or twisting, internal hernial strangulation by bands or congenital *diverticula*, pouching of intestine and intestinal paralysis, pressure of tumours, and dragging of the bowel out of place. He submitted for criticism some memoranda for diagnosis and for treatment, and concluded with the important proposition—

That in the present state of surgical knowledge, exploratory operations for the relief of abdominal obstruction, the cause of which cannot be diagnosed, are not warrantable.

The results of the debate were not as productive as might be expected, though several valuable contributions on the subject have been published. Since that time, the question has been in abeyance, but it has been again revived by a provincial surgeon of acknowledged skill and ability.

At the Branch meeting of the British Medical Association, held at Huddersfield, Nov. 11th, Mr. Pridgen Teale, F.R.C.S., re-opened the question with views opposed to those of the original introducer of the debate.

We have been favoured with an abstract of the arguments advanced by Mr. Teale and other speakers, and hope to be able to publish *in extenso* Mr. Teale's communication.

In introducing this second debate, Mr. Teale drew attention to the paper of Mr. Hutchinson, as published in the *British Medical Journal*, Aug. 21st, 1878, particularly referring to the following lines :—

"Let no one compare abdominal section under such circumstances with ovariotomy, or urge that recent observations as to the tolerance of the peritoneum afford legitimate encouragement to boldness in these cases. It is one thing to diminish the abdominal contents by the removal of a large tumour, and to deal with intestines which are healthy and empty ; it is another and very different task to open an abdomen extended almost to bursting by inflated bowels which are in a state of disease, and ready at various points to give way. However careful the operator may be, it is almost certain that he will finish in having half the intestine outside, and in his being at his wits' end to get them back again, with perhaps the added horror of a rupture of the bowel, and unlimited extravasation of fæces. To reduce the bulk of the extruded bowel, acupuncture will have to be practised, and the surgeon will probably observe just as he is returning the now collapsed coils, that little feculent bubbles of air are still escaping at his punctures. I speak not ignorant of misfortune."

He ventured to disagree with the opinions of Mr. Hutchinson, and thought that the position of the question of intestinal obstruction at the present time was in exactly the same state as ovariotomy when it was first mooted. The innovator who proposed ovariotomy, met with opposition arising from the fears of timid surgeons to whom the dangers of the operation appeared formidable and insurmountable. The statistics were then wanting, and had the surgeons waited for them, they would never have been secured ; but they were made, and we had now a mass of statistical evidence proving the value of the operation. Similarly with the procedure advocated by him, statistics were wanting, but we had some confirmatory of the value of the operation. He said :—

"I must confess to having myself a strong bearing towards the operation, on the grounds both of theory and experience. I have six times opened the abdomen in apparently hopeless cases of obstruction of the bowels, and I do not consider that in any one of them the chance of recovery was taken away by the operation. The operation is justified on two cardinal grounds :—

"1. That the simple opening of the peritoneal cavity, in order to search for a cause of obstruction, is not of itself a dangerous operation.

"2. That there are many cases of obstruction of the bowels which must prove fatal, unless relief can be given, which can only be rightly directed by means of exploration of the abdominal cavity.

"As to the harmlessness of opening the peritoneum cavity, I need hardly remind you how constantly this is done in operations for hernia."

Mr. Teale then narrated the history of six cases, on one of whom he had performed calotomy, and who lived a year after the operation. In another case, life seemed to be prolonged beyond expectation, and had it been possible to have performed the operation earlier, the patient might have been saved. He dwelt particularly on the latter case, as it brought him face to face with the danger so graphically described by Mr. Hutchinson—viz., of returning largely-distended bowels ; but this he had overcome by a method he would lay before the meeting.

The patient, a young clergyman, had been taken suddenly ill with symptoms of intestinal obstruction. Mr. Teale was called into consultation by the brother-in-law of the patient, who, being himself a doctor, was in attendance. The symptoms were urgent, and it was evident unless some operative measures were resorted to death would speedily ensue. With the consent of the medical attendant abdominal section was performed, and the mischief was discovered, but in such a shape as hardly to admit of removal. In returning the bowels, in place of needless manipulation, forcing, and pressure, Mr. Teale resorted to short incisions, which relieved the distension and admitted easy reduction. The patient, after the operation, did not seem to have six hours to live ; but, contrary to expectation, life was prolonged for nine days, without a return of the formidable symptoms which necessitated the operation, so that in this case the operative procedure was not the cause of death. In conclusion, he said :

"If we look again at ovariotomy, what are the dangers there ? Mainly from fluids poured out from adhesions and diseased vessels—dangers which are absent in gastrotomy. Ovariotomy is further encouraged when we look at Keith's forty cases without a death. Now let us mark what are the teachings of my cases ? To encourage operation I verily believe that a day will come when we shall treat peritonitis—traumatic, ovarian, and puerperal—by opening the abdominal cavity, and emptying the intestines."

On the conclusion of Mr. Teale's address, Dr. Clifford Allbutt expressed his pleasure at the communication. In discussing the subject he desired it to be confined to its surgical side, though he might include under that head a mechanical procedure adopted by physicians—the use and abuse of enemas. Mr. Jessop, of Leeds, next contributed his experience, and recalled to the mind of his audience a case previously brought under their notice, in which he had performed abdominal section, with a satisfactory result. The symptoms were obscure, the cause unknown ; but it was discovered in the shape of a band. The patient made a good recovery. He also felt the difficulty described by Mr. Hutchinson, of returning distended intestines, but in this case it had been overcome. He could not speak from experience of the method of incisions advocated by Mr. Teale, but he thought that puncture would be a sufficiently safe and simple method of relieving the distention. Under certain conditions, and in a certain class of cases, he considered the operation justifiable.

After some observations from Dr. Echson, Mr. McGill, and Dr. Bartholome, the debate was adjourned.

In the present state of the question it would be premature to offer an opinion on the merits of the controversy, or *pendente lite*, to deliver judgment. There is one line of argument which admits of further extension. As the diagnosis of intestinal obstruction becomes more perfect, it will not be probable that abdominal section would be proposed or performed for any case admitting of relief by calomel and opium, or enemas ; so that the operation will be confined within strictly surgical limits, as the releasing of a stricture band, or diverticula. Diagnosis can only be perfected by experiment, ending in failure, or success ; but each failure or success will contribute to the desired end by increasing our number of facts, capable of comparison. We would thus obtain a mass of statistics, which might be classified, weighed, and valued, with almost mathematical precision ; so that we should be able to strike a balance between bold and daring surgeons on the one hand, and timid and inactive medicine on the other. As regards the use of enemas there is much to be said for and against. As a rule, enemas are abused, because the duty of giving them is entrusted to incompetent persons, and also because the instrument used is imperfect. If an enema be necessary it should be given by some one educated in its use. An O'Beirne tube should generally be employed ; whilst the injector should be properly balanced, and of a certain power.

As regards the general question, it cannot now rest ; and it is certainly desirable to have it ventilated in the freest possible manner. It is deserving of a more than provincial interest. If the adjourned debate aims at being productive of good, it would be well to elicit the opinion of metropolitan surgeons. This, with a little trouble and expense, might be secured by letter ; but, above all, it seems necessary, as Mr. Teale's communication is a virtual challenge to Mr. Hutchinson, to endeavour to secure his attendance.

THE Liverpool coroner held an inquest last Friday, on the body of a female child, three months old, who was poisoned by paraffin oil. A medical man had prescribed lime water and milk for the infant, and the mother sent out to a chemist in Great Homer Street for a pennyworth of lime water, but the assistant in the shop, a boy, gave paraffin oil instead, which was administered to the child. A verdict of "Death by Misadventure" was given, the jury very properly censuring the chemist for leaving his place in charge of a boy.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 27, 1878.

THE ADMISSION INTO HOSPITALS OF PAYING PATIENTS.

A FEW days ago a General Court of the Governors of St. Thomas's Hospital was held in the board-room, at which it was resolved to carry out one of the most extraordinary innovations that has ever been contemplated with respect to the admission of in-patients. It was not only proposed, but unanimously agreed to—"That the Governors of St. Thomas's Hospital do adopt the principle of admitting paying patients into wards to be appropriated for that purpose, and that it be referred to the Grand Committee to prepare a scheme for the sanction of the Charity Commissioners in order to carry it into effect."

The Treasurer remarked that the hospital was built to accommodate 600 in-patients, but owing to the want of available funds it did not accommodate more than 350. Out of twenty-one wards they had only thirteen open. He suggested that No. 8 block, with wards sufficient to accommodate sixty-one to sixty-three patients, should be devoted to the carrying out of the scheme. It was entirely separated from the other portions of the hospital; it was little used, and then only occasionally, while it afforded every convenience for granting home hospital accommodation to patients. He believed that two guineas a week might be charged to each ordinary patient, while a limited number of difficult "cases" might be charged three guineas and four guineas each. The surplus would be devoted to the poor in the hospital. He had had a consultation with the medical staff, and in the main they concurred in the scheme.

Such is the scheme which has for its authors the governors of one of the largest and most reputable hospitals in London—a scheme which we cannot contemplate without very grave misgivings as respects both the propriety and the success of the undertaking. And first, as regards the motives which have induced the governors to adopt a principle which is at variance with the very *raison d'être* of all our great charities, and to which the very name of *hospital* is a contradiction in terms. It cannot be urged that this motive is so pure and disinterested as to at once recommend the scheme to the attentive consideration of the public. Indeed, the treasurer is ingenuous enough to confess that one reason for adopting such a course is that it would assist in removing the pecuniary embarrassments of the institution. It would, he said, benefit first the hospital and then the public. He calculated an annual sum of £7,043 would be realised, for the moment the hospital was open to paying patients he believed there would be a host of applicants. The expenses would reach £4,219, which would leave a balance of £3,123. But should, we would ask, the fact that their funds are low and that several wards are closed, justify the governors of this hospital in setting a precedent, the propriety of which is very questionable, a precedent that might be followed by other hospitals, and the result of which might be almost fatal to the usefulness and popularity of the most charitable and beneficent institutions of modern times. Independently, however, of the motive for making this innovation, there is more than one reason for doubting its propriety. From time immemorial hospitals have been devoted to the nursing and treatment of the sick poor only, and it is in virtue of this benevolent purpose that they have always been so well supported, and often richly endowed, by those wealthy philanthropists who in all civilised nations ennoble our humanity. Take away that incentive which has poured so much wealth into the coffers of our hospitals, and you at once check at its very source the stream of public charity, and perchance make bankrupt institutions which were in a great measure supported by the voluntary contributions of the masses. It is quite possible that such an offer may be greedily grasped at by a certain section of the community that the fees paid may turn out so remunerative, and that the applications may be so numerous as to present the strongest temptation to open additional wards to the reception of paying patients, and thus to seriously interfere with the accommodation and treatment of the sick poor. This is one contingency which should not be lost sight of by those who may think that the scheme should meet with general approval. And then again, what will be the effect of this projected change upon the minds of pauper patients themselves? Nothing less than suspicion and distrust. You cannot bring under the same roof and under the treatment of the same staff of medical officers the rich and the poor together without incurring the risk of creating in the minds of the latter the impression that invidious distinctions are made between the two classes of patients, and that the poor do not receive the same amount of care and attention as those paying patients who are lying in the adjacent wards. Hence, while the well-to-do patients were taking every advantage of, and the poorer classes standing aloof from, the benefits of

hospital nursing and treatment, the hospital itself would, as a charity, almost cease to have any *locus standi*, and would forfeit the claims which it always had upon the benevolence of the public. Old subscribers would fall off, and intending subscribers would not be forthcoming, both parties labouring under the impression that their subscriptions might be diverted from the object for which they were given.

Nor must we overlook the effect which the proposed innovation would have upon the rank and file of the profession. For the general practitioner would be the loser by such a practice in more ways than one. Patients will be treated at the general hospital who, but for this new fashion, would have been under his own care. And in proportion to his loss would be the gain of the consulting physician, who would profit not merely by well-to-do patients being under his care in the hospital wards, but, indirectly, through the valuable introductions which they would give him to patients outside. No wonder, therefore, that "the medical staff concurred in the scheme." Strange would it have been had they opposed it. No doubt it will be said that the interests of the few should be sacrificed to those of the many, and that no vested interests should be allowed to interfere with any reform in favour of the public good. We will admit the soundness of the plea, but that is no reason why the very hospital whose school supplied the general practitioner with the means of gaining a respectable livelihood should also attract to its wards patients who, properly speaking, belong to him—why it should take away with one hand what it has given with the other. Against the principle of provident hospitals for the middle classes we are not altogether opposed, as shown by the remarks which we recently made in favour of the proposal to establish "home hospitals" for that clsss of people. But if there is a public want in this direction by all means let it be met by the foundation of special institutions, and not by the subsidising of those whose legitimate and only use should be that of giving shelter and medical advice to the sick poor.

Even lack of professional knowledge might be another outcome of the admission of paying patients into hospitals. In towns the general practitioner's knowledge of practical and operative surgery often suffers through the transference to the hospital of accidents and other surgical cases, and is his loss of surgical experience, which cannot well be obviated, to be supplemented by a corresponding loss of medical experience through the temptations held out to patients to put themselves under hospital treatment? Moreover, the governors of St. Thomas's Hospital cannot set up one plea which might have justified them in taking the course they are about to pursue, namely, that of providing wards for the reception of well-to-do patients suffering from infectious diseases, for they distinctly state that such patients will not be admitted into the wards set aside for those who can afford to pay. But those are just the very cases which may be legitimately, and, in a hygienic point of view, very properly taken to a hospital or some special institution. and just the kind of cases which most medical men would be only too glad to hand over to the medical staff of a general or special hospital.

We trust, therefore, that the scheme upon which the governors of St. Thomas's Hospital have set their minds, and with regard to the success of which they are so sanguine, may be very carefully thought over, not only by the authorities of all the other hospitals, but by the profession at large, and that the proposed innovation will not be too hastily or too generally adopted, or without duly considering the effect that such a change might have upon the minds of the public, as well as upon the fortunes and general usefulness of the hospitals themselves.

THE CONTAGIOUS DISEASES ACTS AND THEIR WORK.—I.

THE RECENT AGITATION IN DUBLIN.

It would seem as if Mr. Stansfeld, M.P., with Mrs. Josephine Butler and *the other* gentlemen who have devoted themselves and their political influence to the spread of views with which we are totally at variance, purpose to make an onslaught of unusual vigour upon the Contagious Diseases Acts during the coming session of Parliament, for they have started at an earlier period than usual upon their annual stump expedition, and have selected Dublin for their first *reconnaisance*. In that city they have found a somewhat favourable scene for their operations, for there the general public is entirely and helplessly ignorant of the subject, has a vague idea that the Contagious Diseases Acts have something to say to the foot-and-mouth disease in cows, and naturally expected that Mrs. Josephine Butler would have expended her oratory in a denunciation of the traffic in pleuro-pneumonic beef, or on some kindred subject, with which only butchers, farmers, and steam-ship companies are concerned. But there are also in Dublin a considerable number of estimable people who atone for the entire absence of knowledge and for a certain slowness of comprehension by the cultivation of that charity which covereth a multitude of sins. This class of the citizens of "the second city of the empire" are pre-eminently amiable—gushingly philanthropic—and ravenous for something upon which to glut their redundant humanity. They live in the "fool's paradise" of a city in which the daily newspapers are devoted without exception to the chronicling of small beer, and as these amiable people never read books, seldom see a London journal, and would not venture their minds even upon the outskirts of a large social subject, their gushing philanthropy is always ready for the reception of any horror with which political traders in agony choose to supply them. Thus it is that the agitators in anti-vivisection, anti-vaccination, and anti-contagion-prevention, find so receptive a soil in Dublin for their harrowing narratives, and it will be readily understood how delightful a sensation it must be for stump philanthropists who are accustomed to hard knocks from inquiring and reasoning Englishmen and Scotchmen to take their holiday in Dublin, where almost everyone shrinks from the notion of standing up in public to discuss so dirty a subject with them—where the audience which does listen is hopelessly incapable of expressing even the vaguest opinion as to the truth of the facts and arguments presented to them, and where a room can be filled with people who profess the creed

that it is naughty even to think of—much less to study—any statement which could shake their happy faith in the humanitarianism of these teachers, or any fact which might disenchant them of the pleasing delusions under which they suffer.

The Anti-Contagious Diseases Act agitators have, as we have said, made their little speech in Dublin and gone away hardly satisfied, we fancy, with their success, for they met with a thorn in the flesh in the person of Dr. Thomson, Surgeon to the Richmond Hospital, who showed himself the possessor of the courage of his convictions, and, with praiseworthy energy and much ability, refuted and repudiated much of the stuff provided for the pap-feeding of Mrs. Butler's listeners. Dr. Thomson did good service, if only that he put on record an emphatic denial of statements which would otherwise have been swallowed and digested by the hungry audience. True, that audience is insignificant in number, and less than insignificant in either knowledge or intellect; but it is stupendous in talking-power, and—being untrammelled by any doubts as to the stories told to them, and repeated by them—might cause those stories to be received as true, if their truth was not emphatically challenged by those who know better. Thus Dr. Thomson struck the first blow in a defence of the Acts in which we feel ourselves bound to help him and sustain them. As, however, not only the general public in Ireland, but the members of our own profession are, in most instances, altogether unacquainted with the actual working of these Acts, we proceed, before entering upon any argument in their favour, to set forth, as briefly as possible, the exact method by which they are worked.

THE HISTORY OF CONTAGIOUS DISEASES LEGISLATION.

The purposes of the Contagious Diseases Acts are three-fold—

1. To save the community (and especially the wives and children of soldiers and sailors and those who reside in the neighbourhood of large military and naval stations) from the evils attending upon the dissemination of constitutional venereal disease.
2. To protect the standing army and navy from the inroads of such diseases, and thus to economise the lives, the health, the military efficiency, and the money cost of our soldiers and sailors.
3. To save the prostitute population from the effects of their own vices, and to facilitate their rescue from their life of infamy.

In order that the reader may understand the circumstances which led up to the existing system it is essential that we shall give, as briefly as possible, a historical *résume* of the growth of the legislation now in force, which we abridge from a valuable and exhaustive circular presented in 1873 to the Admiralty by Dr. Sloggett, the Inspector of Certified Hospitals.

Although the evils arising from the prevalence of syphilis in the army and navy had been generally acknowledged by officers of all classes in both services for a long period, it does not appear that any measures were adopted for the cure of infected women at the seaports until the year 1854. At this time the nature and different modes of propagation of syphilis had become more generally understood by the medical profession; various diseases of internal organs, of the brain, liver, lungs, &c., all serious in their injury to the constitution, and often fatal to life, previously supposed to depend on other causes, were recognised as being of syphilitic origin; while the hereditary transmission of the disease to unborn children, and its communicability from infected persons to others by innocent and accidental causes, were facts now ascertained to be of not infrequent occurence.

In 1853, owing to representations made by Sir W. Burnett, Medical Director-General of the Navy, of the serious and permanent injury to the naval service by the ravages of syphilis among the crews of ships stationed or fitting out at the home ports, inquiries were ordered to be made with a view of considering the best means of remedying the evils complained of; and on June 11, 1853, Sir J. Richardson reported that syphilis prevailed extensively among the women in Portsmouth, that the cost of men treated for this disease in Haslar alone amounted to £4,000 per annum, and recommended the erection of a lock ward for women in connection with the Portsea Civil Hospital, the authorities of which were willing to consider favourably any proposals on the subject from the Admiralty.

These proposals were at once adopted as to the women at Portsmouth, the Admiralty consenting to pay for the erection of a lock ward to hold twenty beds, and a further sum of £500 per annum for the cost of the patients. In the year 1856, eight additional beds were provided, but as the women could only be admitted into the hospital on their own application, or of their own free will, and could leave at any moment from caprice or a desire to return to prostitution, but little impression was made on the great mass of existing disease.

As we are now engaged with a simple history of the Acts, we refrain from reference to the repeated and earnest representations made between the years '53 and '62 to Government on the prevalence of venereal diseases.

In 1857 communications were again entered into with the trustees of the Devonport Dispensary, but no definite arrangements were made until 1861, when Mr. Woollcombe, a gentleman of considerable influence, of great business ability, deeply convinced of the advantages of preventive legislation against syphilis, was made chairman of the Dispensary Committee, and set himself seriously about carrying out the wishes of the Admiralty. He resumed the communications with the Board of Admiralty and Secretary of State for War; and an agreement was entered into, that half the cost of erecting an hospital for sixty beds, thirty of which should be for lock purposes, should be inserted in the estimates for approval of Parliament.

The hospital was opened December 1, 1863, with thirty-eight available beds in the lock wards.

(To be continued.)

In the principal foreign cities the annual rates of mortality, according to the most recent Weekly Returns were—in Calcutta 33, Bombay 37, Madras 52; Paris 25; Geneva 21; Amsterdam 21, Rotterdam 26, The Hague 21; Copenhagen 19; Stockholm 15; Christiania 19; St. Petersburgh 32; Berlin 26, Hamburg 23, Dresden 23, Breslau 25, Munich 34; Vienna 27, Buda-Pesth 32; Rome 28, Naples 22, Turin 26; and Alexandria 50.

Notes on Current Topics.

The Tomes-Lubbock Type of Dental Surgeon.

THE General Medical Council has, as we stated last week, completed its tale of one thousand persons registered as dentists who don't even make a pretence of knowing anything about dental surgery. Lest our readers may entertain doubts respecting this astounding fact, we quote for them two paragraghs, clipped from the correspondence columns of the *Chemist and Druggist*.

"If," says the editor, "chemists and druggists have only practised one branch of dentistry—the extraction of teeth, for example—that is quite sufficient to justify them in subscribing the declaration (*i.e.*, that they are *bona fide* in the practice of dentistry in conjunction with pharmacy). This, we should add, is not merely our own opinion, but is likewise held by the gentlemen who prepared the Act."

The sense of this advice is that it is not in the least necessary for the person who seeks to be registered as a dental surgeon to know anything about the special work of a dentist—for instance, the saving of teeth by removing caries and stopping them; the straightening of teeth; the growth of the jaw; the fitting of false teeth, or the making of artificial dentures.

It was the desire of "the gentlemen who prepared the Act," that persons should be registered, though perfectly ignorant of all these matters.

But there is worse to follow. A question has been submitted to us, says the editor, namely, whether an assistant to a chemist and druggist, if he (the assistant) has *bona fide* practised any branch of dentistry can claim registration. We think he can. He is asked for nothing more than a declaration that he has been (before July 22, 1878) engaged in the practice of dentistry in conjunction with pharmacy, and he must decide for himself whether he can truthfully say "Yes" to that.

This means that the boy who washes the bottles and minds the shop while his master, the druggist, is at breakfast, is perfectly justified in making the required declaration, and getting himself registered as a dentist, if, in this limited interval of private practice, he has pulled a loose tooth from an old woman's gum, or stuffed a little boy's "acheri" with a bit of cotton wool.

Truly, the *bathos* has been reached when a druggists' boy may form his own opinion as to what constitutes *bona fide* dental practice, and may achieve the rank of a registered dentist by the help of an elastic conscience and a penny stamp.

Lady Doctors.

FORTY-EIGHT American ladies, students of medicine, under the guidance of a professor, have recently visited the hospitals and scientific establishments of Venice, Milan, Florence, and Parma, so that evidently the movement is gaining ground in the States.

The following particulars in reference to the granting of degrees to women may be interesting. The first diploma granted to a lady during the present century was given at Boston in 1848. The University of Zurich opened its portals to a lady in 1864. In 1872, Russia authorised ladies to attend the course of the St. Petersburgh School of Medicine. In Germany, Mdlle. Van Siebold was the first to receive the doctorate, and since 1874, Leipzic had admitted three ladies. In 1861, Mrs. Garrett Anderson was admitted by the Paris faculty to the degree of doctor of medicine, and is the only lady who has received the licence of the Apothecaries' Society of London.

It may be interesting to ladies to know that some years ago a high medical official in the service was found, after death, to be a female; for years this lady had dressed in man's attire, and had so concealed her sex, that it was never suspected by her fellow officers. She was in charge of some of our important settlements. There was some degree of mystery as to how she obtained her diploma—we allude to the lady known by the name of Dr. Barry. There are officers now in the service who remember her, and whom she has probably treated.

On the Unification of Weights and Measures in Medical Science.

M. R. DE MUSGRAVE CLAY has devoted an article in *Le Progrès Mèdical* of Oct. 19 to this very important subject. As we are thoroughly in agreement with him on the desirability of this reform, we hope by directing attention to his views, to accelerate the adoption of the metric system.

He tells us, very truly, that we have now arrived at an epoch when science tends more and more to become international. The *savants* of to-day do not work alone for the little corner of the earth which gave them birth; their horizon is enlarged, as the intellectual relations between different countries are facilitated and multiplied, and hence, their scientific work is for the common good of humanity. To render more efficacious our scientific system, the methods in use should be as identical as possible. Our forefathers had a common language, Latin, which at the present day would be more embarrassing than useful. There is one simple language common for certain inquiries—viz., the adoption by all countries of a unified system of weights and measures, such as that at present used in France. This international instrument of communication may be easily generalised, for there is nothing to create. The metric system is an accomplished fact; its practical utility and extreme simplicity are acknowledged, and its admirable mechanism might be mastered by any moderately intelligent man in ten hours. France alone does not request this unification. It has been suggested in England. Germany has demanded and obtained it; and the United States at present are taking the lead in the campaign in favour of this international system.

The *New York Medical Record*, the *Boston Medical and Surgical Journal*, the *Chicago Medical Examiner*, &c., are all in favour of the scheme, whilst most of the American associations have supported it. The various congresses held in different countries have repeatedly urged on the question. M. Musgrave Clay further adds, the way of reform is good, but we must not deceive ourselves as to the distance yet to be travelled. The uni-

form system must gain ground step by step and little by little.

International congresses can exercise only a general influence on this reform, as they are held at too long intervals, and their programmes are generally so full. But the more scientific thought becomes interchanged, the more inconvenient will be found the multiplicity of systems now in vogue. The French physician has to transform into centigrades the temperature of Fahrenheit, and a prescription of grains or scruples into centigrammes; whilst the English physician has to perform an inverse task.

M. de Musgrave Clay thus concludes: "The medical press is all powerful in this respect. If all foreign medical journals followed the example of the *Chicago Medical Journal and Examiner*, and published at the head of their numbers a short *résume* of the metric system, with explanatory tables, the reform would not be long, before it was generalised. The metric system would soon be adopted by the entire world, and the dream of a national convention would be realised."

Baptiste and Jacques Tocci.

We are indebted to the *Lyon Medical* for the following description of a double creation now on view in the Rue de la Barre; being that of an infant, æt. 12½ months, with two heads, four upper extremities, two thoraces, one abdomen, one penis, two testicles, one anus, and two lower extremities, and called Baptiste and Jacques Tocci. They were born on Oct. 4, 1877, at Loccana, in the arrondisement of Turée Haute-Italie; their father, æt. 32, and mother, æt. 20, accompany them, the latter being a perfectly-formed, beautiful, and healthy Italian brunette. This was her first pregnancy, which was perfectly normal. During the period of carrying she had not experienced any emotion or shock likely to exercise any moral influence in causing this strange formation. Her labour lasted eight hours, the children presenting by the head. According to the testimony of the midwife, there was only one placenta and one cord. At the age of one month the twins were taken to Turin and examined by Professors Rubini and Mosso. At present Baptiste and Jacques Tocci are two strong children for their age, though neither have teeth. There are two heads, two necks, and two upper trunks absolutely distinct, so that in front and rear they seem like two individuals.

About a line starting from the insertion of the diaphragm the single character commences, and in front it looks as if it were one individual, though behind there are indications of two dorsa.

The anus is unique, and some of the observations in connection with it are singular, for according to the evidence of the father, defæcation takes place in each individual separately, noticed by the efforts of expulsion made by one of the upper heads without disturbing the other, so that there would seem to be two digestive tubes opening into a single rectum.

Dr. Mosso found that the heart of Baptiste beat at the rate of 152 a minute; that of Jacques, 154. The most interesting part in connection with them are the nervous functions. The cerebral and spinal centres are distinct, and there are three hypotheses as to the distribution of nervous power in the lower extremities.

Baptiste and Jacques present a certain analogy with a double monster known under the name of Rita-Christina, observed by Geoffroy Saint Hilaire, in Paris, in 1829, and reproduced by him in his Atlas. Most of our readers will remember Millie-Christine, who was lately exhibited in England. As Baptiste and Jacques Tocci increase in years interest will grow with their development, for there are many obscure points which can only be solved by time.

MM. Colrat and Rebatel indulge in this speculation:—"If they reach puberty, as they only have one genetic organ, how will it supply the wants of a double intelligence?" The twins have escaped the perils of the first 12 months of infant life, and may probably live to puberty, for, according to the historian Buchanan, a somewhat similar creation lived to the age of 28 years at the court of James IV.

The Treatment of Prisoners in Clerkenwell Gaol.

Judging from a case recently reported in the daily papers there seems to be a good deal of neglect with regard to the treatment of prisoners in this gaol. The youth Nolan was admitted on Aug. 8th in good health but thin, and by no means strong; and the severe weather of the last few weeks, coupled with the privations to which he was exposed after his admission, appear to have brought on congestion of the lungs, from which he died. For some time before he was sent into the infirmary he was kept (as a punishment) on bread and water diet, and was obliged for several days to sleep on a plank bed. Now, bread and water diet means, a one pound loaf and as much water as the prisoner likes to drink. The loaf is handed in at dinner-time, and if he eats all his bread then he has nothing more till dinner-time the next day. Sleeping on a plank means sleeping on a long piece of wood, about three feet wide, with a wooden block for a pillow, and a very scanty supply of clothes. Such treatment, even if in the way of punishment, was scarcely fit for a delicate over-grown lad, who had been accustomed to pretty good living, and, therefore, it can excite no surprise that before long he complained of pain in the side, and had to be sent into the infirmary, where he soon wasted away, and died. No prison should be made so comfortable as to defeat the object for which it was intended; but to punish a man who is no hardened criminal, and who is by no means strong, by putting him on very low diet, and making him sleep upon a naked board, is neither politic nor humane. We certainly think that in cases like these medical officers of prisons should have more power than they have to take such hygienic precautions, and so to supervise the prison dietary as would render it impossible for prison authorities to be charged with accelerating the death of a prisoner. In a sanitary point of view it would be far better to inflict upon prisoners some other kind of punishment than that of bad diet. It is a hard case if a delicate man cannot be committed to prison for two or three weeks without the risk of being almost starved—although, perhaps, accidentally starved—to death. However severely he be punished, let him have proper food;

otherwise the sentence that is passed upon him in the first instance is aggravated ten-fold beyond what was originally intended. We hope, therefore, that the voice of the profession will be raised in favour of feeding criminals in a more rational and humane manner, and against the system of punishing criminals by making them live upon bread and water, and sleep upon a plank.

Anonymous Journalism.

A CORRESPONDENT of the *Illustrated London News* says: 'It is quite true that personally and in pocket the writer of leading articles suffers grievously from the maintenance of the anonymous. In France the successful journalist may become a deputy, an academician, an ambassador, a minister of state. Thiers, Guizot, Villemain, Sainte Beuve, Fleury, all began their career as journalists or as professors. Some of the wealthiest newspaper proprietors in Paris have been simple journalists. Louis Veron, Nestor, Roqueplan, and Alphonse Royer, successively managers of the Grand Opera, were newspaper writers. Jules Janin, dramatic critic of the *Journal des Débats*, was a member of the French Academy. John Lemoinne, of the *Débats*, is an Academician now. The English journalist, however eminent may be the rank which he has taken in his profession, may expect to become—just nothing at all. No academic distinction, no cross of the Legion of Honour, no chance of getting into Parliament—unless he have plenty of money, or, in Ireland, priestly patronage. In the face of these mournfully obvious facts, I yet contend that the English press would not be half so useful nor half so powerful as it is were journalists to sign their names to their articles."

We would observe that these remarks, which are so true and just with regard to political journalism, are alike applicable to the literary labours of the medical journalist. There is, however, this distinction, that whereas, the former devotes the whole of his time to the vocation he has chosen, and has nothing else to look forward to; the latter is engaged also in other pursuits which are far more favourable both to fame and fortune. He takes up journalism to supplement a small, or while he is on a fair road to earn a large, professional income, and as he has to write for a weekly and not for a daily paper, neither is his time, nor are his intellectual energies severely taxed. If, therefore, anonymous writing were given up, as regards the lay newspapers and magazines, there would not be equally good reasons for medical journalists following the example. On the other hand, the advantages of anonymous medical journalism are not one whit less than those which the correspondent of our contemporary has put to the credit of the English lay press. For undoubtedly the medical press would not be half so useful nor half so influential as it is were its editorial staff to sign their names to the articles which they have respectively written. It is to be hoped, therefore, that in this country the practice of anonymous journalism will never be discontinued, and that nothing of the kind will be done to jeopardise the respect and attention which the English press, both lay and medical, now claims from all classes of society.

Sanitation in Dublin.

A FEW days ago the Chief Secretary for Ireland received a deputation in Dublin Castle of influential citizens and many members of the medical profession, and a memorial was presented, urgently calling the attention of the Government to the high death-rate in the city, which exceeds that of any other town in the kingdom, the average being over 30 per 1,000 of the population for the last six months. The memorial further asked the Government to appoint a commission of inquiry. Mr. Lowther said the question was one of paramount importance, and added that the state of the river was a public scandal. He would make himself familiar with all the bearings of the subject, and would recommend it to the consideration of the Government.

The Charge against Lady Gooch.

THE case which virtually terminated at Marlborough Street on Saturday, exposes one of the most extraordinary attempts that have ever been made by a woman to simulate delivery, and to produce a supposititious heir to an estate. We need scarcely remark that there are many features in the case, and that in the course of trial many facts were elicited which afford matter for grave reflection to the moralist, the jurist, and the physician. It is, however, with the medico-legal aspect of the evidence that we are alone concerned, and yet so simple, artless, and ludicrous were the proceedings with regard to the pretended confinement that we are almost at a loss to express any other feeling than that of surprise that a sane person could think of attempting such an imposture in a manner which would inevitably lead to its exposure. It is not an uncommon event for a medical man to be called upon to ascertain the existence of delivery in concealed cases; but he has rarely to declare its non-existence in pretended cases, and still more rarely is it his lot to be placed in the extraordinary position in which Drs. Worthington and Laking found themselves. That these gentleman refused in the strongest possible terms to be in any way participators in the projected imposture cannot excite the surprise of any one who is acquainted with the *morale* of the medical profession, and the high and honourable tone of feeling that usually characterises its dealings with the public. Indeed, we should be only casting a reflection upon the fair fame of that profession were we to compliment the medical witnesses in this case for having done what we hope every other member of the profession would have done under the same circumstances. That there are some black sheep amongst us as among any other classes of people, we would not deny, and some organs of the lay press, as well as the counsel for the defence, hinted that in this huge city Lady Gooch might have gone to some needy practitioner who could have been bribed into taking a share in the conspiracy. And there can be no doubt that had the attempted imposture been carried out with more skill and secrecy, and with the connivance of the husband himself, and the assistance of a medical man, the conspiracy might have escaped detection. Fortunately, however, for the ends of justice, the complicity of a medical practitioner is almost essential to the success

of this kind of imposture, and fortunately its heinous and highly criminal nature, the cruel injustice of the deception, and the difficulty of carrying it out, would shake the resolution of a far more wicked and desperate character than the lowest and most needy practitioner in the darkest slums of London.

But in such an open and shameless manner did the unhappy lady endeavour to gain her object, that, as her counsel very naturally remarked, "it is her sanity rather than her innocence that is left in doubt." Whether the desire to have a child had so preyed upon her mind as to have bereft her for a time of all sense of the wickedness of her design, and even of all discretion and judgment as to the best means of carrying it out, it is not our place here to discuss. It is perhaps to be hoped that the unfortunate lady was really labouring under a temporary attack of monomania, which overpowered her judgment and her moral sense. At all events, she must have been either very wicked or very weak-minded, and while it may be within the province of the jurist to show that she is to be classed among the meanest of criminals, it would be to us a more congenial task to make out that she was scarcely responsible for her actions.

Mrs. Rousby and her Bruises.

THERE is one point with regard to the infliction of bruises which seems to have escaped the notice of the parties concerned in the recent trial for an alleged assault on Mrs. Rousby. No one could have read the evidence adduced on that occasion without seeing that the witnesses for the prosecution endeavoured to make the most of the injuries which the plaintiff had received; but we were scarcely prepared for medical witnesses giving colour to the exaggerated statements that were made with regard to the severity of the blow which Mrs. Rousby received from the defendant. Mr. Edwin Canton, in his evidence, stated that, in his opinion, "a violent blow would have produced the bruises that were seen on that lady's arm;" and when the Lord Chief Justice said: "Must the blow have been a violent one?" Mr. Canton replied: "It must have been a very violent blow, my lord." Now it is a well-known fact that the appearance of a bruise is not always a measure of the force that was used in making it. Either from some poor or peculiar condition of the blood, or from the tender, sensitive, and delicate state of the skin and subjacent structures, marks will be produced on some women's arms by a very slight blow indeed, or by what may be regarded as nothing worse than a little rough handling of the part affected. Such was the case with a patient who recently came under our observation. The slightest violence, such as her husband taking hold of her arm a little roughly, would leave a discolouration that was quite visible for the next two or three days. This fact should be borne in mind by all medical jurists and witnesses, especially as their opinion is so often asked with regard to the inference that may be drawn from the appearance of a bruise.

DR. CHARLES GEORGE LYSTER, F.R.C.S.I., has been appointed to the Commission of the Peace for the co. Kilkenny.

The Social Status of Our Profession.

A CORRESPONDENT of the *British Medical Journal* gives utterance in its last issue to a piteous wail respecting the humiliating position in which the rank and file of the profession find themselves in society. The editor thus comforts him:

"Unfortunately, the preliminary education of doctorr and their general culture are not yet on a level with that of clergymen or barristers, although, of course, in individual instances it rises high above it. Indeed, any one who will attend any of the societies, even those such as the Clinical and Pathological Societies, which are frequented by the flower of the rising hospital men, will often be shocked at the palpable want of culture, and the absence of not only the graces, but the proprieties of diction; the want of sympathy with the scientific mind; and the strangely insular narrowness of information or reading which characterises the utterances of many of those who must, by mere efflux of time, rise to positions which will entitle them to present themselves to the world as 'leaders of medicine.' We speak it with shame and humiliation; but in no hospitals and societies of Europe can such examples of doleful ignorance and inept silliness in high places be observed as in those of London, alongside of honest merit, and sometimes also in startling contrast with the utterances of men of brilliant gifts."

This is not a felicitous picture of the social culture of our profession, but surely the journal which is the mouthpiece of the great guild of general practitioners, ought to know all about the subject, and what it says on such a point must be true. But without venturing to pin our faith to the foregoing estimate of the social status of medical men, we can unhesitatingly concur in our contemporary's statement of reasons which follows:

"We attribute this, first of all, to the evil influences which have lamentably divorced the education of medical men from that of the gentlemen of England about to enter the other professions, and expelled medical teaching from the English Universities, which are the centres of culture; next, to the rather low grade of preliminary education which is judged suitable by the examining bodies generally; and finally, and this perhaps is now one of the most active causes, to the excessive number and competition of the London medical schools."

We could enlarge upon this subject, but content ourselves by asking how any profession could hold its head up in society which admits to its schools children of 16—tolerates a helter-skelter competition amongst its colleges as to which shall require the least and the cheapest education—gives the half-fledged young gentlemen entry into its ranks with no better Arts education than that possessed by a third-rate booking clerk—and encourages the ultimate devotion of all this education and intelligence to the keeping of open shop for the sale of hair oil and porous plasters.

Coated Pills.

IT would appear that at the Paris Exhibition there was among other preparations a grand show of various kinds of coated pills. There is, we are glad to say, a growing tendency at the present day to make up all kinds of medicine in as palatable a form as possible, and the English and French pharmacists vie with each other in rendering the most nauseous drugs comparatively tasteless. From the United States, says *New Remedies*, where these preparations have been long in use, Messrs. Warner & Co., of "New York" [Philadelphia?], show a case full of hand-

some looking "sugar coated" pills. Messrs. Schieffelin & Co., of New York, also show a large variety of pills enveloped in a "soluble coating" of good appearance. Then there are the "compressed pills" of Messrs. Wyeth, which are said to be formed by simply pressing the powdered drug, without any admixture, into a kind of flattened pill. In the British department, Messrs. Richardson & Co., of Leicester, who claim to be the largest makers of tasteless pills in the world, exhibit upwards of six hundred varieties of their "pearl coated" pills. These "pearl coated" pills are said to be perfectly soluble in cold water, and to keep unaltered and uncracked in any climate. Another case, containing coated pills, is that of Messrs. Kirby & Co., of Hatton Garden. In the French department, the non-metallic coated pills do not, perhaps, take quite so prominent a position, though the granules and pearles could not be easily surpassed. But the brilliant burnished appearance of the silver-coated pills is very noticeable. Printed pills are exhibited by M. Torchon, of Paris. Here, too, is to be seen M. Limousin's ingenious invention for the administration of nauseous powders, which has now obained wide acceptance, the "cachets médicamenteaux," together with the press and wafers used in their formation.

Wood Spirit as a Poison.

It is known that methylic alcohol, or wood spirit, is extensively used in adulteration of spirits of wine destined for commerce. Some recent observations by a medical professor in Nancy, M. Poincarré, seem to show that its use is apt to give trouble. He made some animals live several months in an atmosphere, renewed, indeed, but constantly charged with vapours of methylic alcohol, and found that they became subject to embonpoint owing to abnormal development of the abdomen. This is chiefly due to enlargement of the liver, which shows fatty degeneration, as do also the heart and the lungs. The brain is congested, and the meninges are inflamed, &c. As many workmen—*e.g.*, hatters, live in an atmosphere charged constantly with vapours of wood spirit, the facts just given should be taken into serious consideration by hygienists.

Medical Students in Paris.

The "Numero des Etudiants" of the *Progrès Médicale*, says that the number of medical students of the Paris Faculty of Medicine during the scholar year 1877-78, was 5,035. Of these, 627 either received their diplomas, died, or repaired to other faculties, leaving for the commencement of the scolar year 1878-79, the number of 4,408 students. These are classified as follows:—1. Students of the first year, who have taken from one to four inscriptions, 676. 2. Those who have taken from four to eight inscriptions, 558. 3. Those who have taken from eight to twelve inscriptions, 530. 4. Those who have taken from twelve to sixteen inscriptions, 576; students who have not yet undergone any examination for the diploma, 595; students who have undergone one or more examinations for the diploma, 1,493. This numof 4,408 will be increased by the students now entering for the present scholar year, and which, according to the mean of former years, will amonnt to 730.

The Contagious Diseases Acts.

The Earl of Devon, speaking at a meeting of the Royal Albert Hospital, Devonport, declared that the Contagious Diseases Acts and the lock wards connected therewith had worked, and were still effecting, the greatest possible moral and physical good, not only among the women, but upon the whole population. Admirals Farquhar Stewart, Willes, and Napier, with several clergymen, bore similar testimony.

The Registration of "Higher Qualifications" in the Dental Register.

Under Clause 6 of the 11th section of the Dentists Acts the General Medical Council is authorised to register higher titles additional to the actual qualifications which confer the right to dental practice. Questions arose as to whether these higher qualifications meant medico-chirurgical degrees, or only higher diplomas in dentistry, and the Council decided to take advice thereon. Their legal adviser has informed them that they must register higher dental titles only, and not diplomas in surgery or medicine.

Some points in the Physiology of the Embryo, and in particular on the Physiology of the Heart at the moment of Formation.

In a communication addressed to the Paris Academy of Medicine, M. Laborde has endeavoured to solve some of the above points. He confined his researches, for the present, to the following problems:—

1. At what moment of incubation does cardiac pulsation commence?

2. In what part of the organ does pulsation commence?

3. How is the succession of beats produced during a cardiac revolution, and in what portion of the organ does this revolution commence?

From the first part of his researches he has drawn the following conclusions:—

1. The heart of the embryo is set in motion and assumes its function almost as soon as formed, when it only consists of a simple tube.

From the twenty-sixth hour of incubation, and perhaps sooner, pulsation may be noticed; alone amongst the organs in formation, the heart discharges its function from the time it is developed. At this period the protoplasmic elements of the heart are absolutely instinctive, that is to say, they have not yet received the character of muscular or nervous elements. Yet the contractile property of these elements is seen by their play and the manifestation of this physiological property; this is a new and topical proof of the functional autonomy of the property of contractility.

2. Cardiac pulsation, at the onset, commences in the venous portion of the heart; consequently, cardiac pulsation commences in the part which will, later on, become the auricles, and it is also in that part that pulsation ceases on death of the heart; so that the *ultimum moriens* is also the *primum se movens*.

3. In the successive morphological transformations the heart of the embryo—a future warm-blooded animal—represents t heart of a cold-blooded animal. The pulsa-

tion, as in the heart of these animals, is made from the venous portion, to the ventricular and arterial portion, by an invariable rythmic succession, represented by a measure *a trois temps*.

4. In a functional point of view, observation of what takes place in the embryonic heart, at this transitory period, furnishes a new demonstration of this physiological fact—viz., that the succession of movements, constituting a cardiac revolution, commences in the venous and auricular portion, to be continued and to end in the ventricular and arterial portion.

M. Laborde intends to prosecute his researches further, and we shall look forward with interest to a fuller account of the steps and methods adopted by him in verification of his observations.

The Professorship of Midwifery in the Queen's College, Cork.

THE chair of midwifery vacated by Dr. Joshua Harvey, and so long pending, has been conferred on Dr. H. MacNaughton Jones, whose candidature was known to have been very promising. Dr. Jones is well known to our readers as a frequent contributor, and, in his own city, as a worker of indefatigable energy. He has long been connected with the Queen's College, and is now physician to the Cork Maternity. Amongst his obstetric writings are valuable papers on "Fibroid Tumour of the Uterus," and on "Hour Glass Contraction and Retarded Placenta."

The Medical Council and Direct Representation.

THE Executive Committee of the Medical Council has, we understand, agreed upon its report, respecting the reform of the constitution of the Council, and suspended its sittings, and we believe that it is likely that a Special Meeting of the Council wil be held in January next, to discuss the subject. If this be so, we are gratified that the Council means to redeem its pledge to government, and that there should appear some probability of a settlement of the much vexed question of direct representation. To that dogma we do not pin our faith, but we certainly adopt as our "platform" a thorough reconstruction of the Council. We very much doubt that the addition of six general practitioners to the medical parliament will cure the evils of which the profession complain, or effectually neutralise the overwhelming preponderance of the licensing bodies in the deliberations of the Council. We fear that the six elect of the general practitioners would have but slender chance of out-talking the nineteen delegates of colleges and universities, and we are quite sure that, even with direct representation in all its entirety, the higher class of urban practitioners would have little voice in medical affairs. The subject is ripe for discussion, and we shall return to it.

Food Adulteration.

FROM the recent Blue-book issued by the Local Government Board, it appears that during 1877 the public analysts had submitted to them 14,706 samples of food, nearly one-fifth of which, or 2,826 samples, were adulterated. The largest number examined was from London, namely, 4,472; of these 13½ per cent. were adulterated. In the county of Durham 782 samples were submitted, and 31 per cent. were adulterated; Lancashire had 1,567 samples analysed, 27 per cent. being adulterated; Northumberland had 343 examined, of which more than 38 per cent. were adulterated; Staffordshire had 1,041 samples, with 22½ per cent. adulterated; Warwickshire 437 samples, of which 25½ per cent. were adulterated; in the North Riding of York 97 samples were tested, and nearly half, or 42¼ per cent. were adulterated; in Carmarthenshire, of 41 samples, 51¼ per cent., were adulterated. Of 4,435 samples of milk, 1,070 were adulterated; of butter, 99 samples, or 11 per cent; and of coffee, 127 samples, or 17½ per cent. Beer was adulterated to the extent of 9¼ per cent. of the samples tested; while 910 samples of gin, and 475 of other descriptions of spirits were respectively adulterated to the extent of 57¾ and 47½ per cent. Of drugs, 533 samples had 110 adulterated among their number.

Treatment of Chronic Alcoholism.

DR. D'ANCONA, of Italy, concludes that:

1. Phosphorus is a very useful remedy in the treatment of chronic alcoholism.

2. The medicine is perfectly tolerated in doses which no one has dared to give heretofore—ten centigrammes (nearly 1½ grains) a day for many weeks.

3. The remedy gives to drinkers a feeling of comfort and strength, and furnishes the force necessary to carry on their organic functions, which they have been accustomed to get from alcoholic liquors.

4. The medicine seems also to have the properties of a prophylactic and an antidote, for it causes very beneficial changes in the system, even when the use of liquor has not been entirely stopped.

He uses phosphorus in the form of phosphide of zinc.

AT the meeting of the Pharmaceutical Council of Ireland on the 6th inst., Professor Tichborne in the chair, resolutions were passed to send in future official reports of the proceedings to the editors of the *Chemist and Druggist* and of the *Pharmaceutical Journal*. The readiness of the Council to submit its proceedings to the light of publicity is a most healthy sign, and we look upon it as evidence that pharmacy in Ireland has entered upon a new and more flourishing existence. Our hopes will be realised whenever the time comes that the Council is willing, not only to make public an "official" (*vulgo* cooked) report, but to allow the free access of reporters to its meetings.

ON the police visiting a house in Clive Street, Liverpool, on Friday last, they found in one of the upper rooms the dead bodies of a woman and six children. There was no fire-place in the apartment, and there was evidence of a coke fire having been made in an iron pan and placed in the middle of the room. The fumes arising from the coke, it is supposed, suffocated the unfortunate people. There was scarcely any furniture in the room, while the only food found was some remnants of oatmeal porridge.

THE deaths from small-pox rose last week in London from 4, 3, and 9, to 16. There were also 11 deaths in Dublin from the same cause. Scarlet fever is rapidly on the increase in most of the large towns, especially in Liverpool, Birmingham, Sunderland, and Oldham. There were 431 deaths in London from diseases of the respiratory organs, the usual average at this season of the year.

OUT of twenty-eight candidates who presented themselves last week at the Royal College of Surgeons of England for the Fellowship, no less than seventeen failed to satisfy the Court of Examiners, and were referred for six months' further anatomical and physiological study. This large proportion of rejections is one of the heaviest on record.

THE mortality last week in the four principal cities of the United Kingdom per 1,000 of the population was 17 in Edinburgh, 24 in London, 26 in Glasgow, and 31 in Dublin. Of the other large towns where the death-rate was excessive, Salford and Leeds gave 28, Wolverhampton 30, Liverpool 32, and Oldham 38 per 1,000 of the population.

THE *Army and Navy Gazette* hears that a medical officer in the Mediterranean, who was tried by court-martial after having volunteered to resign his commission if their lordships would allow him to do so, has been sentenced to dismissal from the service.

A MEETING of the Committee of Reference on the Conjoint Scheme for England, appointed under the Conjoint Scheme, assembled at the College of Surgeons on Thursday, the 21st inst., to further consider the reports to the several medical authorities on the regulations for carrying out the Scheme.

WE much regret to learn that Mr. J. Astley Bloxam, Assistant Surgeon to Charing Cross Hospital, met with a serious accident in London, last Thursday, by being thrown from his horse. He is, however, we understand, going on very favourably towards recovery.

THE Entrance Scholarship of the value of £40 at St. Thomas's Hospital Medical School has been gained by Mr. Walter Hull, of Acton.

Correspondence.

PRIVATE ASYLUMS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you allow me to publicly thank you for the article which appeared in your last issue on "Private Asylums." This subject has from time to time been discussed in both the medical and lay press. It appears to me, however monstrous and unjust, that because a lady who was certified to be *non compos mentis*, effected her escape from the nurses who were acting on the legal certificates they held in their possession, that this should be made an excuse for pouring on the heads of the proprietors and superintendents of private asylums a number of base insinuations and calumnies.

Private asylums at the present day differ very materially from what they were some years ago before the legislature took up the question, and in spite of what I have read of lately in the papers, I state emphatically that it is impossible under the existing state of our law, to confine or detain a person unjustly in a private asylum.

The unhappy sufferers are treated with the greatest kindness and consideration, and it is the aim and effort of the proprietor and superintendent *not* to detain his patient unjustly, but to do all in his power to restore reason, and "minister to a mind diseased."

I am,

Your obedient servant,

L. S. FORBES WINSLOW, D.C.L. Oxon.

23 Cavendish Place,
Nov. 23, 1878.

VACCINATION AND RE-VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Kindly allow me to inquire through your journal if it be considered sound practice to use—what I call spurious matter—the matter from a *re-vaccination*, for either a primary or re-vaccination; or might I ask if *such matter* is considered a protective against small-pox at all? I may have more to say on this question again.

I am, Sir, yours, &c.,

IVORY POINT.

New Drugs and Preparations.

REPORT ON THE PREPARATIONS OF WYETH BROS., PHILADELPHIA AND LONDON.

By C. R. C. TICHBORNE, Ph.D., F.C.S.,

Dialysed Iron.—Messrs. Wyeth have succeeded in making a very excellent preparation, which is quite as good as any we have seen, and superior to many of them. In fact, some of the preparations known as dialysed iron, have been shown to be of the most variable composition. *Vide* paper read at the late meeting of the British Pharmaceutical Conference at Dublin, and *Pharmaceutical Journal*. It seems to vary from a weak liquor ferri mur, to solutions which according to Dr. Yandell, of Louisville, are nothing but coloured water.

Our analysis of Wyeth's preparations gave—

Ferric oxide (in the soluble form)	6·228
Chlorine	·100
Water	93·672
Total ...	100·000

We may say, therefore, that it contains in the ounce fluid 27·68 grains of a basic salt of iron, which, strange to say, almost exactly agrees in composition with the results obtained by Graham. In his experiments he obtained a red liquid containing 98·5 parts of oxide, and 1·5 of muriatic acid. The salt contained in Wyeth's preparation, contains 98·42 ferric oxide, and 1·58 of chlorine.

We have found Wyeth's dialysed iron to be a pure and concentrated solution, which has been well prepared.

Parker's Paper Fibre Lint.—We have carefully examined this lint microscopically and chemically. The sample sent out consists of pure cellulose from the cotton fibre. It was found to absorb with ease seven times its weight of water, and this water when expressed was quite neutral, and gave no residue on evaporation worth noting.

Compressed Tablets.—These lozenges or tablets are nicely made. They are extremely firm, and contain nothing but the medicine which bears their name. That is to say, they are not made up with a vehicle.

Bicarbonate of Soda.—These tablets are but slightly soluble (requiring 35 parts of water at the temperature of the body.)

IRISH POOR-LAW INTELLIGENCE.

VACCINATION PROSECUTIONS.

It will be remembered that in the previous issue of this journal, a very important communication, bearing date the 13th September last was published—it was a forcible remonstrance on the part of the Irish Medical Association against the practice of not remunerating dispensary medical officers for giving evidence at vaccination prosecutions—re-perusal of the letter (which will be found in the recent supplement to the MEDICAL PRESS AND CIRCULAR), will be interesting and useful to dispensary medical officers.

The Irish Medical Association having proved to the Local Government that it was unjust and illegal to deny to the medical officers compensation for their services at vaccination prosecutions under the 13th section of the Compulsory Vaccination Acts, quoted the opinions of two eminent counsel in support of its views, and then showed very clearly the effect of the present system from the public-interest point of view, detailing cogent reasons why dispensary medical officers should rather overlook default as regards vaccination.

In reply, the Local Government Board repudiated all responsibility concerning the circular of the 31st August, 1876, by which the justices were directed in cases of vaccination prosecutions, when "ascertaining the amount of expenses to allow a reasonable sum, *not as a fee, but for his expenses*, to the medical officer, if he should be required to attend as a prosecutor or witness," and observed that that circular was issued by the Lord Lieutenant. We congratulate the Local Government on its action in this matter, and are glad to infer from its reply, that it disapproved of the course pursued.

The Irish Medical Association thereupon brought the subject under the notice of His Grace, the Lord Lieut., in a letter which, as soon as the correspondence has been completed, we shall publish for the information of our readers; and we are glad to learn that His Grace has the matter "under consideration, with a view to improving the position of the medical officers by legislation. His Grace further states that "the circular of the 31st August, 1876, was intended to assist the medical officers in their applications to the justices for the allowance of some more reasonable compensation than the amount of their actual expenses," but a reference to the circular referred to, will show to any person capable of understanding commonplace phrases that the magistrates are not to blame for having refused remuneration to the medical officers in these cases, as the intention of the Executive Government, now expressed for the first time, was not only not conveyed to them, but instructions of a directly opposite nature were unmistakably expressed.

The 13th section of the Compulsory Vaccination Act defines the powers of the magistrates in this matter, and it is to be regretted that no remonstrance against the manifest infringement of their powers, assumed in the circular of 31st August, 1876, was made by them. However, it will be gratifying to the dispensary medical officers to learn, that through the action of the Irish Medical Association the intention of the Government has been ascertained with regard to this matter, and it would be only natural to expect as a consequence, that the Government will now pay the medical officers who, since the 31st August, 1876, have been refused pay for their evidence in vaccination prosecutions, on account of the instructions by the circular of that date issued to the justices, upon application stating the particulars being made to the Chief Secretary for Ireland, Dublin Castle; and in the event of any dispensary medical officer being henceforth refused by the justices a certificate for payment of his *fee and expenses*, he should forthwith apply to the Chief Secretary for Ireland for the amount, and if necessary, bring the matter before the Irish Medical Association.

IMPROVEMENTS IN THE VACCINATION SYSTEM.

THE following letter has been addressed by Dr. Wallace to the Local Government Board in reply to their circular referring to the collection of vaccine-lymph, which we have noticed in another part of our issue:—

Parsonstown, Nov. 5th, 1878.

GENTLEMEN,—In reply to your communication, No. 5,591, 1877, I beg to say that a higher rate of remuneration would be an inducement to collect vaccine-lymph in excess of what is required for the supply of my dispensary. But I would respectfully suggest that there would also be great advantage in assimilating the remuneration for the vaccinations themselves to that in England. I cannot say that in my district increased remuneration for the vaccinations would lead to a better performance of the duty, for in past years only a small percentage of children have escaped vaccination, and I have lately adopted a system which will prevent any registered child being overlooked, but it would certainly make the perform-

ance of the duty pleasanter to feel that the remuneration was more adequate.

I would also suggest that Form P should be transmitted to the guardians every three months. At present, if a child is born in July it cannot be returned in Form P till 30th June following, when it is within a month of being a year old. Whereas, if the returns were made every quarter, no child could be more than nine months old before measures were taken to enforce vaccination. The law should also be more stringent in reference to children being brought back on the eighth day, and the medical man should have a right to take a supply of lymph from the arm. I have more trouble from children not being brought back on the eighth day than from any other cause.

I am, &c.,

ALEX. WALLACE.

To the Local Government Board,
Dublin.

ENNISKILLEN UNION.

GLANDERS—A POINT.

A LETTER was read from a man asking the board to give him £10 compensation for the loss of a horse, ordered to be slaughtered through glanders, and saying that as the horse was his whole support that if the board did not grant him compensation he would be obliged with his family, to come to the workhouse.

Lord Belmore (chairman) observed that his opinion was, that the board could not give compensation, because the horse was not ordered to be slaughtered by the local authority. It was ordered to be slaughtered by the inspecting officer, but he had no authority to make that order. However, cases of this sort were not provided for. The 29th section of the Contagious Diseases Animals Act provides that the Privy Council may from time to time make orders, subject to the provisions of the Act, for the slaughter of animals suffering from diseases other than cattle plague or pleuro-pneumonia, and that compensation is to be paid out of the local rates. Neither the Act nor the Order in Council which deals with the disease of glanders, provides any scale regulating the rate of compensation payable for a horse diseased with glanders and ordered to be slaughtered, and the Order in Council is entirely silent in the case of horses, asses, and mules, upon the point of compensation. His lordship added that with a view to obtaining authoritative information upon this point, he thought the letter should be referred to the clerk of the Privy Council, with the observation, however, that in this case the horse was not slaughtered, but died of the disease of glanders after being seen by the inspector, who told the man to kill the horse.

His lordship's recommendation was unanimously adopted.

COOKSTOWN UNION.

SUPERANNUATION ALLOWANCE TO DR. WHITTELL.

A LETTER was read from the Local Government Board regarding the above matter. They enclosed a copy of a communication which they had received from Dr. Whittell, the purport of which was that he felt hurt at the decision of the guardians on the 2nd inst., and begged the Local Government Board, who had full powers, to see justice done to him, and send a sealed order, as he believed he was entitled to a pension after his long service, and the satisfaction he had given to the grand jury, the guardians, and the ratepayers, none of whom ever had a complaint to make against him.

It was resolved to inform the Local Government Board that the guardians had all these facts before them when when they voted.

CASTLEBELLINGHAM DISPENSARY.

THE Castlebellingham Dispensary Committee having recommended an increase of £20 yearly to the salary of Dr. Callan, medical officer of the district, the matter was recently brought before the Ardee guardians for approval; but they unanimously refused the increase. As the medical officer has a very large district to attend to, and the salary attached is but £100 a year he cannot be said to be overpaid. Last week, in reference to the appointment of a medical officer to Callan Dispensary District, now vacant, it was resolved to reduce the salary by £20 a year: an arrangement which, we trust, the Local Government Board for Ireland will refuse to sanction.

THE COLLECTION OF VACCINE LYMPH.

THE following letter has been addressed by the Local Government Board to certain selected dispensary medical officers throughout Ireland:—

"Local Government Board, Dublin,
"1st November, 1878.

"SUPPLY OF VACCINE LYMPH.

"SIR,—The Local Government Board for Ireland forward herewith for your information, a copy of a Circular Letter which they addressed to the several Boards of Guardians and Dispensary Committees on the 23rd March, 1877, on the subject of the supply of vaccine lymph in Ireland, and desire to draw your attention to the paragraph of the circular which states that should any dispensary medical officer, well experienced in the use of capillary tubes, be able to collect lymph in excess of what he requires for his own use, it is open to him to tender it in tubes to the Vaccine Department of the Local Government Board, receiving, after examination and acceptance, the sum of sixpence for each well-filled tube containing unexceptionable lymph.

"The number of dispensary medical officers who have tendered lymph to the Vaccine Department in accordance with this suggestion is small, and it has been suggested to the Board that an increase in the rate of payment for each accepted tube might be allowed. The Board have this suggestion under consideration, but in the mean time they desire to draw your attention to the paragraph of their Circular Letter of the 23rd March, 1877, which is above referred to, and will be glad to know whether at an increase of price per tube you could undertake to supply lymph, without encroaching too much upon the sources necessary to maintain vaccination from arm to arm and also to keep a sufficient supply of lymph on hand for your own use.

"This Circular is not sent to all medical officers of dispensaries, but only to a select number of those who are believed to have accustomed themselves to the collection of lymph in capillary tubes.

"By order of the Board,
"B. BANKS, Secretary."

The effort to obtain an increase in the supply of well-preserved lymph is praiseworthy, but we fear it will not succeed unless the Local Government Board is a little more liberal. The payment given by the Dublin Cowpock Institution was three-pence per point, and it is self-evident that the trouble of charging a tube and packing it for transmission, for which it is proposed to allow sixpence, is equivalent to that required for five or six points, besides that a greater quantity of lymph is forwarded in the tube than upon half a dozen points. A good deal of extra trouble is caused by the making of book entries, many of which are reduplicates of the Vaccination Register, and on the whole we suggest that the increased remuneration suggested by the Local Government Board is rather a retrograde movement as far as the doctor's pocket is concerned.

There are some collateral details in which an amendment might be made. *Imprimis*, the sizes of the tubes necessarily vary; they are not considered "well filled"

unless at least one-third full, which in one case means twelve pointsfull, and in another only half that amount. Again—Why should the number of tubes to be taken from one child be limited to three? Surely, if the collector is to be trusted, he may be allowed to judge as to how many tubes the case will safely fill. Again—Could not the clerk-work incident to the tube-filling, and usually the most troublesome part of the work, be abridged? Lastly—Could not the receipt of lymph at head-quarters be acknowledged by early post, in order that the collector may be relieved of doubt as to the safe arrival of his packages?

QUARTERLY RETURN OF THE BIRTHS AND DEATHS IN IRELAND FOR THE QUARTER ENDED 30TH SEPTEMBER LAST.

THERE were registered in the 796 Registrars' Districts in Ireland 32,269 births—a number equal to an annual birth-rate of 24·1 in every 1,000 of the estimated population—and 20,390deaths, representing an annual mortality of 15 2 per 1,000.

In England, the birth-rate represented was 35·7 in every 1,000 of the estimated population, and the mortality 20·8 per 1,000.

The birth-rate of Ireland is under that for the third quarter of any of the last five years, while the death-rate although not high, is over the rate for any of those periods. Deaths from the principal zymotic diseases were not as numerous as in the preceding three months, but were in excess of the average for the September quarter: they are equivalent to an annual rate of 2·0 per 1,000 persons.

BIRTHS.

The births registered during the quarter amounted to 32,269, being equal to an annual rate of 24·1 per 1,000 of the estimated population. The average number of births during the corresponding quarter of the last five years was 24·9 per 1,000.

The respective rates for the four provinces last quarter are—Leinster 24·3, Munster, 25·0, Ulster 23·8, and Connaught 23·1.

The county birth-rates range from 19·9 per 1,000, the rate for Monaghan and Leitrim, to 29·4 in Antrim. Between these, the five highest are, Dublin, 28·7 per 1,000; Limerick, 26·1; Kerry, 25·9; Waterford, 25·8; and Cork, 25·0: and the five lowest—Fermanagh, 20·0 per 1,000; Wicklow and Queen's, 21·0; and Carlow and Donegal, 21·2.

DEATHS.

The deaths registered in Ireland during the quarter ended 30th September last amount to 20,390, affording an annual ratio of 15·2 against an average rate of 14·4 per 1·000 for the corresponding quarter of the last five years.

The death-rate in Leinster was 17·8 per 1,000, in Munster 15·8, in Ulster 14·0, and in Connaught 13·3.

The extremes of the county rates are 10·3 per 1,000 in Longford, and 23·3 per 1·000 in Dublin. Of the intermediate rates the five highest are—Waterford, 20·0 per 1,000; Wexford, 19·1; Wicklow, 16·8; Antrim, 16·5; and Limerick, 16·3: and the five lowest, Leitrim, 11·3; Sligo, 11·7; Tyrone, 11·8; Fermanagh, 12·0; and Monaghan, 12·2.

The deaths of six persons stated to have been aged 100 years or upwards were registered, viz., two at 100 years, and one each at 102, 104, 109, and 114 years. The last-mentioned death occurred in Brookeborough District, Lisnaskea Union; the registrar considers the age to be well authenticated.

HEALTH OF THE PEOPLE.

As has been already stated, the general death-rate for the quarter was over the low average rate for the corresponding period in recent years, but excluding two or three of the principal town districts, the reports as to the public health are, on the whole, not unfavourable. Zymotic diseases were, collectively, more fatal than in any September quarter since 1874, the increase being mainly confined to a few localities. Small-pox continued prevalent in Dublin, and was also comparatively severe in Galway.

An isolated case of Asiatic cholera is reported from Newry, No. 2 district (see Registrar's note, page 135); an instance of a peculiar form of fever, which the Registrar says he "cannot designate by any other name than yellow fever," and the particulars of which will be found in the Registrar's note on page 137, occurred in Fethard District, Cashel Union; and amongst other incidents of the quarter may be mentioned "the death of a young man who was struck by a thunderbolt," registered in Ringville District, Dungarvan Union; also a death by lightning, and one from sunstroke, in Pallaskenny District, Rathkeale Union.

The registrars' notes, which are, perhaps, more than ordinarily valuable, give a general idea of the condition of the country as regards sanitary progress. It is evident that the subject engages more attention every day, still there are many places in which, from one cause or another, the advance is not such as might have been anticipated, and others in which there cannot be said to be any attempt at reform.

For example, complaints as to bad water are made by several registrars. The registrar of Ferns District, Enniscorthy Union, says, "the town of Ennis is still badly off for water, and there does not seem to be anything doing towards getting the water supply spoken of last year. The only pump in the street has been dry all this summer, and water has to be carried some considerable distance." "Still no water for Kildorrery," is the observation of the registrar of that district in Mitchelstown Union; and amongst remarks by other registrars are, "No action has been taken as yet by the sanitary authority to supply the town of Borrisokane with pure water;" "Pure water required for drinking in Camolin;" "The villages of Roundwood and Laragh (in Annamoe District, Rathdrum Union) are still without a proper water supply." The want of water in Roundwood, which is so near the source of the metropolitan water supply, has been frequently commented on by the registrar.

The district registrar remarks, "The main sewer of Headford (Tuam Union) is constructed of dry stones, without cement of any description to prevent the sewerage percolating into the adjacent soil, so that it is simply an elongated cesspool. I reported on this in September, 1876, but nothing has been done since to improve the drain." It appears there is no main sewer in the town of Kilbeggan, Tullamore Union; the registrar, who thinks the result must sooner or later be a serious epidemic, says, "It is now three years since I recommended one to be made," and the registrar of the important district of Mullingar reports, "The sanitary arrangements of the town are most defective owing to the want of main sewers."

The last-named registrar also refers to the dilapidated condition of the dwellings of the poor, a subject which is touched upon by several registrars, amongst others by those of No. 3 Cork district, Ardagh district, in Newcastle Union, Milford district, in Kanturk Union, and Innfield district, Trim Union. The Innfield registrar testifies that the people are well disposed to carry out his orders, but continues, "What can they do? Not much, when they are obliged still to live in the wretched shanties predominant in the rich county of Meath.

Improvements in the water supply are reported from the following districts:—Holmpatrick and Swords in Balrothery Union, Mitchelstown in Mitchelstown Union, Kilmakevoge in Waterford Union, and Tarbert No. 2 in Glin Union.

The registrar of Delvin District attributes three cases of small-pox "chiefly to the very bad arrangement of having the fever hospital adjacent to the [workhouse] infirmary wards, the windows of latter opening out on yard of former, and placed within a very short distance

of the windows and door of it;" the registrar of Athenry District, Loughrea Union, refers to a difficulty in carrying out "the drainage so badly required for the town of Athenry, it being illegal to have the outlet into the river;" and the registrars of Ballyhooly in Fermoy Union, and Douglas in Cork Union, deplore the continued existence of that fruitful source of disease the manure heap.

(To be continued.)

REPORT OF HEALTH OF DUBLIN AND SUBURBS FOR WEEK ENDING NOV. 16, 1878.

Total registered deaths in Dublin and suburbs*	...	187
Ten years average of same week	...	161
Excess of mortality above average	...	26
10 weeks' ratio of deaths Rathmines	21·7 per	1,000
„ „ „ Donnybrook†	16·9 „	
„ „ „ Blackrock	9·4 „	
„ „ „ Kingstown	21·9 „	
„ „ Entire Dublin District	30·9 „	
COMPARATIVE RATIOS—London ...	24·3 „	
„ „ Glasgow ...	25·8 „	
„ „ Edinburgh ...	16·8 „	

* District extends over 10,050 acres, and contains 314,666 persons.

† This district includes City of Dublin and Incurable Hospitals.

Deaths from zymotic diseases, which, in the preceding five weeks were respectively 20, 41, 36, 38, and 28, rose again last week to 41, of which 11 were caused by fever 2 typhus, 5 typhoid, and 4 simple continued fever), 11 by small-pox, 6 by scarlet fever, 4 by whooping-cough, 2 by measles, &c. The average number of deaths from diseases of this class in the corresponding week of the last ten years was 38.

The deaths from small-pox registered last week are in excess of the number for some weeks previous; 4 are chargeable to the North City and 7 to the South City Districts. There were 62 small-pox patients under treatment in the Dublin Hospitals on Saturday last, being 7 more than on Saturday, 9th instant, but the number of new cases (26) of this disease admitted during the week is somewhat less than in the preceding week. Twenty-eight cases of typhus, and 47 of typhoid fever, were under treatment in the principal hospitals on Saturday last; at the close of the previous week the numbers were—typhus 28, typhoid 59.

Nine children died from convulsions.

Thirty-two deaths resulted from bronchitis, 4 from pneumonia, and 7 from "lung disease;" these 43 deaths are 13 over the average mortality from diseases of the respiratory organs in the corresponding week of the previous ten years.

Six deaths were ascribed to heart disease, 2 to aneurism, 3 to paralysis, 2 each to apoplexy, cephalitis, and liver disease, and 3 to Bright's disease.

Phthisis caused 23 deaths, and hydrocephalus 9.

Seven accidental deaths, and one case of homicide were registered.

BELFAST.—Eight deaths from scarlatina, 5 from fever, and 3 from diarrhœa were registered during the week.

GALWAY.—Nine deaths from small-pox and from fever were registered.

SLIGO UNION.

FEES FOR CONSULTANTS.

ON the previous board day a certificate was read requesting the payment of a sum of two guineas to Dr. Cox, who had been called in to assist Dr. Laird in a difficult midwifery case; and the chairman had made a memorandum in the relieving-officer's note book requiring him to ascertain the name of the person attended.

The Relieving Officer now reported the name of the recipient of the red ticket. He was instructed to make further inquiries as to whether she was a proper object for relief, and the further consideration of th subject was adjourned.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres; the* POPULATION *in* 1871; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, Nov.* 16, 1878; *the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, NOVEMBER 16, 1878.														
			Annual rate of mortality per 1,000 inhabitants.	Total BIRTHS registered.	Total DEATHS registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards.	NUMBER OF DEATHS FROM Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.	No. of Inquest Cases.	No. of Deaths in Public Institutions.
DUBLIN . .	10,050	314,666	31	154	187	21	44	11	2	6	...	4	11	...	8	11	63
BELFAST . .	20,687	182,082	28	111	97	9	18	...	...	8	...	...	5	3	...	...	17
CORK . .	13,816	91,965	14	36	24	4	7	...	1	...	...	...	..	1	...	...	1
LIMERICK .	8,509	44,209	20	13	17	2	9	...	...	...	...	...	1	2	...	...	7
LONDONDERRY .	21,865	30,884	27	17	16	2		...	...	...	...	...	...	1	...	...	...
WATERFORD .	17,209	30,626	27	15	16	...	7	...	..	...	...	...	1	2	...	...	8
GALWAY .	21,358	19,692	53	9	20	2	4	9	...	...	...	...	2	...	...	..	4
SLIGO . .	30,835	17,285	6	2	2	...	2	...	..	...	...	...	...	...	...	...	...

In the form of these compressed tablets, it dissolves even more slowly, and therefore produces a mild and gradual antacid effect, without disagreeable taste. Another advantage is that they maintain the phosphates in solution (by reason of a superabundance of carbonic acid) and prevent the formation of deposits of this character.

The average weight of five of these tablets, gave 5·03 grains each. They measure a little over 4-16ths of an inch in circumference, and are about 3-16ths in their deepest part. Estimated by the carbonic acid gas evolved, it would appear that there was 96·5 per cent. of bicarbonate of soda ($NaHCO_3$) present.

Bicarbonate of Potash Tablets.—These tablets were a little smaller than the soda tablets. Taking an average of five, and estimated by the carbonic acid gas evolved, on treating by an acid, they gave 94·2 per cent. of $KHCO_3$, or absolute acid carbonate of potassium.

Now taking into consideration the difficulty of keeping the acid-carbonates from dissociating and loosing carbonic acid, and thus forming a small quantity of the neutral salt, we consider these medicaments to be particularly pure. The small trace of neutral carbonates present cannot be avoided. We, in fact, doubt if any absolutely perfect $KHCO_3$ is procurable by the ordinary commercial process. There is also present in these tablets a small trace of superficial moisture.

Chloride of Ammonium Tablets.—The solvent and discutient, as well as antiphlogistic powers of this salt are well known, and have led to to its extensive employment, especially in Germany, in cases of sore throat, bronchitis, &c., attended with abundant secretion of thick and tough mucus or phlegm.

These tablets were 4-16 by 3-16ths of an inch thick, and weighed three grains each; estimated by the precipitate obtained on precipitation as chloride of silver, it gave the chloride of ammonium present as nearly as possible 100 per cent.

Chlorate of Potash Tablets.—Chlorate of potash is a remedy of acknowledged value in cases of diphtheritic sore throat, and in inflammation of the mouth and throat, induced by a depressed state of the system. In these instances, as in the milder forms of croup, it has, besides its depurative and detergent effects, a solvent action on the deposits characteristic of those troublesome and dangerous affections. It relieves hoarseness; and in many cases of fœtid breath from disordered secretions, it proves an efficient corrective. Its virtues in simple angina, or ordinary sore throat, are recognised by many of the most eminent physicians.

The chlorate tablet was reduced by ferrous sulphate; and then estimated as chloride of silver, it gave exactly the theoretical amount, and therefore may be said to be quite pure.

Wyeth's Saccharated Pepsine.—Pepsine has been presented to the medical profession and the public in all forms and shapes. It will be recollected that one of the first and most popular of the pepsines was a product got by drying the prepared gastric juice of the stomach with starch. Similar preparations to this got into disrepute, either from carelessness in its preparation, or from intentional adulteration. The pepsine, pure and simple, has never been very popular, owing to a rather disgusting odour and taste which it possesses. This odour is in a great measure avoided, when a drying material, such as starch or sugar, is used in its preparation.

No analysis will absolutely show the value of a pepsine; indeed, it is of very little use, except to show up a worthless, or sham preparation, and we are sorry to say there are such in the market. No chemical analysis will give the information that a physiological test will; and we can state that ten grains of this saccharated pepsine when dissolved in two ounces of water, with the addition of a little hydrochloric acid, dissolved 150 grains of coagulated albumen in five hours, at a temperature of 80—90 deg. Fahr.

Messrs. Wyeth's preparations do them generally much credit, and deserve encouragement from the medical profession, who daily are becoming more alive to the necessity of using reliable preparations in their practice.

Medical News.

University of Dublin.—At a meeting of the Council held on the 13th inst., it was resolved that in future Institutes of Medicine (Physiology and Practical Histology) shall constitute part of the half M.B. examination; and that Institutes of Medicine (Pathology and Hygiene) shall form part of the final M.B. examination. This resolution will not come into force before the 30th June, 1879.

University of Oxford.—The final examination for the degree of Bachelor of Medicine will commence in the medical department of the museum on Monday, Dec. 2, at 10 a.m. The first examination for the same degree will commence at the same place on Monday, Dec. 16, at 10 a.m. The examination in Preventive Medicine and Public Health will commence in the sanitary laboratory of the museum on Monday, Dec. 9, at 10 a.m.

Enormous Hypertrophy of the Breasts.—The *Revue Médicale* reports the case of a young girl, who had not yet menstruated, found, after taking a cold bath, just as the menses seemed about to appear, her breasts so rapidly increased in size that she was obliged to leave service in consequence; and so large did they become that she could not appear in public. Iodine, after a five or six months' trial, only suspended their further enlargement. She was presented before the Académie des Sciences de Montpellier, being then aged fifteen years and a half. The breasts were then supported on her thighs, and their weight had curved the spine and displaced the scapulæ. Of the flattened nipples only vestiges remained. The majority of those present at the Academy advised removal, but to this the patient would not consent. The hypertrophy remained stationary for eight years, when, in spite of her infirmity, the patient found a husband. After the marriage the breasts began to diminish sensibly in size, but she was unable to suckle either of her three children, as her enormous breasts did not yield any milk, although they became turgescent during pregnancy. She is now thirty-two years of age, and is again pregnant, and has lost the appearance of deformity which she had heretofore—seeming, when suitably dressed, only like a woman with very large breasts. The breasts still descend almost to the navel, they having altogether diminished in size by one-half. When she is not pregnant, these organs—then still less voluminous—seem to consist of an immense mass of wrinkled and flaccid skin, traversed by enormous varicose or dilated bloodvessels—the mammary glands themselves being almost completely atrophied.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

READING CASES.—Cloth board cases, gilt-lettered, containing 26 strings for holding each volume of the MEDICAL PRESS AND CIRCULAR, can now be had at either office of this Journal, price 2s. 6d. The postal regulations not allowing the Journal to be stitched, these cases will be found very useful to keep each weekly number intact, clean, and flat after it has passed through the post.

MR. E. COTTERELL.—The subject is of so much importance that we shall be glad to receive the translation. The first portion will probably appear in our next.

MR. J. E. A.—We were unaware of the fact until receipt of your letter. The information will be useful.

F. C. S.—A palpable absurdity. The equations were altogether wrong, and therefore misleading.

DR. J. B.—Probably in our next.

L.R.C.P.—Evidently original; but the profession has scarcely been educated yet for such pronounced ideas, and we almost hope it never will be.

ANTI-VIVISECTOR'S TACTICS.—We have received several letters on this subject to which we shall—so far as is possible—give insertion in an early issue.

DR. BIRKBECK NEVINS.—Your letter and the memorial shall receive attention next week.

AN AMERICAN NATURALIST, while investigating the causes and effect of the poison of a wasp-sting, nobly determined to make himself a martyr to science, and accordingly handed his thumb to an impatient insect he had caged in a bottle. The wasp entered into the martyr business with a great deal of spirit, and backed up to the thumb with an abruptness which took the scientist by surprise. He was so deeply absorbed in the study of remedies that he forgot to make any notes, but his wife wrote a paragraph in his note-book, for the benefit of science, that the primary effect of a wasp-sting is abrupt and terrific—and such words!

At a meeting of the Medical Society at University College, Gower Street, on December 3, at 8 p.m., Dr. Michael Foster, F.R.S., will deliver an address on "The Use of Physiology to Medical Students."

Hunterian Society of London.—This evening (Wednesday), at 8 o'clock, Dr. Braxton Hicks will bring forward three Cases of Removal of very large Uterine Polypi where the usual Diagnosis was impossible.

A correspondent of the *Students' Journal* refers to the irregular medical practitioners who flourish in Devonshire, and among whom is one Roger Giles, whose signboard, according to the Rev. Baring Gould, bears the following inscription :—"Roger Giles, Surgin, Parish Clark, and Skulemaster, Groser and Hundertaker, Respectably informs ladys and gentlemen that he drors teef witdout waiting a minit, applies laches every hour, blisters on the lowest tarms, and vizicks for a penny a peace. He sells Godfather Kordales, kuts korns, bunyons, doktors hosses, clips donkies, wance a munth, and undertakes to luke arter every body's nayls by the ear. Joesharps, penny wissels, brass kanelsticks, fryinpans, and other moozikal hinstruminta hat grately reydooced figers. Young ladys and genelmen larns their grammar and languedge, in the purtiest manner; also great care taken off their morels and spelling."

THE POSTAL MICROSCOPICAL SOCIETY.

To the Editor of the Medical Press and Circular.

Sir,—A letter of an adverse nature in reference to the above Society having appeared in one of the medical journals, I shall be glad if you will allow me to make the following statement :—"Although the formation of a special histological section had been occasionally suggested, as had also several other special sections, the subject was never fairly under consideration."

The writer of the letter alluded to is also grievously wide of the mark in his figures, as I am able to show, if I may be allowed to presume that the slides now in circulation are a fair sample of those of former years.

There are now in circulation 515 slides, of which 53 are histological, the remaining 462 being (perhaps) one-half entomological, one-quarter botanical, and the rest miscellaneous.

Unfortunately, I cannot refer to former lists of slides, they having all been sent to the President, who is compiling a complete classified list of the same.

My figures show that there are 10½ per cent. of the slides histological instead of only 2 per cent., as stated in the letter referred to.

It is now proposed in earnest to form a histo-pathological circuit, and a circular, of which I enclose you a copy, will be sent to every medical member and to all others writing to me for particulars of the Society.

Yours faithfully,

1 Cambridge Place, Bath. Alfred Allen, Secretary.

P.S.—I shall be glad to send a copy of the rules to any gentleman wishing to join the "Postal Microscopical Society."

Communications, Enclosures, &c., have been received from—Dr. Raffaele, Naples. Mr. Barnard Holt, London. Dr. Joseph Coats, Glasgow. Mr. Howard Marsh, London. Mr. Barclay, Birmingham. Mr. Holthouse, Cork. Dr. French, Portland, America. Dr. Wood, Wilmington, America. Dr. de Gorrequer Griffith, Pimlico. Mr. Maycock, London. Dr. Harrison Marshall, Bradford. Dr. Godwin Timms, London. Dr. Corby, Cork. Dr. Haslett, Donegal. Dr. Grimshaw, Dublin. Mr. Walton, London. Dr. Carpenter, University of London. Mr. Hudson, Redruth The Registrar-General. Mr. Douglas Hemming, Notting Hill. Dr. Williams, Fulham. Dr. Duncan, New Cross. "A Country Practitioner." Mr. Cundell, Kew. The Registrar of the General Medical Council. Dr. Gillespie, St. Thomas's Hospital. Mr. W. Adams, London. Mr. Markham Skerritt, Clifton. Mr. H. E. Harvey, Brighton. Mr. O'Gradv, Dublin. Dr. Gunn, Dublin. Dr. R. Thompson, Urlingford. Dr. J. Macnamara, Urlingford. Dr. Owen, Cullen, Birmingham. Dr. Dolan, Halifax. Mr. Jabez Hogg, London. Dr. Stevenson, Paddington. Mr. Milton, London. Dr. Daly Moore, Neath, Glamorgan. Dr. Bates, Cowbridge. Mr. Heath, Hackney. Mr. Scott Robertson, Sittingbourne. Mr. Percy White, London. Dr. Dobell, London. Dr. J. Barr, Liverpool. Dr. Hy. Frazer, Armagh. Mr. Alfred Allen, Bath. Dr. L. S. Forbes Winslow, London. Mr. Withers, Kensington. Mr. Chisholm, Southgate. Dr. Jones, Taunton. Dr. Kellett, Liverpool. Dr. Collins, Malton. Dr. Fryer, York. Dr. Macartney, Manchester. Dr. Butler, Spennymoor. Dr. Kennedy, St. Austell, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Food and its Preparation. By Mrs. W. T. Greenup. London: Bemrose & Sons.

Transactions of the Clinical Society of London. Vol. XI.

On Bronchitis. Second Edition. By E. Headlam Greenhow, M.D. London : Longmans, Green, & Co.

Dispauperisation. Second Edition. By J. R. Pretyman, M.A. London : Longmans, Green & Co.

The House and its Surroundings.
Premature Death : Its Promotion, &c.
Alcohol : Its Use and Abuse.
Exercise and Training.
} Health Primers, published by Hardwicke & Bogue, London.

On Artificial Disinfection. By Rev. J. H. Timms, M.A. London : J. & A. Churchill.

Zeimssen's Cyclopædia of the Practice of Medicine. Vol. VIII. London : Sampson Low & Co.

On the Treatment of Pulmonary Consumption. Third Edition. By J. H. Bennet, M.D. London: J. & A Churchill.

Sanitary Report for Paddington, 1877. By J. Stevenson, M.D.

New Remedies. Students' Journal. New York Medical Record. Le Progrès Médical. La Presse Mèdicale Belge. Allgemeine Medizinis he Zeitung. Giornale Napoli. Guy's Hospital Gazette. L'Union Médical, &c. &c.

VACANCIES.

Birmingham Eye Hospital.—House Surgeon. Salary, £100, with board, &c. Applications, &c., to the Chairman of the Board by Dec. 10.

Bristol General Hospital.—Physician's Assistant. Salary, £50, with board. Applications to the Secretary on or before Dec. 7.

Kenmare Union, Kilgargan Dispensary.—Medical Officer. Salary, £100, with fees. Election, Dec. 3.

Leicester Provident Dispensary.—Medical Officer. Emolument by division of fees. £2,025 was divided in 1877. Applications to the Secretary before Dec. 5.

Oldham Infirmary.—House Surgeon. Salary, £80, with board and lodging. Applications to the Hon. Sec. before Dec. 5.

Ramsgate Dispensary and Seamen's Infirmary.—Resident Medical Officer. Salary, £130. Applications to the Secretary before Dec. 9.

Royal Surrey County Hospital, Guildford.—House Surgeon. Salary, £75, with board, &c. Applications to the Secretary by Dec. 2.

York Dispensary.—Resident Medical Officer to visit patients at their homes. Salary, £130. Applications, &c., to S. W. North, 84 Micklegate, York.

APPOINTMENTS.

Barr, J., L.R.C.S.Ed., Physician to the Stanley Hospital, Liverpool.

Bradshaw, J. D., M.B., B.A., Pathological Registrar to the Manchester Royal Infirmary.

Burton, S. H., M.B., M.R.C.S.E., House Surgeon to the Norfolk and Norwich Hospital.

Clutton, H. H., F.R.C.S.E., an Assistant Surgeon to St. Thomas's Hospital.

Collins, G. D., M.R.C.S.E., House Surgeon to the Salop Infirmary, Shrewsbury.

Frazer, H., L.R.C.S.I., L.K.Q.C.P.I., Assistant Surgeon and Apothecary to the Armagh County Infirmary.

Grant, Dr. D., Resident Medical Officer to the National Hospital for Consumption, Ventnor.

Hardin, W., F.R.C.S.Ed., L.K.Q.C.P.I., Medical Officer for the No. 5 District of the Sevenoaks Union.

Hawkins, J. S., L.K.Q.C.P.I. & L.M., L.R.C.S.I., Medical Officer and Medical Officer of Health for the Hollymount Dispensary District of the Ballinrobe Union, co. Mayo.

Jones, I. S., L.R.C.P.Ed., L.R.C.S.Ed., Medical Officer for No. 5 District and the Workhouse of the Maidstone Union.

Macaulay, T., M.R.C.S.E., Medical Officer for No. 6 District of the Market Harborough Union.

MacPhail, S. R., M.D., Resident Assistant to the Wolverhampton and Staffordshire General Hospital.

Millerchip, T., L.R.C.P.Ed., Medical Officer for No. 2 District of the Coventry Union.

Robinson, H. S., M.R.C.S.E., an Assistant Surgeon to the Norfolk and Norwich Hospital.

Shirley, M., L.R.C.P.Ed., Medical Officer to the Hunslit Union Workhouse.

Skrimshire, J. T., M.D., M.R.C.S.E., Medical Officer of Health for the Erpingham Rural Sanitary District, Norfolk.

Taylor, S. T., M.B., a Medical Officer to the Norfolk and Norwich Dispensary.

Wallace, J., M.D., Obstetric Physician to the Royal Infirmary, Liverpool.

Warrilow, E. S., M.R.C.S.E., House Surgeon to the West London Hospital, Hammersmith.

White, Mr. P. H., M.B.Edin., Assistant Surgeon to the City Provident Dispensary and Surgical Appliance Association, 145 Aldersgate Street.

Williams, C., F.R.C.S.Ed., M.R.C.S.E., a Surgeon to the Norfolk and Norwich Hosyital.

Births.

Boyle.—Nov. 19, at Omagh, co. Tyrone, the wife of Dr. D. O'Connell Boyle, of a daughter.

Corley.—Nov. 20, at 30 Lower Baggot Street, Dublin, the wife of Anthony H. Corley, M.D., F.R.C.S., of a son.

Martin.—Nov. 15, at Newry, co. Down, the wife of S. Edgar Martin, A.M., M.D., of a son.

Philpot.—Nov. 17, at Moorcroft, Parkstone, Dorset, the wife of J. R. Philpot, of a daughter.

Deaths.

Axford.—Nov. 13, at St. Leonard's-on-Sea, Charles John Axford, M.R.C.S.E., aged 57.

Button.—Nov. 11, at Great Yarmouth, Arthur M. Button, M.R.C.S.E., of Edgbaston, aged 51.

Cane.—Nov. 15, at 76 Haddington Road, Dublin, Susan, relict of the late Robert Cane, M.D., Kilkenny, aged 65.

Davies.—Nov. 7, at Stapleton Road, Bristol, Thomas Henry Whitehouse Davies, M.R.C.S.E., aged 36.

Fagan.—Nov 6, at Oakwood, Duppas Hill, Croydon, Christopher R. Fagan, M.D., aged 25.

Horton.—Nov. 12, George Edward Horton, L.F.P.S.G., of Edgbaston and Dudley, aged 59.

Dassanville.—Nov. 18, at Thun, Switzerland, the wife of W. A. Dassanville, M.D., Deputy Inspector-General of Hospitals.

Leckie.—Nov. 18, at 22 Southwick Street, Hyde Park, W., Thomas Leckie, M.D., Surgeon-Major, Indian Army, aged 71.

Mathewson.—Nov. 9, at Sands, Kincardine-on-Forth, R. Robertson Mathewson, L.R.C.S.Ed., of Belvedere, Kent, aged 44.

Munro.—Nov. 19, at 102 Earl Street, Lower Broughton, Manchester, Augusta Ann Munro, the wife of W. Munro, M.D., and daughter of the late W. D. Beard, M.R.C.S., St. Kitts, West Indies.

Noel.—Nov. 20, at Upper Tooting, David C. Noel, L.R.C.P., M.R.C.S., aged 58.

Parsons.—Nov. 13, at Walsgrave, Charles Henry Parsons, M.R.C.S., L.S.A.L. (late of Shelton).

Rigby.—Nov. 13, at Brown-Hills, Stretton, Salop, James M. Rigby, L.R.C.P.L., aged 40.

Wilson.—Nov. 17, at Falkirk, John Wilson, L.R.C.S.Ed., Surgeon R.N., aged 86.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 4, 1878.

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Clinical Lectures

ON CYSTS OF THE SPERMATIC CORD.

By Professor TRELAT, Hôpital de la Charite, Paris. Translated from the *Progrès Médical*, Nov. 23, 1878,

By E. COTTERELL, University College Hospital, London.

GENTLEMEN,—We have at the present time in our wards, a certain number of diseases which, from their diversity of titles, merit some consideration from you. I wish to draw your attention to-day to the patient in bed 17 of ward Saint-Jean, and upon whom I at the same time intend to perform a slight operation.

The patient is a lad of 14 years, who, towards the end of last January, was brought to us by his father, to examine the condition of his scrotum. I found there a number of tumours, and as the diagnosis appeared to me rather obscure, I induced him to enter the hospital. Upon interrogating the lad, we found out that the disease was not congenital, but that about twelve months previously he had noticed a swelling in the right groin, which disappeared upon resting in bed. Towards the middle of October, his father noticed besides a transparent swelling in the scrotal region. A previous examination had induced me to place before you the following diagnosis: Cysts developed probably in the cord, complicated with an inguinal hernia; that is what one found, in fact. The appearance of the region was normal; the skin preserved its ordinary colour, and there were no traces of adhesions. The right side of the scrotum was a little fuller than the left. By manipulation, one could isolate very distinctly a small ovoidal mass, of elastic nature, with a tendency to slip away from the fingers, on a level with which pressure caused the pain characteristic of the testicle. Above the testicle, and a little distance from it, one could feel little swellings, or rather a large multilobular swelling, very hard and firm, and quite devoid of fluctuation. In front of the testicle, and forming a hood for it, so to speak, one could establish the existence of a smaller mass, contrasting with the preceding by the laxity of its walls. Above these tumours, the cord was free, in fact, absolutely normal. But level with the inguinal canal, one could easily distinguish a new swelling, which slight pressures caused alternately to come and go away. I tried, with a candle, to obtain translucency through the scrotal tumour, which I did very easily. I assured myself besides, that a furrow separated the soft from the hard mass. I then thought that the fluctuating mass in front of the testicle was a hydrocele, and that the other hard swellings were cysts of the spsrmatic cord. With regard to the inguinal tumour, I did not hesitate to consider it as an hernia.

Some days afterwards, with the aim of confirming my diagnosis, I resolved upon making an exploratory puncture. I first tapped the soft fluctuating swelling, and obtained a yellow fluid, resembling ordinary hydrocele fluid. I next punctured one of the hard tumours, and drew off a transparent fluid, clear as crystal, analagous to the liquid, generally furnished by hydatid cysts. Having thus emptied the three principal cysts which formed the scrctal tumour, I directed my attention to the groin, and found that if, seizing with one hand the little group of tumours contained in the scrotum, I exerted gentle traction upon them, I inevitably caused the mass lodged in the inguinal canal to project beyond the ring. If my tractions, on the other hand, were made upon the testicle, I obtained absolutely no change in the groin. This appearance struck me, and it appeared to me not to agree with the diagnosis of inguinal hernia, and, moreover, I found something which satisfied me of it. Holding the scrotal tumour below, and strongly depressing the abdomen, laying the patient at the same time upon his side, I managed in spite of the difficulty, to place a light behind the inguinal tumour, artificially pediculated, and I was thus able to establish absolute translucency. Notwithstanding at different times I had obtained dulness upon percussion. But as in this region, a dull tumour could only be a hernia, and as a hernia is not translucent, I could not help admitting that percussion had led me into an error. I then tapped this inguinal tumour, and drew off a liquid resembling that furnished by the hard cysts in the scrotum. The lad kept quiet for a few days, and when

the pain induced by the numerous punctures had dissappeared, I examined him anew, and found things as follows: In the scrotum, the hydrocele has become the size of a large almond; behind and beneath the testicle there is a little hard swelling, which is certainly a cyst of the nature of those which have been punctured. On making traction upon the last portion of the scrotal mass, there appears in the groin a swelling, which though less in volume than before being tapped, yet presents the same characters. I went to work in the face of this relapse, as upon the occasion of my primary exploration. I first of all drew off the hydrocele, and then tapped the scrotal cyst, during the performance of which I satisfied myself that it was in reality composed of three pouches, which were successively punctured and emptied.

Towards the middle of February the scrotum appeared free from any enlargement, and there being no pain in this region, the patient left the hospital, after having promised to return if anything should appear. The recurrence which we dreaded was not long in making its appearance, and it is for the treatment of this relapse that the lad is now in the hospital. Let us take up, gentlemen, the different points for our observation, and see what were the signs which, in this particular case, can be discussed. What could one find along the tract of the cord, and at the level of the inguinal canal in a lad of fourteen?

To begin with, we find we may have a malposition of the testis, or a congenital hernia. But no variety of malposition of the testis can be discussed here, since by manipulation the tumour could be separated from the testicle and its appendages. But there might exist at the upper part in the inguinal canal, a hernia in conjunction with the other swelling. This was, you will remember the diagnosis I made after the first examination, but when, I had plainly established the translucency of the inguinal tumour, the doubt resolved itself, and I was obliged to admit that the scrotal and inguinal tumours were of the same nature, and could be described under the name of cysts of the spermatic cord.

I find myself that I have thus solved the first part of the question, and there now remains for me to complete my diagnosis by determining to what variety of cystic productions we have to deal with. I need hardly remind you, gentlemen, that cysts of the cord may be of a different nature. They have been described before by Ledran, and a certain number of other observers, who have established many varieties. There are the cysts, large and small, which appear in the neighbourhood of the head of the epididymis (*globus major*) and of the testicle, one can also distinguish those which are confined to the inguinal canal, and those which penetrate into its interior. There are all those cysts which Royer has already described under the name of encysted hydroceles of the cord. But it is only lately that the pathology of these tumours has been more completely studied. The cysts which are situated in the neighbourhood of the epididymis, and which rarely, or only now and again, encroach upon the cord, are those which have been described by Liston, Marcé, and M. Gosselin, under the name of encysted hydrocele, due to the dilatation of a seminal duct they generally contain in their interior spermatozoa.

The cysts developed in the cord may be connected with the vas deferens. They are then about the size of a millet seed, or a small pea. They do not present any interest from a clinical point of view, and are very seldom seen except in the *post-mortem* room.

With regard to the tumours which project into the inguinal region, whether they are not connected with the testicle, or whether, on the other hand, they are adherent to it, these are nothing more than an encysted hydrocele of the cord, which has acquired a large size. Taking as a basis, this anatomical fact, that there exists in the vicinity of the testicle and of the epididymis, a certain number of appendages which are no other than the remains of the Wolffian bodies, to wit the vas aberrans of Haller, the hydatid of Morgagni, and the organ of Giraldés. Follin and M. Verneuil admit that the large and small cysts, adherent to the testicle are developed in these remains of the Wolffian body. Giraldés goes a step farther than these two observers, as he admits the same pathology for the isolated cysts which encroach upon the inguinal canal, and for all the cysts of the cord. In order to strengthen his opinion, he props it up with this hypothesis, that as there exist vestiges of the Wolffian body in the neighbourhood of the testicle, they can well exist higher up. This is evidently a step too far.

We meet in this region another anatomical disposition of a nature to give rise to the cystic productions. You all know that the testicle is surrounded by a serous membrane, the tunica vaginalis, which is no more than a *cul-de-sac* of the peritoneum, you know also that in certain cases, the communications between these two serous cavities, which physiologically ought to disappear, may persist indefinitely. It is now satisfactorily demonstrated that a large number of cysts may originate from this communication between the vaginal and peritoneal cavities remaining more or less patent.

Cysts on the cord, then, from a pathological point of view, present two important varieties. The first are developed from the remains of the Wolffian body, and present this important character—that they are always adherent to the testicle, or the epididymis—so, they can be conveniently described under the head of Wolffian cysts. The second have their origin from the persistency, more or less of the vagino-peritoneal canals. These are the encysted hydroceles of the cord proper.

In our particular case, with which we have to deal, I do not hesitate to describe it as a hydrocele of peritoneal origin, and not from the Wolffian body, and that, for two convincing reasons—First, The scrotal tumour was absolutely free from the testicle; and, Secondly, The inguinal tumour was situated too high up, in a spot where no one has yet described any remains of the Wolffian body.

I may add, too, that the examination of the liquid furnished by the different tappings has only confirmed my diagnosis.

According to Curling, the characteristics of the fluid from an encysted hydrocele are its perfect transparency and the absence in it of albumen. Now, in the notes which I have taken, I read that the fluid does not coagulate by heat, alcohol, or nitric acid, that it contains neither crystals nor spermatozoa. We conclude, then, as is actually the case, that we have to deal with an encysted hydrocele of the cord.

With regard to the treatment we shall employ, it will be very simple. We shall puncture the cysts, and inject some iodine into them. In a word, we shall treat this encysted hydrocele by the same method you see everyday employed for the treatment of ordinary hydrocele.

Original Communications.

THE MORTALITY REFERABLE TO ALCOHOL.

By THOMAS MORTON, M.D. Lond., &c.

Read before the Harvean Society of London.

THE determination of the mortality due to alcohol is a matter of very great interest and importance, and the discussion of it is made especially appropriate at the present time, as attention has been pointedly drawn to the question in the last Report of the Registrar-General, issued this autumn by Dr. W. Farr, our highest authority on vital statistics.

Dr. Farr's estimate, or rather enumeration, of the deaths from alcohol in England and Wales for the year 1876, is a very low one, comprising in fact only 1,120 deaths returned under the head of intemperance, or one of its synonyms, and including 462 from delirium tremens. In the absence of any intimation to the contrary, it is clear

that he regards these figures as correctly representing the mortality from drinking, as he takes occasion to found upon them a very scholarly disquisition, couched in a complacent and hopeful tone, tending to show that the ravages of drink in this country are not so serious as they are sometimes represented, and need no heroic remedies for their eventual extinction.

I desire to speak with every possible respect for Dr. Farr, but his high attainments and services make it only the more important that any erroneous conclusions to which he may have been led, and which go forth with the authority of his name, should, if possible, be corrected; and I think it will be evident, almost before I point it out, to an audience of practitioners, that his conclusions are vitiated from their very origin by an oversight, which, when we come to think of it, is as easy for a statistician to make as it is for us to detect. His business is with the returns, while we are brought face to face with the individual facts on which those returns are based, and we know how small a proportion of the deaths really due to drinking are certified under any such heading, as "Intemperance," and how impossible it is that they should be under the present system of registration.

Dr. Farr may very possibly have hardly signed a death certificate for a quarter of a century, and the whole thing is just an instance of the importance of a question being examined, not merely by the highest intellect, but also from various points of view; the point of view of the ordinary general practitioner being in this particular case more advantageous than that of the most accomplished statistician.

I said just now that we knew how small a proportion of the deaths from drinking is certified as such, but the expression is inexact, as I venture to say that hardly one of us could tell with any certainty what that proportion is. If we knew it, it would enable us easily to calculate the deaths from alcohol; and it is in like manner by means of a proportion, namely, that between the real number of such deaths, and the deaths from all causes, that I have in a small way been trying to solve, or show the way to solve, the problem.

The only means of determining this proportion is, of course, to go "behind the returns" straight to experience of individual practitioners, who fortunately possess in the counterfoils of their death certificates, a record of every death which occurs in their practice sufficiently full to recall to their minds the leading features of each fatal case for several years back.

It is a great pity that men do not preserve their books of counterfoils with more care, as they contain a mine of information, not only on this but other subjects. The existence of this mine has been lately noted by Dr. Richardson; and Dr. N. Kerr has already scratched the surface to some purpose.

The interesting paper read by Dr. Norman Kerr before the Social Science Congress last month dealt with the whole mortality, direct and indirect, traceable to the abuse of alcohol; and if we are at first staggered to find his enormous estimate of 120,000 deaths a year endorsed by the high authority of Dr. Hardwicke, we must bear in mind the intimate connection between intemperance and poverty, and the vast effect of poverty as a factor in raising the death-rate, especially among children.

This is a matter, however, rather of social than of medical science, and I offer no opinion upon it to-night. My own inquiry has been limited to the smaller and simpler field of the *direct* mortality, by which I mean the mortality caused to men—and women—by *their own* intemperance. This implies, of course, with a very few exceptions, the further limitation to the adult period of life; and I ought to mention the further limitation, that my figures apply only to England and Wales.

What I have done, then, is simply to induce as many of my friends as I could prevail upon to ransack their counterfoils for a few years back, and report to me how many adult deaths they could find particulars of, and how many of these they could fairly set down as having been caused by drink, either wholly or partially.

The results are shown in the annexed Table (No. I.), detailing the sets of cases furnished me by my several correspondents; upon which it is necessary to make a few remarks. In the first place, the period of life dealt with is from 25 to 75 years of age. I should have preferred 20 to 70, but I found it would not compare so readily with the Registrar-General's figures, which fall into decenniads of 25—35, and so on. I might have taken the whole adult mortality from 20 years onward, but the period of 50 years which I have selected contains the great bulk of the alcoholic deaths, and I thought it better to isolate, as it were, this principal mass, and deal separately with it by the best means at my disposal, leaving the comparatively exceptional cases outside it to be afterwards estimated by other means and added in. The years before 25 contain comparatively few alcoholic deaths, except those by delirium tremens and violence; and they are loaded with cases of phthisis; and the years after 75 naturally yield comparatively few deaths from drink, because few intemperate persons live so long. I confess, however, that I have been surprised at the number which fall beyond this limit, especially in the female sex. Thirty-five to 65 is, however, the period in which these deaths are vastly most numerous; and, I believe, Dr. Hardwicke estimates them at not much less than half the total mortality at those ages.

In the next place, the deaths wholly due are distinguished from those partially due to drink. The examination of my own cases, with which I began, led me to believe this to be advisable. Persons addicted to drink do not, of course, always die of drink in any degree, and there is a tolerably well-marked distinction in practice between those cases in which persons unmistakably die of drink and nothing else, and those where it constitutes only one of the factors which bring about a fatal result, co-operating, it may be, with ordinary degenerative changes, with accident or violence, with exposure, or with poverty. It may be said that the accident, the exposure, or the poverty, is probably itself the result of the intemperate habits; but, after all, it would hardly be fair to put all these cases into the same category, as cirrhosis, or delirium tremens. The distinction is a real one, and I have no doubt that by adopting it I have saved my correspondents a good deal of thought and trouble.

The list of sources is a tolerably varied one, but not sufficiently so to be as thoroughly *representative* as I should have wished to make it, either in point of locality or social grade. Living, as I do, in the N.W. of London, it was inevitable that too large a proportion of my material should be gathered there; but this is of the less importance, as I doubt very much if the proportion of deaths by drinking differs much in town and country.

With regard to social grade, I am afraid the same cannot be said. Nearly all my informants have been men practising among the great middle class, in either its upper or lower sections. Some of them dip a little into the artisan class, and in three instances some Poor-law cases are returned; but some of the friends upon whom I relied for getting hospital and workhouse cases have, unfortunately disappointed me.

As 5·8 per cent. of all deaths in England occur in workhouses, and 3·3 in hospitals and asylums, I ought to have had, in order to preserve the proportion, 79 workhouse cases, and 45 from hospitals. Instead of this, I have only, I believe, about 50 from workhouses, and none at all from hospitals or asylums. A distinguished hospital physician, to whom I applied in vain, volunteered the statement that "amongst hospital patients a very large amount of fatal illness is certainly the result of alcoholic excess;" and it can hardly be doubted that had he cared to send me any cases, they would, as those from the workhouse actually did, have tended to raise the proportion of deaths from drink to a still higher figure.

The omission lays my conclusions open on the one hand to the charge of inadequacy, but it will at least serve to

shield them on the other from any suspicion of exaggeration.

The sums resulting from the twenty sets of cases yield, as you see, a proportion of 1 death in 14, wholly due, and 1 more in every 8·38 partially due, to alcohol; altogether, 1 death in 5·24 referable, in some degree or other, to this agent.

TABLE I.

No.	Locality.	Deaths from all Causes at ages 25—75.	Numbers wholly due to Alcohol.	Numbers partly due to Alcohol.
1	London, N.W.	189	11	16
2	,, ,,	102	14	13
3	,, ,,	46	4	3
4	,, ,,	35	1	2
5	,, ,,	41	3	1
6	,, ,,	18	4	4
7	,, ,,	72	3	4
8	,, ,,	34	5	10
9	,, ,,	24	0	4
10	,, W.	41	2	—
11	,, ,,	53	0	7
12	,, ,,	31	2	1
13	,, ,,	34	2	14
14	Guildford ...	137	3	17
15	Shrewsbury ..	91	14	18
16	Devonshire ...	124	3	2
17	,, ...	48	6	11
18	Lincolnshire	164	5	9
19	Herefordshire	40	2	6
20	London, N.W.	91	14	22
		1,375	98	164

98 : 1,375 :: 1 : 14
164 : 1,375 :: 1 : 8·38
262 : 1,375 :: 1 : 5·24

TABLE II.

Total Deaths from all Causes at Ages 25—75 *in England and Wales*—198,678.

	Wholly due to Alcohol.	Partially due to Alcohol.		
198,678 ÷ 14 =	14,191	—	37,900	
198,678 ÷ 8·38 =	—	23,709		
Estimated deaths from alcohol before 25 years	443	741	= 1,184	1,387
Ditto, after 75 ,, ...	76	127	= 203	
Total estimated deaths from alcohol ...	14,710	24,577	= 39,287	

Applying these ratios to the number of deaths from all causes at the ages 25—75, which is returned at 198,678, we get 14.191 wholly due to alcohol, plus 23,709, partially due to the same cause; in all, 37,900 alcoholic deaths between the ages of 25 and 75.

There remains to estimate by other means the numbers which must be added to represent the corresponding deaths at ages before 25 and after 75.

The figures I have adopted for this purpose are based upon the proportion between the deaths from drinking between 25 and 75, as just calculated by means of the returns of my correspondents, and as enumerated by the Registrar-General.

As so calculated, those wholly due to drinking are 12·67 times as numerous as his cases, and those partially so, 21·17 times as numerous. I have, therefore, multiplied the 35 cases of delirium tremens and intemperance returned by him at ages under 25, and the 6 cases at ages over 75, by those figures, and added the resulting sums to the proper columns in Table II., which gives the calculations based upon these ratios and those derived from Table I.

Partly, however, in order to test these figures, and partly to illustrate alike the difficulties and the interest of the subject, I have made an attempt, as is seen in Table III., to estimate this part of the mortality through the medium of the deaths returned under their several causes in the Registrar-General's Report, and the ratio which I conceive to exist in each case between the number of deaths referred to liver or kidney disease, or what not, and the number of alcoholic deaths really buried under it.

These ratios are, of course, arbitrary—neither more nor less, in fact, than guesses—and I am aware that this part of my remarks is the one most open to criticism, which, I need hardly say, I shall very freely welcome, as it is only by a comparison of the imdressions left on the minds of various men by their own various experience, that such guesses can be corrected into a near approximation to the truth.

Most of the ratios which I have employed are not, however, so entirely arbitrary that reasons cannot be given for their adoption. For instance, alcohol is admitted to be almost the exclusive cause of true cirrhosis of the liver, and it is fair to assume that 4-5ths of the cases are correctly referred to it by the certifiers. Of other forms of *fatal* liver disease, in a temperate and non-malarious climate like ours, there would be—exclusive of cancerous cases—but little were it not for alcohol; and I think I have allowed a very ample margin for cancer, for the effects of over-eating, for hydatids, and for returned tropical residents, in adopting the ratios you see in the Table.

Hæmatemesis and melæna, except in young women, we know to mean cirrhosis more often than not, especially when fatal. The deaths from this cause among men exceed those among women by a considerable number—generally a sure sign of the influence of alcohol where there is nothing else to account for it—and this, in spite of the far greater prevalence of gastric ulcer in the other sex, so that I do not think the ratio of 1-3 will be objected to.

Dyspepsia and pyrosis are very remarkable causes to be answerable for 235 adult deaths, unless, as I suspect, they are little more than euphemisms for alcoholic disease; as, however, we are now dealing with only the 75 cases at the two extremes of adult life, I have only adopted the very low estimate of 1-8. "Stomach disease—undefined," at the same rate, gives 27 additional deaths from alcohol.

The degree of influence of alcohol in producing kidney diseases is very difficult to estimate, but here again the greater prevalence of mortality from this cause in the male sex—it is nearly double—is not nearly sufficiently accounted for by exposure alone, and will I hope be held to justify my estimate of 78 deaths or 1 in 10.

With regard to phthisis, I have simply adopted the estimate of 2 per cent. arrived at by Dr. Richardson's careful analysis of a large number of cases, and never, so far as I know, impugned.

Similarly, with regard to insanity, 1-4 seems to be about the mean of the various estimates put forth by competent judges; and as I am dealing with only a portion of the mortality, I have adopted a somewhat lower figure.

The cerebral affections under the next three heads are, perhaps, the most difficult of all to estimate, but it is certain that a good many cases of apoplexy and paralysis, even after the 75th year, are in some measure due to past

TABLE III.

Disease.	Deaths under 25.	Deaths over 75.	Together.	Ratio.	Estimated Deaths from Drink.
Intemperance and Delirium Tremens	35	6	41	1-1	41
Cirrhosis...	19	91	110	4-5	88
Liver Disease	59	324	383	1-4	96
Hepatitis	19	105	124	1-5	25
Jaundice...	19	177	196	1-5	39
Hæmatemesis and Melæna ...	11	64	75	1-3	25
Dyspepsia and Pyrosis ...	5	57	62	1-8	8
Stomach Disease (undefined) ...	36	183	219	1-8	27
Bright's Disease, Nephritis, and Uræmia	278	506	784	1-10	78
Phthisis	4,851	148	4,999	1-50	100
Insanity	24	168	192	1-6	32
Paralysis and Apoplexy ...	225	5,640	5,865	1-50	117
Brain Disease (undefined) ...	96	297	393	1-40	10
Cephalitis	195	19	214	1-40	5
Heart Disease	594	3,410	4,004	1-60	66
Bronchitis	207	4,131	4,338	1-50	87
Pneumonia	576	757	1,333	1-30	44
Congestion of Lungs	41	324	365	1-25	14
Lung Disease (undefined) ...	34	72	106	1-25	4
Ascites	12	73	85	1-6	14
Dropsy	30	700	730	1-25	29
Gout	—	80	80	1-2	40
Cancer	52	1,081	1,133	1-100	11
Atrophy and Debility... ...	21	—	21	1-10	2
Zymotic Diseases and Rheumatism	2,910	1,829	3,839	1-100	38
Accident or Negligence ...	1,022	731	1,753	1-30	58
Homicide	16	3	19	1-4	4
Suicide	124	62	186	2-5	74
Sudden Deaths, cause unascertained	48	209	257	1-10	26
Not specified, or ill-defined ...	17	68	85	1-10	8
	10,675	21,315	31,991	—	1,210

alcoholic excesses. It must be remembered also that only 38 per cent. of the 117 are claimed as *wholly* due to alcohol; and although the effect of embolism must not be overlooked, it is hard for anyone who knows the degraded masses of our great towns to believe that even out of 225 deaths under the age of 25 as many as 40 referred to a disease so uncommon at that age, were not really due to alcoholic poisoning.

To attempt an estimate of the next item—brain disease—is little better than making a guess about other people's guesses; but the indefiniteness of a heading generally justifies a suspicion that alcoholic cases are hidden under it, and in this case the numbers involved are not large enough to be important.

Under the equally indefinite heading of cephalitis, only the very moderate sum of 5 deaths is claimed. I have reason to believe that cases of violent delirium, sine tremora, or mania-a-potu, which occasionally prove fatal, are returned under this head.

Heart disease is a very difficult item to estimate for our purpose, but when the direct agency of alcohol on the circulation, its power in promoting fatty and other degenerations, and the improbability, to say the least of it, of 4,000 Englishmen being all of temperate habits, are fairly considered, I do not think my estimate of 66 under this head will be considered excessive.

Under bronchitis, I do not suppose that many of the old people succumbing after the age of 75 can be claimed as victims of excess; but there are a sprinkling; and of the 207 dying at so early an age as 20—25, I believe a large proportion would be found to be previously enfeebled by drink and dissipation.

The same remarks apply to the 576 early deaths from pneumonia—a disease in the prognosis of which alcoholism plays a most important part—and if I have at all overstated the case as regards bronchitis, I am sure the balance is redressed by the extreme moderation of my figures under pneumonia and congestion of the lungs.

To ascites I have ventured to apply a high ratio, because it is so often the last act in the drama of cirrhosis. "Dropsy" comprises enough of these cases to justify the numbers I have claimed, perhaps even without supposing an alcoholic element in any of the cardiac and renal cases which make up its bulk.

Gout is another of the causes of death in which the males immensely preponderate. Few, if any, people *die* of gout, whose allowance of liquor has been such as this Society would authorise for them; and I might have set down all the deaths, instead of half only, in my last column without much room for objection.

"Cancer" may be thought to need some apology, even when estimated at 1 per cent.; but I shall, I think, be borne out in saying that there is a good deal of secret drinking among women who are the subjects of this sad complaint; and I believe I have estimated its fatal results as tenderly as I should, in their case, be disposed to judge it.

It may surprise some to see any mention of zymotic diseases (with which is grouped rheumatism); but the question of prognosis in the intemperate here again comes into play, as well as the probability of drunkenness in

some individuals of so large a class, and I believe the facts would have justified a higher estimate.

In the next three figures I do not suppose a jury of publicans would find me guilty of exaggeration. Of the 58 estimated deaths from accident or negligence, 22 are actually specified as due to intemperance in the returns; while of the 186 enumerated deaths from suicide, 133 are of men, against 53 of women, leaving a balance actually larger than my own figure, 74. The great disproportion of male and female suicides (1,312 against 458 in the year 1876, with which we are dealing) is very remarkable, and can hardly be due to anything but the greater intemperance of men. Pecuniary anxieties doubtless sit much heavier on the man, but the quicker affections of the woman, and the utter ruin to which a false step may bring her, should seem to make the balance even, were there not some disturbing element.

I will not detain you over the last two items, but pass on to the resulting number, which comes out as 1,210. This corresponds quite as closely as could be expected with the number 1,387, arrived at by a quite independent method, as explained a few minutes ago; and as this was obtained by a—comparatively speaking, of course—more scientific method, I shall discard the more arbitrary, and, I think I may safely say, less adequate estimate, and adopt the figures 1,387 which, added to the figure 37,900 at which we estimated the alcoholic deaths between 25 and 75, will give the grand total of 39,287 as the best estimate which, after some pains, I have been able to make of the number of persons who die annually in England and Wales from the effects of drink in a greater or less degree (see Table II.); 14,710 of these being wholly, and the remaining 24,577 partly, so caused.

TABLE IV.

Causes of Death arranged in the Order of their Fatality.

Disease.	Total Deaths.	Deaths over 20 years.	Deaths from 25—75.
Bronchitis	54,055	29,368	21,603
Phthisis	51,775	40,055	33,374
Heart Diseases ...	30,481	28,405	23,878
Atrophy and Debility	14,364	3,434	3,413
Old Age	25,461	25,461	1,919
Convulsions	25,408	73	52
Pneumonia	24,492	10,161	8,828
Diarrhœa	21,781	2,944	1,833
Apoplexy	13,215	12,116	9,558
Cancer	11,604	11,315	10,179
Paralysis	11,994	—	—

These are startling figures indeed; more so, I confess, than I was prepared for at first; but their full significance is not seen until they are compared with the figures representing the mortality from the other principal causes of death as given in the Registrar-General's Report, and set out in Table IV, where the number of deaths at all ages is given in the first column; the number after 20 years of age in the second; and the number between 25 and 75 years of age in the third.

And here it should be borne in mind that the deaths with which we are dealing are all those of adults, and in very large proportion adults under 65—the fully-grown, productive, responsible, men and women, heads, probably, of households—the present generation, to whom the name and fame, the honour, and the interests of England are for the time committed. So that their deaths cannot be compared against those of children, number for number, but with due consideration of their greater social and economic weight.

Thus, bronchitis is the disease which stands highest on the list for fatality, but so large a proportion of its victims are infants that its ravages among the adult population fall far below those of alcohol if both the degrees of alcoholic mortality be taken together, while at the ages between 25 and 75 they only exceed by a-third the mortality *wholly* due to drink.

Phthisis, however, which stands next, levies it fearful tax chiefly upon the adult population; but even here the tale of adult deaths only just rises above that from drink, and when it is shorn of the 800 alcoholic deaths which raise it 2 per cent. above its proper level it, too, falls below alcohol.

Heart disease, also chiefly fatal to adults, falls considerably below it in each of the three columns.

Atrophy and debility have little to do with adult life, and what little they have is not unconnected with drink.

Old age, which ought to throw all other causes of adult mortality into the shade, is robbed, largely by alcohol, of its due predominance, falls far below it.

None of the remaining causes of death come anywhere near it, and in none of them does the adult mortality even reach the level of the 14,191 deaths wholly caused by alcohol.

Surely, if anything like this is the truth it cannot be too clearly elicited or to widely known, and I hope that the Harveian Society, following the excellent precedent of a few years back, when committees of the Society collected a large and important body of information on the subjects of contagious diseases and infant mortality, and it was able materially to influence legislation on the latter subject, will appoint a committee to follow out on a larger scale this or some other of the lines of inquiry by which the whole truth on the subject may be elicited and placed beyond doubt.

Clinical Records.

CLINICAL SURGICAL REPORTS.

By B. WILLS RICHARDSON,

Senior Examiner of the Surgical and of the Dental Surgery Courts of Examiners, Royal College of Surgeons; Surgeon to the Adelaide Hospital, Dublin.

(*Concluded from page* 431.)

Strangulated Femoral Hernia.

THE hernia was irreducible by a careful methodical taxis; and there was very slight tenderness to pressure in the lower part of left side of abdomen. The hiccough was persistent.

When the advanced age of the patient was considered, it appeared to me that the case would not bear delay, and in consultation with Dr. William Thomson who, in the absence of my colleagues from Dublin, gave me the benefit of his assistance, it was agreed not to postpone operation, the comparative latency of the symptoms depending probably upon enfeebled vital power. In accordance with this resolution I performed herniotomy at 11.30 o'clock, on Wednesday night the 21st August, being a few hours after her coming into hospital, and while she was under the anæsthetic influence of ether.

The parts exposed by the operation afforded convincing evidence of the propriety of its immediate performance, and made it clear to our minds that the woman's life would probably have been fatally endangered had we been lulled into procrastination by the latency of her symptoms, such as absence of vomiting and freedom from fever.

When the sac was opened bloody-looking fluid escaped, and the omentum was so dark in colour, we thought it likely that it would slough. It concealed a knuckle of small intestine having a very dark, chocolate colour, but still retaining sufficient polish to justify its reduction. The femoral canal and ring were divided a little directly upwards, when reduction of the intestine was readily effected. The omentum being only in small quantity and firmly adherent by its upper part at the femoral canal,

its free portion was not disturbed, thinking that should it not slough it might act as a pad in checking re-descent of intestine. A catgut ligature sufficed to secure the edges of the cutaneous wound in perfect apposition. A lint pad and spica bandage completed the dressing, and she was given 5 grains of soap and opium pill.

August 22nd, 9 a.m.—Had a good night. But little soreness in the seat of operation. Pulse 99, temperature 100·3 F.

9 p.m.—Had 15 minims of tincture of opium at midday, and in the evening the dressings were removed for examination of the wound. The abdominal tenderness had subsided. Pulse, 118; temp., 101·4 F. Dressings were renewed, and at intervals were sprayed with carbolic lotion. Half a grain of opium when settled for the night.

23rd.—Slept most of the night, but at intervals was given brandy and beef-tea, but the stomach rejected an egg beaten up with brandy. Pulse, 116; temp., 101·4 F. Edges of the wound partly agglutinated, with slight suppuration from the sac at its upper portion. Same dressing. During the day she took effervescing soda water with milk, and she ate a little rice pudding. Her cough being troublesome she was given an opiate, which was repeated near midnight. Bowels unmoved.

24th.—Had a good night, and the stomach retained all the food. Pulse, 102; temp., 99·8 F. Operated part healthy, but a few drops of pus still continued to escape from its upper portion.

9.30 p.m.—At midday she was given 5 grains of the soap and opium pill, chiefly to quiet cough. She was free from pain, and relished food. Antiseptic dressing continued.

25th.—Bowels were moved slightly during the night, which caused some restlessness, and on one occasion the stomach rejected beef-tea. Operated part continued painless. Pulse, 98; temp., 99·2 F. The appetite unimproved, and she was ordered to have three times daily, an ounce of a mixture composed of aromatic spirit of ammonia, lime water, and infusion of calumba. Opium discontinued and brandy increased. The wound continued to discharge a few drops of pus at its upper part, but in other respects was most satisfactory. Antiseptic dressing continued. Bowels moved twice during the day, and in the evening the pulse rose to 110, and the temperature to 100·4 F.

26th.—Had a very good night. The appetite having improved, she took nourishment when given. Slight pain in the wound. Pulse, 102; temp., 99·4 F. I excised a narrow string of sloughy omentum which protruded from the lower part of the wound. Antiseptic dressing continued. Cough being again troublesome she was given in the afternoon 5 grains of soap and opium pill. In the evening the pulse was 100, and the temperature 100·4 F.

27th.—Bowels moved three times in the night, and she slept well in the intervals. Pulse, 104; temp., 99 F. She was given occasionally a teaspoonful of a mixture composed of liq. muriatis morphiæ, spirit of chloroform and water.

28th.—Felt much better, had a good night, and took plenty of nourishment. Pulse, 98; temp., 99·2 F. Antiseptic dressing continued. Bowels moved once in the afternoon. Pulse, 112; temp., 100·2 F.

29th.—Cough again annoying, and caused broken sleep. Pulse, 100; temp., 98·6 F. The sac continued to discharge a few drops of healthy pus. Antiseptic dressing continued. A linseed meal and mustard poultice was applied to the chest, and she was given occasionally a tablespoonful of a mixture composed of spirit of chloroform, compound tincture of camphor, Hoffman's anodyne, glycerine and infusion of polygala. In the evening the pulse was unequal, 100, and the temperature 99·4 F. The poultice to chest was repeated.

30th, 9 a.m.—Cough very troublesome, and bowels moved twice in the night. Appetite good. Pulse, 100; temp., 99·2 F. In the evening the bowels continuing too free, the polygala mixture was changed for one composed of liquor muriatis morphiæ, spirit of chloroform and water, of which a teaspoonful was taken three times daily. Pulse, 98; temp., 99·5 F.

31st.—Had an excellent night. Bowels quiet. Pulse, 98; temp., 96·8 F. Scarcely any discharge from the sac. Wound almost united. Antiseptic dressing continued. She had chicken for dinner.

9 p.m.—Bowels moved once, cough relieved. Pulse, 104; temp., 99 F.

Sept. 1st, 9 a.m.—Pulse, 102; temp., 98·4 F. A few drops of pus still come from a small, unhealed portion of the wound at its upper part. Antiseptic dressing continued.

9 p.m.—Bowels moved twice during the dinner. Dinner of roast mutton. Pulse, 100; temp., 99·8 F.

2nd.—Cough recurred and caused a disturbed night Appetite continued good. Pulse, 104; temp., 99·4 F.

9 p.m.—Bowels rather loose. Pulse, 102; temp., 98·4 F.

3rd.—Pulse, 104; temp., 98·4 F. Sac still discharging a few drops of pus from the upper portion of wound. Antiseptic dressing continued.

9 p.m.—Had beef-tea and rice for dinner, a little of which the stomach rejected. Pulse, 100; temp., 99·8 F.

5th.—Bad night, and appetite not so good. Pulse irregular, about 80; temp., 100 F. Sac still discharging a few drops of pus at same situation. Antiseptic dressing changed for oxide of zinc ointment. Bowels being confined, the morphia mixture was discontinued, and she was given a tepid water enema.

9 p.m.—Pulse continued irregular, about 98; temp., 99 F.

7th, 9 a.m.—Bowels moved four times during the night. Pulse, 106; temp., 99 F.

9 p.m.—Discharge from sac, although very trifling, continued. Same dressing. Pulse, 120; temp., 99·6 F.

8th, 9 a.m.—Had the best night since the operation. Pulse, 104; temp., 98·4 F. About same amount of discharge from sac. Zinc ointment continued.

9th.—Bowels moved once. Pulse, 100; temp., 99 F. Sac has ceased discharging.

10th.—Bowels moved once, with some pain. The sac has again discharged a few drops of pus. Pulse, 102; temp., 99·6 F. Same dressing.

11th.—Bowels moved four times. Appetite good. Same dressing of wound. Pulse, 102; temp., 99·6 F.

12th.—Bowels moved three times. Pulse, 98; temp., 98·4 F. To take half an ounce three times daily of a mixture composed of infusion and tincture of cinchona bark. Same dressing of wound.

13th.—Bowels moved three times. Pulse, 96; temp., 99·8 F.

14th.—Pulse, 94; temp., 98·4 F.

15th.—Bowels moved once. Pulse, 94; temp., 98·6 F.

16th to 30th.—Pulse ranged between 82 and 88, and the temperature was almost steady at 98 F.

On the latter day the wound was completely cicatrised, and allowed of the application of a moc main truss. She was thereby enabled to dress and remain out of bed for five hours.

Oct. 3rd.—Convalescent, and out of bed for several hours. There was no sign of re-descent of the hernia.

31st.—No sign of recurrence of the hernia.

The knife (fig.), I used with these cases, I have operated with for some years in inguinal and femoral herniotomy. My first description of it appeared in the *Dublin Quarterly Journal of Medical Science* for November, 1869. I had it constructed with the view to prevent the bowel overlapping the blade in herniotomy. It can be directed to the seat of stricture or point to be incised with great safety, and once within, or under the constriction, it is unerring in its action.

In this knife, the broad back, as now made, is secured to the blade by the anterior end of the latter being somewhat button-shaped, the button passing beneath a ledge

in the back. The latter is secured to the blade, posteriorly, with a screw. This back projects 3-10ths of an inch beyond the anterior end of the blade ; and laterally, about 2-19ths of an inch at its broadest part. It tapers towards, and terminates near, the handle.

The blade for 6-8ths of an inch anteriorly has a cutting edge that terminates a little behind its greatest convexity. From this point to the handle the edge does not cut. The most convex portion of the cutting edge is 2-8ths of an inch in depth.

In my original model of the instrument the blade and back were in one piece which I would prefer ; but the makers considered that, for facility of sharpening the blade, it would be better to construct it in the manner I have stated.

The knife represented in the figure had only an ordinary spring in the back, but experience in its use proved that it is essential, in order to prevent closing of the handle on the blade, during an operation, that the spring should be provided with a French catch, or some other arrangement for the purpose.

It is almost unnecessary to say that this knife is not suited for the division of Gimbernat's ligament. But I believe that greater facilities either for reduction or for relieving constriction are obtained by division of the anterior portion of the crural canal, and if required, of the crural ring, than by division of the ligament of Gimbernat.

To my mind sufficient weight has not been given to the observations of Sir Astley Cooper, on the seat of stricture in strangulated femoral hernia. "Surgeons," he observes, "talk very carelessly upon the subject of dividing the stricture, they say that the finger must be put into the sac, and wherever the stricture is felt that it should be divided. Again, it is said, the stricture is situated on the inner side of the sac, and derived from the pressure of the insertion of the tendon of the external oblique, or what they call Gimbernat's ligament. They do not consider that a stricture is a circle produced in the way as if a cord were tied round the protruded parts, and that the division might be made at any part excepting the posterior, where the bone is placed, if other circumstances did not prevent it. The stricture may be divided on the inner side of the sac, that is, towards the pubes ; but to this there are strong objections, which I make the subject of a future chapter. It cannot be divided directly outwards, for there the crural vein must necessarily be injured, and if the division is made upwards and outwards, towards the spinous process of the ilium, the epigastric artery is much endangered. However, this artery is not so liable to be cut in the crural hernia as has been imagined ; for it does not approach nearer than half an inch of the upper and outer part of the sac, and an incision of half an inch is more than is usually required to liberate the protruded parts in crural hernia. The stricture may be safely divided upwards, but the mode of doing it, in which there is the greatest security, both as respects the blood vessels, and the protruded intestine, is to pass the bistoury into the middle and anterior part of the mouth of the hernial sac, and to cut the stricture upwards, and with a slight obliquity towards the umbilicus."

Mr. Hey also, as Sir Astley Cooper reminds us, recommended the division of the stricture upwards.

Mr. Aston Key, in an editorial note to Sir Astley Cooper's work, makes the following observations on this important point of practice :—

"In the anatomical description of these parts, I have pointed out what appears te be the usual seat of stricture in strangulation of a femoral rupture, namely, a tendinous band which joins the fascia transversalis to the posterior margin of Poupart's ligament, and which is quite distinct from Gimbernat's ligament, upon which so much stress is laid by some as constituting the stricture. The difficulty which I have witnessed in relieving the stricture when the operator has divided Gimbernat's ligament towards the pubes, and the necessity of repeatedly introducing the bistoury, gives a decided superiority to the upward division of the stricture, which mode of division includes the tendinous band alluded to. Dr. Breschet describes M. Dupuytren's mode of operating as coinciding with our author's as to the parts divided ; but he gives a somewhat different direction to his knife which is convex on the edge, and carried obliquely outwards. This mode of dividing the stricture he has long practised, both in the male and female subject, without any hæmorrhages. This experienced surgeon concurs with our author and the late Mr. Hey, in the opinion that a very slight incision of the stricture is sufficient to release the intestines ; a practice that removes the fears a surgeon may otherwise entertain of wounding the spermatic vessels or the obturator artery, when that vessel arisss from the epigastric, which by an extensive incision might be endangered." (*a*)

Cloquet I am well aware recommended the division of Gimbernat's ligament in ordinary crural hernia. But he mentions that he has seen one case in which the epigastric artery was situated in the inside of the neck of a crural hernia, in a case like which the incision should be made upwards and outwards. (*b*)

Sis Astley Cooper's further observation on the operation inwards in the "future chapter" to which he alludes, are so important, and not being within reach of a large class of readers, may, without excuse, be reproduced here. They more or less tend to support my view of the value of the knife illustrated above :—

"The division of the stricture inwards, in the operation for strangulated crural hernia, was published by Gimbernat, a Spanish surgeon, in his treatise on this disease. The author having dissected the parts with great care, and finding that the firmest part of the stricture was on the inner side, and that the blood-vessels covered the orifice of the hernial sac on the outer and on the anterior parts (the crural vein and the epigastric artery lying in the former direction, and the spermatic cord on the latter), was led to believe that the operation inwards was the safest mode of dividing the stricture. If anatomy," Sir Astley remarks, "only directed my judgment I should concur in this opinion ; but it appears to me that the danger in crural hernia is not derived from the vicinity of these vessels, but from the chance of wounding the intestine. Nor does this operation entirely prevent even the danger of hæmorrhage."

"The objections which I have to urge against this operation are the following :—First, it very much increases its difficulty ; for the crural hernia lies buried deep within the thigh, and the orifice of the sac is proportionally difficult to be reached. Even where the stricture is divided anteriorly, the instrument must be passed down to some depth before it can be introduced within the stricture ; but if the division is made inwards, from the obliquity of Gimbernat's ligament, the bistoury must be buried so deep as to be entirely obscured by the surrounding parts. Having tried both these modes of operating, I can assure those who have not had an opportunity of making a comparative trial, that the latter operation is much the more difficult to perform."

(*a*) "The Anatomy and Surgical Treatment of Abdominal Hernia." By Sir Astley Cooper, Bart. 2nd Editon. Edited by C. Aston Key, Senior Surgeon to Guy's Hospital.

(*b*) "Recherches Anatomiques sur les Hernies de l'Abdomen." Par Jules Cloquet. Paris. 1817.

"Secondly, in Gimbernat's method a danger is incurred of wounding the intestine in two different ways. In looking for the seat of the stricture on the inner side, the intestine (which in crural hernia descends inwards) is obliged to be drawn very much to the outer side, to allow of the finger, or of a director, to be passed to the orifice of the stricture. In doing this the intestine is much stretched at the stricture part, and if it has been long strangulated it readily tears through at this place, and the fæces are discharged at the wound."

This accident may have occurred in a fatal case which he narrates in corroboration of his views on this point of practice; and the description of which he concludes thus:

"Whether in this case the intestine gave way at the strictured part by drawing it aside, or was injured by the knife, it is impossible to determine, but I was resolved never again to cut inwards, on account of the danger of tearing, as of cutting the intestine."

After narrating a second fatal case in which the operation inwards was performed. and in which at the post-mortem examination, two openings were found in the portion of intestine which had been placed at the mouth of the hernial sac, he proceeds:—

"The other mode in which the intestine becomes injured, is by being cut in passing the knife. The stricture is too small entirely to admit the finger, and the surgeon, fearful of bruising the intestine by attempting to force his finger up the stricture, introduced a director to guide the incision, or the knife without a director; in doing which, a fold of intestine gets before it, and in the way of the knife, within the mouth of the sac, or still higher, above the sac within the abdomen; but when the incision is made from the anterior part of the sac the intestine is entirely behind the knife. If this accident be immediately discovered, the patient has some chance of recovery with an artificial anus, which may either last only for a time, or continue during life, according to the treatment pursued; but if the intestine is within the abdomen at the time the injury is received, the strangulated portion is returned into the cavity without the wound being suspected, and the patient dies in a few hours, after suffering violent pain, and having the fæces escape through the wound. In such cases, on examination after death, the abdomen is found violently inflamed, owing to the escape of bile into the peritoneum."

"Thirdly, there is another strong objection to the operation inwards, which is, that if the hernia is large this mode of dividing the stricture is not sufficient to allow of the return of the protruded parts, for it gives but little additional room, so that great force must be used to reduce the hernia; and often, after all, the parts behind the crural arch must be divided in the usual way, and the whole operation rendered unnecessarily complex."

"Fourthly, the obturator artery, which, in the usual operation, is only endangered when it varies from its natural course, will be in much greater hazard in the inward incision, as this artery under this variety of course closely embraces the sac on the inner side, but is situated at some distance from its anterior part; and, moreover, if it is cut during the operation inwards it will be scarcely possible to secure it, which it might be, when the anterior incision is performed."

Transactions of Societies.

HARVEIAN SOCIETY.

Nov. 21st, 1878.

DR. GRAILY HEWITT, President, in the Chair.

Discussion on Dr. Morton's paper on

THE MORTALITY REFERABLE TO ALCOHOL,

which will be found at page 448.

Dr. CLEVELAND said no one could doubt that the excessive use of alcohol was a great pathological factor, but what was the issue to be raised by this paper? Was it to disprove the figures of the Registrar-General, or was any question to be raised upon the use of alcohol in disease and health? Dr. Morton's figures must be received with caution. In every case where one had to determine a cause where there were several factors they must be careful not to put down to alcohol what might not be due to it. How was it to be ascertained for a fact that a patient had died from the use of alcohol when there were several other causes at work in producing the disease?

Dr. NORMAN KERR said that if this Society or any other body could prove that Dr. Morton's conclusions were wrong, or that those he himself adduced before the Social Science Congress were founded on error, then they would both be delighted to have their mistakes pointed out. Far be it from them to exaggerate, but it appeared to him that everything that had hitherto been done had really been under the truth, and though they should receive everything with caution, they should not close their eyes to obvious facts. If it were not for drinking the great mass of the profession might retire from it to-morrow, because it was the one thing of all others combined which gave them employment—whether it be the secret drinking of the ladies or the open drinking of the gentlemen. In regard to the paper, it seemed to him very difficult to distinguish between the deaths wholly caused by alcohol and those partially caused. They could tell at once if a man were killed by a strong dose of alcohol, but this process of alcoholic poisoning might go on for years, after which they would get a number of diseases, developed not immediately, but really and truly originated by the alcohol. He found, on looking at his own statistics, that he was obliged to put down to the "partially caused" that which really ought to be debited to the "wholly caused." It was impossible to separate the two definitely. A word as to the ages dealt with. He had seen cases of people who had become intemperate after the age of seventy-five. Only within the last year a case of a clergyman had been brought before him, who became a drunkard in his forty-seventh year, and his son, a barrister, in his forty-seventh year, and cases were known to him amongst females of the same kind. Going to the other extreme he, had seen young children with cirrhosis of the liver brought on by alcohol in excess. The truth of the matter seemed to be that there was a much greater mortality referable to alcohol than even Dr. Morton had ventured to assign. Everybody connected with workhouses that he knew admitted that the great bulk of the deaths there arose from intemperance. Dr. Morton's calculation of the deaths from personal indulgence in alcohol was 42,144, if applied to the whole kingdom. and though his (Dr. Kerr's) was less, Dr. Farr had accused him of exaggeration. Yet Dr. Morton had arrived at practically the same conclusions by an altogether different and independent process. In regard to insanity, Dr. Morton might have put it much higher than one in four. Dr. Shepherd said:—"Forty per cent. of insanity is due to alcohol, either directly or indirectly." He (Dr. Kerr) found drinking and its consequences just as prevalent amongst the scattered population of rural districts as amongst the crowded populations of towns and cities. He concluded by seconding Dr. Morton's proposition for the appointment of a committee.

Dr. HARDWICKE said he had spent some time in getting up the statistics with regard to inquests during the last four years. However staggering might be the figures arrived at by Drs. Morton and Kerr, his firm belief was that they were considerably under the mark. They, by two processes, came almost to the given result of, say 40,000 deaths, whereas he, by a different mode of estimation, came at a higher number, which he thought he could substantiate. Failing that, he proposed to elucidate two sources of information which would throw a great deal of light on the matter. His statistics referred to the inquests he had held during his four years of office, and he had excluded all cases under sixteen years of age. He presumed that no cases connected with drink were under that age, although possibly there might be some. That gave the number of inquests at 930, 944, 908, and 854 respectively, or say 900 inquests had been held by him each year. Out of these 900, 67, 88, 30, and 49 were returned in the verdict as died from alcoholic poisoning or drink direct. That was very few out of 900, but looking at the suicides—80, 81, 100, and 84 per annum—these were nearly all due to drink. He did not think that more than 4 or 6 per cent. of suicides were not almost immediately preceded by drink—at least before the suicidal influence came upon them. The accidental deaths, numbering 439, 488, 487, and 426, had been taken at a low

estimate in regard to their relationship to alcohol. He had taken them simply at half, but the proportion was larger. The accidental deaths were, in fact, nearly all more or less caused by drink. There was another class of cases that had been returned under the head of want, privation, destitution, starvation, and these amounted to 64, 24, 20, and 47. His belief was that nearly all such cases arose from drink. Out of the 900 cases, 450, or nearly 50 per cent., were more or less directly or indirectly connected with drink—he was speaking of the adult cases—and even this was considerably below the mark. During the time he was medical officer of health in this parish it was astonishing to observe only three or four cases returned in the registration certificates of death from delirium tremens or alcoholism. He knew that was wrong, because a great many cases were personally known to him. He had the returns for five quarters, and each quarter he found that there were from twenty-five to thirty cases that were "smuggled up" cases, and returned under the different headings on Dr. Morton's tables—the kidney cases, for instance, representing an enormous amount of drinking, but were put down under every name save the right one—alcohol. Thus from 100 to 120 deaths were occurring from the direct effects of drink within the district over which he had supervision, the total number of deaths from all causes being about 2,000. Thus the mortality was considerably accelerated by drinking; but no medical officer of health had as yet attempted to show how much this was the case.

Dr. B. W. Richardson said he had really come to listen to the paper which he knew Dr. Morton would read to the satisfaction of this Society. He could not now but say that hearing the paper had been to him a source of profound satisfaction, because he believed that his was the first voice that had called attention to the enormous mortality that springs from alcohol—at all events, the first voice that had been heard on the matter on the facts themselves; for although many philanthropists had, before his time, spoken generally of this subject, yet they had spoken as they had done in reference to the action of alcohol in lowering the temperature; and just as it was his fortune to make that a matter of experimental inquiry, so it was his to make this a matter of statistical inquiry; and about five years ago he pointed out that the mortality in the adult population, directly and indirectly traceable to alcohol, might possibly be estimated at a third of the whole adult mortality. The observation was received with incredulity, and naturally when he now saw that facts were coming forth day by day to prove it true, the whole social question being taken into consideration as well as the purely statistical, it was naturally a source of satisfaction to him. He was particularly delighted that a member of his own profession had undertaken this subject of inquiry, and not left it to anyone outside, for the method pursued, he (the speaker) was very grateful. It was the method that first struck him—namely, to analyse carefully the certificate of death book. He obtained himself some of these books, and made a series of observations, not very extensive, but all bearing on the same facts, and leading almost entirely to the same conclusions as those in the paper. He trusted the Society would look into the certificate of death books of practitioners over the whole of the kingdom if it were practicable to do it. It was a matter of some labour and some expense, but from it a series of observations would be completed which, he had no doubt, would entirely support Dr. Morton's conclusions, and bring out in the face of the country some of those facts which ought naturally to come first from the medical profession. As to the Registrar-General's last report (continued Dr. Richardson) I am going to speak with the utmost respect, and I may say affection, of my old friend, Dr. Farr. I have watched his labours for nearly thirty years, and he actually was once so gracious as to allow me the first insight into some returns of his, so that in a course of lectures on industrial diseases I was able to take the kernel out of one report and put it first before the world. When this recent report first came into my hands, containing the letter from Dr. Farr on alcohol, I was perfectly startled to see it put forward that in one year there were only 164 deaths returned from alcoholism in the metropolitan district, while there were 18,000 deaths from zymotic diseases, and over 89,000 deaths from all causes. Immediately this was thrown in my teeth, and in the teeth of other abstainers, that we were misleading the people. It was a most startling statement to make, and it will take some months of laborious contradiction to prove it obviously wrong, because the great authority of my friend is received everywhere as if it were to be accepted without demur. And yet, when you come to look at that report, you see it is self-contradictory. Almost immediately afterwards it gives you a table of publicans, and shows that the deaths of publicans as compared with clergymen (and we are not going to take them as absolutely perfect, but as good men as a rule), are as two to one on the part of the publicans compared with the clergy of this kingdom; and, in regard to particular ages, that at some ages the deaths are nearly three to one. Now, when we come to analyse the facts, what does all this mean? Why do publicans die in such numbers? What is the reason? By what diseases are they returned in the Registrar-General's Return that they should show this excess of mortality? They lie at the bottom of the scale. There is nothing beneath them but cabmen, who are much exposed, and, as a class, drink heavily; and potters, who have one specific form of death from the inhalation of dust. I ask, why is this? When you begin to look at the causes you see that the publicans suffer and die from the very affections which Dr. Morton has pointed out as being peculiarly alcoholic in their character. And when you begin to compare the mortality of publicans with that of the mean mortality of seventy different forms of occupation, you find that taking the standard of a hundred for the seventy occupations there is a mortality of 138 in the publican class to the 100 of all classes. If you begin to work that out, you will come upon conclusions as nearly as possible identical with those that Dr. Morton has put forward. Dr. Farr, with like candid inconsistency, I am bound to say, also refers to the mortality of grocers as greatly increased from 1860. Since these men began to sell spirits they have commenced to die in great numbers. Between 1860-70 the proportion has risen until at last in 1870 the mortality of grocers is at all ages something above, and at one age of life is positively over, 11 in the 1,000 above what it was. This addition is so startling that one can scarce credit it, yet so it is. Thus, whilst we take Dr. Farr's general statement as something startling, when we take the whole of his report, it confirms, in fact, these figures which Dr. Morton puts forward. I would say that his (Dr. Morton's) estimate is of the most moderate character. It takes in none of the collateral circumstances. It is the bare fact, placed always with moderation, and sometimes with something extracted that might belong truly to the alcoholic side. For example, Dr. Morton said he had extracted the cases of death arising from separation of fibrine in the vessels of the brain. He took these cases as if they were not necessarily alcoholic in character. Now, that has been a line of research which has been specially my own. Few people living have seen more cases of obstructed circulation from separation of the fibrinous constituent of the blood than myself, and I am bound to say that there are very distinct physiological reasons why the large number of people who suffer from that form of apoplexy are persons who drink. Physiologically the blood of such men is in the same state as that of sailors during the time when they are suffering from scurvy. Nothing is so easy, when the blood is in this state of trembling equilibrium, for there to be temporary suspension of circulation in the brain and coagulation of blood. I should say that nine cases out of ten of that form of disease, if I may judge from those I have seen, have been induced in persons who are of alcoholic constitution. Dr. Morton referred to women living for a considerable time beyond seventy-five, and yet being intemperate. That is a point which has engaged a great deal of my attention. As a general rule we may say that women who commence to drink in the middle of life do not live to an advanced age, but die rapidly. Some men who drink hard do live to an advanced period, but those have been men who have commenced to drink early, men of fine blood and constitution, and they live on drinking; but they have enormous secreting organs, and during the time of their young life the organs, as it were, have adapted themselves to the alcoholic conditions, and so such men live on it; whereas men who begin to drink in middle life rarely live to an old age. A large number of both sexes begin to drink late in life. Women of sixty, sixty-five, or even seventy, begin to drink to excess, and of late that tendency must, I fear, have increased. There is one more observation I would make, and that is on a disease to which Dr. Kerr has already referred, viz., gout. I agree with him, and say I have hardly ever known anyone subject to gout except a drinker of alcohol. When you begin to treat

people who are not subject to alcohol, gout is practically unknown, except in those with a strong hereditary tendency. Taking it all in all, this is a most satisfactory and yet unsatisfactory result which Dr. Morton has produced—most satisfactory as eliciting the truth, and most unsatisfactory as eliciting the awful truth that possibly 39,287 of our people are yearly poisoned by what I, as a physiologist, declare to be an agent utterly useless to man—except probably in its medicinal form—and altogether out of the Divine scheme of creation as a food for man.

Dr. FARQUHARSON said that if they were to have a committee, he hoped the evidence would be taken on purely scientific principles. A return emanating from this society must necessarily have great weight with the public outside, but the plan of calling out the old counterfoils was almost too absurd to be worthy of much consideration. Many of them were made without *post-mortems*, and persons not accustomed to *post-mortem* appearances, hardly knew them when they saw them. The evidence obtained by such a committee should as far as possible be from hospitals, where all the lines are laid down rigidly, and the pathological appearances described by fully competent observers. He thought there was too much chance of the coincidence of alcoholism and disease being put down as cause and effect.

Dr. FITZPATRICK observed that the gentlemen who had spoken before Dr. Farquharson, were familiar by special study with the whole of the alcohol question, whilst those who might be prepared to take a somewhat different view had had no time afforded to enable them to support it by facts. Personally, he would like to give Dr. Morton's facts a little fuller consideration than he could do, only having been brought face to face with them for the first time. Suppose Dr. Morton deducted from the whole mass of these cases the number of deaths he assigned to alcohol, to what proportion would it reduce the mortality of the kingdom? His chief object in rising was not to allow these statistics to go forth without some show of remonstrance on the part of the Harveian Society against their being considered a scientific expression of the real state of the case.

The PRESIDENT said the matter was one deserving attentive and careful investigation, and he agreed with the last two speakers that it would be unwise to come to a very wide and sweeping conclusion on the statistics brought before them; and also that if it was proposed to produce further statistics of the kind, it would be very desirable to hedge them about with certain cautions and preliminaries, which would have to be very carefully considered before the committee set to work. At the same time he quite agreed with the idea of forming a committee.

Mr. LAWRENCE suggested that the committee should be selected by the Council of the Harveian Society.

The motion was carried unanimously.

THE ROYAL SOCIETY.

THE anniversary meeting of this Society was held on Saturday last in the theatre of the Royal Institution of Great Britain, Sir J. D. Hooker, President, in the chair. In his address, the president gave a *resumè* of

SCIENTIFIC PROGRESS.

Looking back over the five years during which he had occupied the chair, he recognised advances in scientific discovery and research at home and abroad far greater than any previous semi-decade could show. In the formost rank, as regarded the magnitude of the undertakings, and the combination of means to carry them out, nothing in the history of physical science could compare with the Transit of Venus expeditions. He then passed in review, Professor Asaph Hall's discovery of the satellites of Mars; Professor Watson's detection of planetary bodies within the orb of Mercury. Mr. Lockyer's discovery of carbon and oxygen in the sun; Professor Tyndall's discoveries in the transfusion and properties of sound; the "Challenger" expedition; Mr. Darwin's discoveries on insectivorous plants, &c., &c. But, continued the President, of special interest to himself, as having been conducted in the Jodrell Laboratory at Kew, were Dr. Burdon Sanderson's investigations on the exceptional property possessed by the leaves and other organs of some plants which exhibit definite movements in response to mechanical, chemical, or electric stimuli. Lately, Dr. Burdon Sanderson had found that the correspondence between the exciting process in the animal tissues and what represent this in plant tissues appears to be more complete the more carefully the comparison is made; and that whether the stimulus be mechanical, thermal, or electrical, its effects correspond in each case. In morphological botany, attention had been especially directed of late to the complete life-history of the lower order of Cryptogams. The "Proceedings" for the present year contained several important contributions to our knowledge of the lowest forms of life. Dr. Klein had shown that the infectious pneumo-gastritis, or typhoid fever of the pig, was, like splenic fever, due to a bacillus. Having succeeded in cultivating this bacillus in such a manner as to raise crops free from all other organisms, Dr. Klein inoculated healthy pigs with the fluid containing the bacilli, and found that the disease in due time arose and followed its ordinary course. It was now therefore distinctly proved that two diseases of the higher animals, namely, "splenic fever" and "infectious pneumo-enteritis," are generated by a contagium vivum. Finally, Messrs. Downes and Blunt had commenced an inquiry into the influence of light upon bacteria and other fungi, which promised to yield results of great interest, the general tendency of these investigations leaning towards the conclusion that exposure to strong solar light checked, and even arrested the development of these organisms. Interesting experiments had been made a the Brown Institution, showing that the "grains" which are so largely used as food for cattle afford a soil which is peculiarly favourable for the development and growth of the spore filaments of bacillus, so that from "grains" in which the organism has been sown experimentally, the anthrax poison can be produced at will, under conditions so simple that they must often arise accidentally. The bearing of this fact on a recent instance in which anthrax suddenly broke out in a previously uninfected district, destroying a large number of animals, all of which had been fed with grains obtained from a particular brewery, need scarcely be indicated. Having endeavoured to recall some of the great advances in science during the last few years, it remained for him, after the distribution of the various medals, to resign the high position he there held, which he felt compelled to do, on account of his increasing official duties and responsibilities at Kew. The recipients of the medals were:—Jean Baptiste Boussingault (Copley medal), for long continued and important researches and discoveries in agricultural chemistry. Mr. John Allen Brown (a Royal medal) for his investigations in magnetism and meteorology. Dr. Albert Gunther, F.R.S. (a Royal medal) for his numerous and valuable contributions to the zoology and anatomy of fishes and reptiles. Mr. Alfred Cornu (Rumford medal) for his various optical researches. MM. Louis Paul Cailletet and Raoul Pictet (double award of the Davy medal) for having independently and contemporaneously liquefied the whole of the gases hitherto considered permanent.

Opening of New Turkish Baths.—Another of these admirable institutions, of which there is now a goodly number in London, was opened at Kentish Town last Thursday. There were several members of the profession present, amongst whom we noticed Dr. Morell Mackenzie, Dr. L. S. Forbes Winslow, Dr. Edgar Sheppard, Dr. Hardwicke, Dr. Balmanno Squire, &c. Dr. Mackenzie delivered an exceedingly able address in the large reclining hall, which was densely crowded, and afterwards declared the baths open to the public. The company then adjourned to the St. Pancras Vestry Hall, where about 150 sat down to a well-appointed dinner, under the chairmanship of Sir Thomas Chambers, M.P,, the proceedings throughout were a complete success, and the baths admirably arranged.

The Brompton Hospital for Consumption,—At a quarterly court of the governors of this charity held on Thursday last, the report of the committee of management stated that for the erection of the new hospital buildings, upon the site opposite to the present hospital, Messrs. Higgs and Hill's tender for £50,469 has been accepted. The new building will provide 137 additional beds for the accommodation of in-patients, together with a new, spacious, and admirably ventilated out-patients' department, in place of that in the existing hospital, which had become inadequate to the requirements of the present time.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 4, 1878.

THE CASE OF THE HAMPSTEAD SMALL-POX HOSPITAL.

THE case which has been occupying for eleven days the attention of Mr. Baron Pollock and a special jury shows how careful our sanitary authorities should be in selecting sites for the erection of hospitals intended for the reception of patients suffering from infectious diseases, The suit was brought by Sir Rowland Hill and other gentlemen, all owners of property near the Hampstead Hospital, against the managers of the Metropolitan Asylums District who were charged with having erected a building which, it was contended, was a nuisance to the neighbourhood, and which had seriously damaged the property of the plaintiff's. Sir Rowland Hill complained that the hospital grounds were only separated from his by a hedge, that his grounds were even trespassed upon by some of the patients, and that a block of ambulances, and consequently a great concentration of people suffering from small-pox, often took place close to the entrance of his house. Mr. Fripp complained that his studio was so close to the hospital dead-house, and was so infected by the air entering it, that he could not get any one to remain in it, so that he was actually "abandoned by his friends and family." His wife, moreover, had caught the disease, in his opinion, through breathing the polluted air when she opened her window. Another plaintiff, Mr. Lund, stated that he could not now dispose of his property as it was so near the hospital. It also transpired that during the epidemic of small-pox which occurred in 1871-2, no less than 7,500 patients were received into the hospital, and that of these 1,739 died. It was also shown that, during the above epidemic, of 103 cases furnished by the parish of Hampstead, 27 came from the immediate neighbourhood; while in the epidemic of 1876, out of 110 cases from Hampstead, 51 came from within a radius of 300 yards from the hospital. Thus it was urged not only by the plaintiffs, but also by several medical witnesses, that the hospital was a nuisance to the neighbourhood, dangerous to the health of the inhabitants, and especially a source of possible infection to the plaintiffs. Mr. Anderson, a highly respectable local practitioner, also stated that cases of small-pox rarely occurred in Hampstead before the hospital was built. It was further stated that proper care was not taken to prevent the persons employed in the hospital, or the visitors, carrying about the infection, and that the ambulances were not purified after being used.

Of course, evidence of a rebutting character was adduced by the defendants, with the object of showing that the greatest possible care was taken to prevent the propagation of the disease, that the internal management of the hospital was unexceptionable, that there was no possibility of infection emanating from the hospital, and that none of Sir Rowland Hill's family had contracted the disease. Besides, the managers of the Metropolitan Asylums District had, it was said, been obliged to build the hospital in the North-west of London, they could not erect it further away from town, and in selecting the present site, they had done their best to comply with the wishes of the Local Government Board, and to interfere as little as possible with the vested interests of the inhabitants. Such were the main points of the case; and after a very able and impartial summing up by Baron Pollock, the jury agreed that the hospital was a nuisance, occasioning damage to the plaintiffs, *per se*, and by reason of the patients coming to and fro from the hospital. They found, moreover, that, in reference to the plaintiff's rights, the defendants had not erected and maintained the hospital with all reasonable care and skill; and, further, that the ambulances were not properly disinfected before leaving the hospital. They were, however, of opinion that every thing was done that could have been done relating to the internal management of the institution.

Although the defendants intend moving for a new trial on the grounds that certain findings of the jury were against the weight of evidence, and that there was no evidence against them, an impartial consideration of all the circumstances of the case can lead to no other conclusion than that the defendants committed an error of judgment in placing the Hampstead Small-pox Hospital where it is. Of all the infectious diseases endemic in this country, small-pox is the most infectious. Of all infectious diseases, the infection of small-pox is that which reachest the furthest and lasts the longest. It clings tenaciously and for a great length of time to all kinds of "fomites" without losing its specific characters, and the various ways in which it may be conveyed from place to place are such as to baffle the most vigilant, and to render it impossible to trace, in any given case, the source of the infection. The distance to which the contagium of small-pox may be conveyed directly from a patient suffering from the disease has been variously estimated, but there can be no doubt that the sphere of

infection may, in some cases, be very extensive. Dr. Haygarth was informed that, in one instance, the infectious effluvium crossed a river 1,500 feet wide, and affected ten out of twelvé workmen at work on the other side. Nor does the danger of infection cease with the death of the patient, as it is generally admitted that the body of persons who have died from small-pox have the power of transmitting the disease. All these facts must have been well known to the managers of the Metropolitan Asylums District, and, therefore, it can scarcely be contended that they exercised due caution in building their hospital so near to private houses that the dead-house, in which there was at one time as many as 25 bodies, was close to an artist's studio, and so far surrounded by other buildings that, out of 110 cases of the disease from the Hampstead district, 51 came from within a radius of 300 yards from the hospital. If, therefore, we take into consideration the situation of the hospital and the extremely contagious nature of the disease, we must allow that the concentration of a large number of small-pox patient—so large, that in 1871-2 no fewer than 1,739 died from the disease—was little short of being a focus of infection to the surrounding neighbourhood. When we consider the strong and peculiar odour that emanates from persons afflicted with this loathsome disease, the statement which Mr. Fripp made with regard to the offensive smell in his studio was probably not exaggerated. The defendants would certainly have acted with more prudence had they chosen a more remote and secluded situation for their hospital; and we do not see that small-pox patients would have run any risk in being taken from their homes to a more distant site. Considering the swift and easy methods of conveyance at our command, and the fact that small-pox is more tolerant of exposure to the air than any other infectious disease, the erection of the hospital one or two miles further off could scarcely have jeopardised the safety of the patients.

There are other points in regard to which it is doubtful whether the defendant and the hospital authorities did all in their power to minimise the evils inseparable from such an institution—whether the ambulances were properly disinfected—whether due precaution was taken to prevent the visitors who came to the hospital spreading the infection, and other matters which we shall not now discuss. Altogether the action which has been brought against the manager of the Metropolitan Asylum District is not without its lesson, and shows that, with the best intentions, our sanitary authorities may take measures which, while only partially attaining the object in view, become, at the same time, "an insanitary nuisance."

THE CONTAGIOUS DISEASES ACTS AND THEIR WORK.—II.

In 1864, Lord Clarence Paget and Mr. W. G. Romaine exerted themselves especially to frame a Bill which they hoped would excite but little opposition.

The different clauses were written and re-written, considered and reconsidered again and again as different objections were made by the various personages consulted, until at last, in July, 1864, an Act was passed, to continue in force for three years only, for the prevention of contagious diseases at certain naval and military stations. The main principle of the Act of 1864, was that, on information being laid before the Justice of the Peace by an inspector of police or medical practitioner, that he had good cause to believe a woman to be a common prostitute, and infected with contagious venereal disease, and that she had been within the limits of certain districts within fourteen days previously for purposes of prostitution, the justice could order such woman to be taken to a certified hospital for examination, and there detained if diseased, for a period not exceeding three months.

No express power was given to the Amiralty or Secretary for War to erect lock hospitals, which it was anticipated would be obtained by the aid of local institutions; but it was enacted that an inspector of certified hospitals should be appointed to examine and report on the condition and management of the hospitals.

Provisions were also made for the punishment of women quitting the hospital without leave from the duly constituted authority, or who should refuse to conform to the regulations of the hospital.

A clause was also inserted for the punishment by fine or imprisonment of any brothel or lodging-house keeper knowingly harbouring prostitutes infected with contagious venereal disease.

Eight principal naval or military stations in England and three in Ireland were named in the schedule of the Act, and the administration of the Act was entrusted generally to the Chief Commissioner of Metropolitan Police, under whose orders men and officers specially selected from the force were ordered to carry out the details as laid down in the different clauses.

The police duties under the new Act were entrusted to the metropolitan police, acting under orders of the Chief Commissioner; they were instructed to visit the naval and military hospitals and to obtain from patients infected with recent venereal diseases the names of the women from whom they believed themselves to have contracted infection.

Searching and careful inquiries were made to ascertain the names and numbers, with the places of abode of all the prostitutes in the different districts.

From the extreme care and deliberation exercised in framing the different clauses of the Bill of 1864, it was hoped that no difficulties would arise in enforcing the provisions of the Act. At first all worked smoothly, the women made no opposition to their being detained for treatment, and their conduct was generally good. After some months had elapsed, a woman in the lock wards at Portsmouth becoming impatient of her confinement, quitted the hospital without leave, and was brought before the magistrates for punishment. The charge, how- was dismissed.

The decision of the magistrates soon became known among the women, who, after this, would not remain in the hospital longer than suited their own pleasure; and it was reported to the Admiralty by Mr. Swainson, solicitor at Portsmouth, on October 28, 1865, that the women defied the control of the house surgeon, and that sometimes as many as four would quit the hospital without leave in one day.

In February, 1866, a preliminary report on the preven

tion of the disease was submitted to the Admiralty by the Venereal Committee. They recommended—

1. The compulsory inspection of all known prostitutes by a surgeon appointed for the purpose.
2. The sending women found diseased to a lock hospital, and their detention until cured.
3. The extension of the Act to all seaport and garrison towns.
4. That the lock hospitals under the Act should be in the hands of the Government.
5. The appointment of a stipendiary magistrate or medical man with powers to carry out the Act.
6. Examinations of the men in the public service under certain restrictions as to classes.

The various defects in the Act of 1864 attracted the serious attention of the Board of Admiralty; and so little opposition had been made to the Act of 1864 that it was thought a more useful measure, based on the principles laid down by the Venereal Commission would be passed without difficulty, and an amended Bill was prepared and brought into the House of Commons by Mr. Childers and Lord Clarence Paget, which finally passed in June, 1866.

Under this Act the present system now works, and the method of such working we shall detail hereafter. Measures were immediately taken by the Board of Admiralty and Secretary of State for War to enforce its provisions.

Visiting surgeons were appointed for the different places named in the schedule, and proceedings under the new Act were commenced as soon as possible.

The inspections were conducted daily or as often as a bed became vacant in the lock wards.

So long as the numbers of women supposed to be diseased were in excess of the vacant beds, only such women were examined and placed on the register kept by the police as were sufficient to fill the beds, and the police were instructed to direct their attention, first, to those women against whom they had the strongest evidences of disease, especially of syphilis.

For the first two years no difficulties were experienced in carrying out the provisions of the Act, the women attended willingly and when requested for examination, and with few exceptions, all seemed convinced that the measure was one intended for their good; they would at times complain at what they thought unnecessary detention in hospital, but they made no objections to being examined.

Strict injunctions were given to the police that they should in no case assume the possibility of any woman being a prostitute, and liable to the provisions of the Act, except on such open and flagrant proofs of her prostitution that they could be substantiated on oath before a magistrate.

Under these circumstances it might have been reasonably hoped that no opposition would be excited against the Acts among the general public; but difficulties first arose at Devonport in reference to the management of the lock wards and the treatment of the patients.

The attention of the public at large had been directed by letters and discussions in the journals, to the possible extension of the Act to the civil population throughout the kingdom.

Public meetings were held in various large towns, and influential petitions for extension of the Act were submitted to Parliament.

In the year 1868 a committee of the House of Lords was appointed to consider the subject.

The committee reported in favour of the cautious extension of the Act of 1866 to all naval and military stations, and to any locality, the inhabitants of which may apply to be included in its operations, provided they should give proof of their ability to afford the necessary hospital accommodation and sufficient provision for the moral and religious instruction of the patients.

These proceedings of the Association for the Extension of the Act, and the report of the committee of the House of Lords, were met by strong and determined opposition in various places in the kingdom.

In 1869 the subject was again brought under the notice of Parliament, and a select committee of the House of Commons was appointed to consider whether it would be expedient to extend the operations of the Act of 1866.

The committee reported very strongly in favour of the benefits, moral and sanitary, which had resulted from the Act.

The committee conclude their report with a recommendation that the subject should be considered further in the following session of Parliament.

With the exception of the case of dealing with prostitution in very young girls, the opinions of the committee were generally adopted in Parliament, and their recommendations, slightly modified, were embodied in the Act of 1869.

This is the latest actual legislation on the subject, and under the Acts of '66 and '69, the repression of contagious disease is now carried out.

Notes on Current Topics.

The Alarming Death-rate of Dublin.

THE mortality of the Dublin district—always excessive—reached last week the alarming ratio of 35·2 per 1,000 of the population. The deaths were 53, or twenty-five per cent. more than the ten years' average of the same week, and the death-rate was one-third higher than that of London (22·6), or Edinburgh (22·7), and one quarter greater than that of Glasgow (28·9). The admission of small-pox patients to hospital was in excess of the previous week, and the number of cases remaining in hospital was also greater.

We fail to understand how the Chief Secretary can find it within his conscience or his duty to ignore these figures, or to refuse the inquiry asked for by the Sanitary Association.

Cannabis Indica in the Treatment of Epilepsy.

DR. WHARTON SINKLER states in the *American Medical Times* that he has used this remedy in three cases, one of which is given in detail, and is the more valuable. A boy of 10 years had epilepsy following a dog-bite, which commenced as *petit mal*, and developed into nocturnal attacks of *grand mal*, occurring about every

two hours. Bromide of potassium relieved him somewhat for a time, and oxide of zinc, being given instead, had no curative effect. One-sixth of a grain of extract of Cannabis Indica, three times daily, lessened the attacks to daily intervals for a week, when they entirely ceased, and, at the date of the report, three months had passed without a return of the trouble.

The Skulls of Women.

M. Lebon, in a communication made to the Congrès d'Anthropologie in Paris, pointed out that, while the relative volume of the skull, compared with the rest of the skeleton, has increased with the progress of civilisation, the difference in size between the skulls of men and women is also much less in the savage than among the civilised races. This difference was admitted by the ethnologists present, and was explained by the president, M. Broca, on the ground that among the primitive races women led much the same lives as men, and took an equal part in the struggle for existence. According to these anthropological data the "protection" of women and their exclusion from professional struggles has ended in lessening the cranial capacity, therefore presumably the brain-power.

Chloral as a Revulsive.

This is the subject of a paper in the *Bulletin de Therapeutique*, No. 94, by Dr. H. Peyraud. Made into a mass with gum tragacanth, spread on paper and applied to the skin, it will produce a blister without pain. Applied as a powder, on cotton, it causes a painful burning sensation. By the former method, a portion is absorbed and the patient falls asleep. Its action is not so uniform as cantharides, but as a mild vesicant, or an agreeable revulsive, the author quoted would commend such "chloral paper" to physicians, the more so as it will keep for months without losing its activity, if well prepared.

Kumys.

The *Chicago Medical Journal* says that the sale of kumys in Chicago—for several years quite an industry—during the past summer season has been very large. It has been used extensively by the sick, and often prescribed by practitioners as a beverage or a medicine; often procured by the patients for its pleasantness as a liquid food and drink. But it is not unlikely the major part of that sold has been used by the well as a summer drink. The article has been sold by the glass by manufacturers—generally druggists—and nearly every drug store has had displayed in its windows a placard, "Kumys on Draught." Several manufacturers employ delivery wagons to supply regularly such druggists as do not themselves manufacture, as well as families. With a class, kumys drinking is quite fashionable; it has taken the place of liquor drinking. It is now the correct thing on a hot day to ask a friend to step in and take a glass of kumys.

Prof. A. Leith Adams, F.R.S., of the Royal College of Science, Dublin, has been elected to the Chair of Natural History, Queen's College, Cork.

International Congress of Superintendents of Asylums for the Blind.

Next spring, in Berlin, a congress of the superintendents of all the European asylums for the blind will be held, at the suggestion of Dr. Römer, to prepare a system by which a unity of methods of instruction may be obtained in all such institutions. It were desirable that the United States were also represented.

The British Association for the Advance ment of Science.

A meeting of the local executive of this Association was held at Sheffield a few days since to appoint committees for the necessary preparations for the visit which commences on August 20 next year. It was stated that the guarantee fund now amounted to £3,338, and would eventually reach £5,000. The Association, however, do not wish the expenses to exceed £1,500, or they fear that the cost of entertaining the Association will deter other towns from sending invitations. It is expected that at least 1,500 members and associates will attend the sitting.

The Condition of CO_2 in the Blood.

It has hitherto been a disputed point whether the carbonic acid in dark blood is combined with the alkalies or simply dissolved. The analytical processes tried have only given uncertain results. The well-known French physiologist, M. Bert, has conceived a method which eliminates all cause of error. It consists in comparing the quantity of gas contained in the blood with that which the latter would contain if it were saturated. His conclusion is, that the blood never contains in the system enough of carbonic acid to saturate the salts (carbonates and phosphates), which can absorb it; and that if this limit be reached, death follows infallibly. The liberation of carbonic acid from the blood, is therefore the effect of a veritable *dissociation* of these salts; and the same conclusion may be repeated regarding the animal tissues.

The rates of mortality last week in the principal large towns and cities of the United Kingdom were about the average for the time of year, the records showing 23 deaths per 1,000 of the population in London, 23 in Edinburgh, 29 in Glasgow, and 35 in Dublin. Of the large towns in the second category Portsmouth gave the lowest with 14, and Oldham the highest rate with 38 per 1,000.

The deaths from scarlet fever in the large provincial towns, which in the eight preceding weeks had steadily increased from 137 to 239, declined last week to 201; the disease showed the greatest fatality in Oldham, Birmingham, and Liverpool. The deaths referred to fever were proportionally most numerous in Hull, Liverpool, and Sunderland. Two fatal cases of diphtheria were returned in Norwich. Small-pox caused 11 deaths in Dublin, 7 in London, and 1 in Birmingham. The deaths from diseases of the respiratory organs are still considerably below the average.

In the principal foreign cities the annual rates of mortality, according to the most recent weekly returns, were in Calcutta 39, Bombay 34, Madras 51 ; Paris 24 ; Geneva 19 ; Brussels 26 ; Amsterdam 23, Rotterdam 25, The Hague 23 ; Copenhagen 19 ; Stockholm 17 ; Christiania 18 ; St. Petersburgh 33 ; Berlin 26, Hamburg 24, Dresden 22, Breslau 26, Munich 33 ; Vienna 27, Buda-Pesth 41 ; Rome 21, Turin 33, Venice 31 ; Alexandria 42 ; New York 24 per 1,000 of the population.

The *Scotsman* announces that Dr. J. A. Carlyle, of Dumfries, a Doctor of Medicine and of Laws of the University of Edinburgh, has placed £1,600 in the hands of the Association for the Better Endowment of the University of Edinburgh for the endowment of two bursaries in the faculty of medicine.

The Gooch case, to which we referred in our last, has concluded for the present, by the committal for trial at the Old Bailey of Lady Gooch and her co-conspirator, Mr. Walker.

Dr. Greenfield has been appointed to succeed Dr. Burdon Sanderson as Professor of Comparative Pathology at the Brown Inststiution.

The will of Dr. J. R. W. Vose, of Liverpool, whose death we chronicled on Nov. 13th, has been proved at the Probate Court under £90,000.

The Parkes' Museum of Hygiene at University College has received a donation of £20 from H.R.H. Prince Leopold.

Special Reports.

THE NEW ADELAIDE HOSPITALS, PETER STREET, DUBLIN.

These Hospitals are undergoing a thorough transformation, and both ingenuity and science are co-operating in the endeavour to produce thoroughly sanitary institutions. No expense or labour appears to have been spared either by the committee or the medical board of these, we may say, noble Hospitals. None of the old buildings, however, save the fever sheds in Wood Street, have been taken down to make room for the new works. The sheds have been replaced by a well-lighted, well-heated, well-drained, and thoroughly ventilated Fever Hospital, having public and private wards, and convalescent rooms. The general arrangement of the Surgical and Medical Hospital in Peter Street, considering the limited space at the disposal of the architect, has been well-conceived. The new entrance-hall is situated in the old building, thus leaving all the recently purchased frontage for the large surgical wards, &c. The rear wing, of the same elevation as the main building, has four floors, and runs backwards at right angles to Peter Street. It is in direct connection, by means of covered wooden efficiently lighted bridges, with the General Hospital. The operation theatre is built out from it, and it contains operation wards, lavatories, &c. The covered ways facilitate the free passage of air around this block, thus preventing stagnation, which otherwise would take place in the angles, the plan of building being T-shaped. This rear block is reached in direct line from the outer hall through the inner or grand staircase hall, and over the before-mentioned bridges. The Fever Hospital has been erected several yards away from the General Hospital. In the basement of the north-east side of the Fever Hospital are situated Turkish bath and a disinfecting chamber, constructed on the most approved principles. The latter can be raised to a temperature of 250° F. On the west side of the ground, the post-mortem theatre and mortuary, general dispensary, eye and ear dispensary, and general waiting-room are placed. The mortuary will be floored in coloured tiles, and the walls are to be covered with blue tinted polished Parian cement. The bodies will be placed on marble tables, to be moved on silent rollers. The arrangement of the Fever Hospital may thus be generally described :— In the centre of the south frontage, you enter at the hall door, which leads into a large central hall, having direct side and top lights. Off this hall are male and female convalescent rooms, a small kitchen, servants' room, medical officers' room, and private pay patients' convalescent room, w.c.'s, &c. From the middle of this inner hall, a wide open staircase brings you up to the first floor, which is set apart for males. On it there are two large wards for four beds ; two wards for single beds ; bath room, lavatory, w.c.'s, and nurses' room. It should be here mentioned that all the apartments open upon a gallery round this central well staircase, which on each landing has a window on either side. From this, the first floor, we ascend by the staircase to the top flat devoted to females only ; the arrangements being similar to those above mentioned. Off each landing, and entirely outside the hospital, a slop sink has been constructed. It is open to the air, and so placed that no gases can possibly enter the hospital from it. Great attention has been given to the ventilation. In the first place, there are vertical ventilators made in the outer walls to bring in the fresh cold air direct ; 2nd. there is a fire-clay chamber, with outlets into the rooms to each fire-place (open fire-places), supplied with fresh air from the outer atmosphere, and not, as is so commonly done, from the room itself ; 3rd. there are Jenning's patent warm air flues, which bring a constant current into the apartment from above the roof of the building, and there is an extractor to lead foul air from the apartment ; and finally the windows are constructed upon a louvre principle, and open upon hinges at the bottom of each sash, thus directing the current of air from without direct up to the ceiling.

The question of lighting has also been ingeniously arranged. The lights are pendants hung from the centre of the ceilings, over which descends an opal dome, with exhaust tube to convey away the burnt air and gas. The pendants can be moved up under cover of this dome, so as to hide the light from patients' eyes.

The bells used are pneumatic, and a speaking-tube connects the kitchen in this building with the kitchen in the General Hospital.

Lastly, the plumbing work and sewers are so arranged as to make it absolutely impossible for any sewer or other dangerous gas to find its way into the buildings. This latter arrangement may be worthy of some description. Just beside the street main, and in open ground, a large man-hole has been constructed, with bottom sloped in the direction of the current. This man-hole receives all pipes, whether soil, bath, or rain-water, which, up to this point, have been kept quite distinct in their passage from different parts of the buildings. All drainage that reaches the man-hole goes off rapidly through

a large well-syphoned main into the street sewers, and from this syphon a ventilation shaft rises to the top of the hospital. The man-hole is covered by an inner grating spread over with charcoal, and an outer one flush with the ground. Thus it will be seen how impossible it would be so far for sewer gas to pass; but in the event of the pipes leading from this to the hospital being fouled, each has its own distinct ventilation shaft, of at least four inches' diameter, carried up above the eave. Care has been taken also to have the water-tanks for w.c.'s and slop-sinks quite distinct from those supplying the baths, &c.

We should here allude to the very admirable closely-laid hard teak flooring, polished with wax and turpentine, rendering it impermeable. There are no skirtings used throughout, and there are no sharp angles, all being rounded, both at the floors and walls. The walls are covered with the best tinted Parian cement work, polished like glass. With such a surface rubbing with a flannel cloth is sufficient to cleanse perfectly. Provision has been made on the staircase in case of fire.

Now, as to the General Hospital. We enter a porch from Peter Street, and find a large waiting-room upon the left hand, and a porter's room upon the right. From this point you can see right down through the grand hall along the corridor, off which branch the lavatories, and two operation wards. It terminates at a large well-lighted, airy operation theatre, having a northern light. The board and registrar's rooms are entered off the staircase hall. From this spacious inner hall begins a grand Portland stone staircase with ornamental iron balusters rising from floor to floor, with communication off it to the front and rear wards. The old hospital corridor opens upon each gallery of this staircase. The bed-lift, which rises to each landing; likewise a food lift from the kitchen, open upon each landing. And the soiled-linen shoot terminates above in the open air and below in a room in the basement, which can only be reached from the outside atmosphere off the area. The soiled-linen room is plastered in Portland cement. Upon each landing are apartments devoted to lavatories, w.c.'s, slop-sinks, and baths, besides shoots for ashes, speaking-tube, and pneumatic bells. The first floor will be devoted to childrens' medical and surgical wards; the second floor to male surgical and pay wards; and the third and top to womens' surgical and pay wards. In the old part of the hospital, wards are provided for eye cases, male and female, and convalescent rooms are placed on each floor. Over the entrance will be found a large, well-heated, clean linen store, and upon every flat care has been taken to provide not only a lady nurse's room, but also a small ward-kitchen.

It will be observed at a glance from the above description what great changes are being effected at this hospital. It should not be forgotten that in the Madeline wing, as in the Fever Hospital, there are teak flooring and polished tinted Parian cemented walls, with central fire stoves in large wards, and similar arrangements for gas, ventilation, &c., as before described. The w.c. block stands out apart by itself from the main building, and is separated from it by passages and three sets of doors and two changes of atmosphere.

We should not omit to mention that all the above have been designed by and under special direction of Mr. J. Hargrave Bridgford, who was the successful competitor in the limited competition for these works. He appears to have made sanitary science and arrangements a specialty, and these hospitals certainly do him great credit.

Literature.

THE CAUSES OF ORIGIN OF HEART DISEASE AND ANEURISM IN THE ARMY. (a)

THE causes of origin of heart disease and aneurism in the army, are laid down by the author as being mainly, if not entirely, due to palpitation; and this palpitation to nervous exhaustion, the "setting up" of the soldiers on parade, at the same time straightening the aorta, and thereby placing this vessel in such a position that the force of the heart's action impels the blood injuriously against it.

To remedy this evil influence and its consequences, Dr. Riordan thus expresses himself: He says "in suggesting remedies for the prevention or mitigation of diseases of the circulatory system, attention should be principally directed to the special causes, particularly those in connection with the physical training and teaching of subordination to young men, as well as the mode of conducting duties, internal economy, and discipline. There are such a combination of circumstances set at work at the same time, while teaching and remodelling the man, and so connected are they together, so perfect is the system, that it would be extremely difficult to separate them, or trace the tendency or effects of each. So taken as they are collectively, we may say it is our military system and conditions of service that induce this class of affections, and not any one cause, such as certain diseases, vicious habits, constitutional infirmity, dress, alcohol, tobacco, coffee, quinine, or excessive work. Nor are all these together sufficient, without mental influences, to account for the preponderance and specialty of affections of the circulatory system which occurs in the army.

"The system might be improved by allowing more time for the setting up, position drill, and training of the soldiers. No matter what his age may be, he should not be subjected to any sudden or violent alteration of his natural shape, or in this manner have his heart or lungs interfered with."

Of this little work we can only say that it is written in the interest of the recruit, and with a kindly feeling towards him that cannot but be respected and admired.

Literary Notes and Gossip.

AN overweening affection for medical literature is apt to bring its possessor into trouble. One Thomas Dyer Lewis wanted a copy of "Gray's Anatomy" and "Kirke's Physiology," but not having the money or the inclination to pay for them, thought Dr. Moore, the warden of St. Bartholomew's Hospital, might not miss them from his bookshelves. Dr. Moore, however, did miss them, and Thomas Dyer Lewis is at the present time being housed and fed at the public expense, pending further inquiries.

* * *

AN addition will henceforth be made to the title of the *Journal of Anatomy and Physiology*, by the words "normal and pathological." Would it not be as well to increase it still further, with "histological, microscopical," &c.? Nothing like giving plenty for the money. In connection with this Quarterly, it may be mentioned that Dr. Creighton, of Cambridge, has joined the editorial staff.

* * *

THERE are now sixteen volumes of Ziemssen's *Cyclopædia of Medicine* out. In reviewing the last, an American contemporary quotes Scripture for a heading in big type, thus: "How long! Oh Lord how long?" and then goes on in the following flattering strain: "Seventeen volumes of this exhaustive and exhausting, of this scholarly and interminable, of this learned and enormous work have issued from the press, and yet there is no promise of a cessation of this

(a) "The Causes of Origin of Heart Disease and Aneurism in the Army." By William E. Riordan, Surgeon Major Army Medical Department. Dublin: Fannin, and Co., Grafton Street.

deluge of German medicine. We say seventeen volumes have issued. They have not come in regular order, and we may be a number or two short or in excess. We can count but sixteen of the bulky tomes staring at us from our library shelves. If any have been stolen or borrowed from us—synonymous terms, so far as results are concerned, in our experience—we shall shed no tears if we see them no more."

* * *

BORROWED books are generally like "borrowed plumes;" memory existing in the possessor only. Two volumes of the MEDICAL PRESS AND CIRCULAR have been lent to "friends" for reference during the past twelve months, and the place on the bookshelves "which knew them once, now knows them again no more." Books have a specific gravity peculiarly their own, they dissolve rapidly in some hands, and leave not a wreck behind. "Oh that mine enemy would write a book." Were he to read this, it might answer the same purpose. Notice for 1879: "*Books not lent for reference.*

* * *

READERS will remember that we devoted a couple of leaders some three months since to the consideration of Dr. Harley's proposed "Spelling Reform," and we therein pointed out the impossibility of its adaptation to the English language, and the many absurdities which were continually cropping up in the literature of its promoters. Nothing daunted, an Association has been established, whose object is to revise the English language by omitting all useless letters, to spell phonetically, and to compile a new alphabet. We have just been favoured with a circular of these great reformers, in which occurs the statement, that "the Association now numbers hundreds, and includes many of the leading scholars and educated men of the country." Why not give the public the benefit of these brilliant lights? why publish only the names of three or four LL.D's of America, as president and vice-presidents? These great degrees of scholarship have been bought ere now for 20 guineas a piece, and it is rather hard upon the British public to have nothing better than this put forward by way of recommendation.

* * *

Do any of our readers know an author, who, when writing a book, did not expect it to go off like wild-fire? And did any one ever read a preface in which the venerable excuse for making the book—that it was "to supply a long felt want"—was not used? or words conveying the same meaning. "Long felt wants" can always be endured a little longer, it is simply a step from the positive to the comparative, and if authors could be induced to write something that was'nt wanted, we should be in a fair way to the superlative, originality.

Correspondence.

ANTI-VIVISECTORS' TACTICS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—"Anti-V.," of *Saunders' Irish Daily News*, has sent me your article. Do you suppose it likely that the "Accomplished Physiologist and M.D.," whose statement you quote, will give up his name?

Dr. George Hoggan, one of the *very few* medical men [out of many who disapprove and detest vivisection] who have had the courage boldly to declare against it, writes as follows:—"No student can be expected to come forward as a witness against vivisection when he knows that he would be hooted, mobbed, and expelled from among his fellows for so doing, and any rising medical man would achieve professional ruin by a similar course."

The statement of "An Accomplished Physiologist" has often been quoted before, and hitherto unchallenged. It came originally, I believe, from Mr. Jesse, of Henbury, Macclesfield, Cheshire to whom I have written for such verification as he may be able to obtain. I am very glad that the statement has been challenged, and hope that the truth of the matter may be brought to light; but, as you must know, Sir, it is astonishing the timidity of medical men on this subject of vivisection; it is notorious that small reasons, such as *esprit de corps*, and the like, will prevent a medical man from boldly declaring against vivisection. As a partial example of what I mean, take the statement of Dr. Bird Golding [of, I believe, St. Thomas's Hospital], who writes:—"The records of our art for more than 2,000 years, whilst they detail numerous experimental inquiries (vivisections) no less inconsistent with the dignity of philosophy than at a variance with the best feelings of our nature, furnish very insufficient proofs of their corresponding utility." This is hardly a good instance, because the name of a writer is furnished; but I mean that the writer might have imitated Sir Charles Bell, and declared that vivisection "*has done more to perpetuate* ERROR *than to enforce the just views taken from the study of anatomy and the natural sciences,*" instead of giving forth the rather negative testimony which I have quoted; but no doubt Dr. Golding feared to seem an accuser of his brethren, and therefore, he put the condemnation of vivisection somewhat mildly. That Sir Astley Cooper was not above conniving at dog-stealing I will prove, Sir, if you wish it.

Dr. Lauder Brunton was questioned on this point by the Royal Commission on Vivisection, and, in answer to the question, "How do you procure your cats?" he said, "They are supplied to me by a man." Then, rejoined a member of the Royal Commission, "Who steals them for the purpose, I suppose?" to which Dr. Brunton replied, "I make no inquiries." [See Blue Book—Answer, 5,735].

I have no doubt that dogs and cats have been kidnapped for purposes of vivisection; some are bought for this cruel secret purpose, for I know animal-dealers in Seven Dials who supply them, and these men do not ask whether a buyer is licensed or unlicensed.

If the law prohibited vivisection in any form we anti-vivisectors could make use of these men.

I beg, Sir, to refer you to my letter in answer to one by Dr. Grimshaw in *Saunders' Irish Daily News* of some days ago, and remain, Sir, one of the enthusiasts described in your article,

ARTHUR F. ASTLEY.

Eton and Harrow Club, London, S.W.,
November, 1878.

[We decline to enter into any controversy with the anti-vivisectionist party as to whether or not vivisection ought to be tolerated in regard to the value to the human race of the scientific information which it yields. The Committee of the House of Commons, appointed at the desire of the anti-vivisectionists themselves, has saved us the trouble of answering the question in the affirmative; and the minds of our readers, and of the entire thinking world, is so far in accordance with the views expressed by that Committee, that we need not occupy time by fighting the loose assertions of the anti-vivisectors.

We are asked whether we "suppose it likely that the Accomplished Physiologist and M.D. will give up his name?" We do not suppose it likely, because we do not believe that any person exists who answers that description, and who ever made the statements or held the views attributed to him. We are quite sure that if he did exist he would not hesitate for a moment, when called on, to avow his convictions, and to substantiate his assertions. We appeal to experience for proof that medical men, as a rule, have never flinched from the espousal of a cause, however unpopular, which claimed their sympathy and needed their support; and we instance the fact that two such medical men of the highest rank, who had just the same objection to unnecessary vivisection which all humane persons ought to have, but who have not the least sympathy with the movement for total abolition, did interfere, and—by themselves—prevent a public vivisectional experiment. They did not fear unpopularity or abuse, and we believe that no "Accomplished Physiologist and M.D." would be deterred by any such penalty.

We, therefore, await with anxiety the inquiries of Mr. Jesse. If he produces his "Accomplished Physiologist," we expect to find that the witness does not answer the descrip-

tion, and that he is unable to give any proof of his assertion, that animals are vivisected in hospitals. If the witness is not produced, we shall be compelled to believe that the whole statement was an unvarnished lie, concocted without scruple to serve a purpose.

But, as we have said, we are not engaged in disputing the merits or demerits of vivisection. The Dublin anti-vivisection agitators have distinctly appealed to the public not to subscribe to the Hospital Sunday Fund, giving as a reason that the money thus contributed for charity would be applied to the torturing of animals. We have charged that this was a falsehood, and that those who pronounced it knew it was a falsehood; and we have demanded from them some proof of its truth.

We shall wait for another week the expected enlightenment from Mr. Jesse. If he, or those who made the statement, fail to produce the "Accomplished Physiologist and M.D.," or to give us date, time, and place, at which stolen animals were vivisected in charitable institutions, we shall give anti-vivisectors the benefit of public proof that they do not consider truth when their agitation is in question, and that their assertions are not deserving of the least belief.

Apropos of this subject, we have to acknowledge—per anonymous letter, bearing the post-mark of Bray—a leaf of the *Whitehall Review* of November 9th, in which is contained an article headed "A Common Peril," and signed "Peter, the Hermit." We are asked—in the margin—for an editorial answer, which we cannot give better than to quote a few phrases:—

"There is not the slightest reason in all the arguments and creeds of scientific men why human life should be one whit more sacred to them than is the life of the toad or the mollusc. There is not one single assertion in their reasoning when claiming the right to torture animals that may not with equal justice be urged as a right to torture human beings.

"If they are allowed throughout the world unchecked to pursue their 'investigations' through the quivering bodies of living animals, it will be quite certain that a score more years will find them pursuing their 'investigations' through the nerves and tissues of living men and women.

"It is no secret to anyone who knows anything of the inner and secret life of hospitals in Great Britain and on the Continent, that experiments on a frightful scale are already made there on many an unprotected patient. They have not gone so far yet as actual vivisection, but the needless operations, and the essays of surgeons with 'theories' and 'views,' approach very closely and perilously to it. It would be well if the public would see into this and withhold their subscriptions, and do away with Hospital Sundays for awhile, for there are many iniquities practised in the wards of these charitable institutions besides the experiments upon cats and dogs acknowledged to go on in them.

"It is idle to say that these men are men who can have one throb of true pity in their veins, or who would hesitate for an instant to treat the pauper patient like the sheep-dog were it not that the pauper patient is *at present* protected by the law."

Surely we shall not be expected to answer such stuff, or to follow the crazy writer through the farrago of similar falsehood and nonsence, into which the lesion of his intellectual functions has betrayed him. Sane people are not called upon to discuss with an enthusiast his assertion that the world is flat, and that the sun goes round it; and we cannot be considered lacking in reply if we fail to debate such statements with "Peter, the Hermit."

We are reminded, however, that the communication to which we refer, appears in the *Whitehall Review*. This, we believe, is the journal, which a few months since, published some columns of slander upon the first ranks of Dublin Society, in an article headed "The Morals of Merrion Square. The editor who gave insertion to the ravings of "Peter the Hermit," with a foot note that he did "not necessarily endorse all the arguments" of that contributor is, we believe, the same who, though admitting that he did not believe the half of the statements it contained, nevertheless, printed and circulated the article headed "The Morals of Merrion Square," which he was obliged afterwards to disavow.

But the *Whitehall Review* must live, and must, at any rate, gratify the appetites of those who buy that journal. Since the days of the *New York Sewer*, the *Stabber*, the *New York Rowdy Journal*, and its editor Colonel Diver, who have been immortalised by Dickens, such papers and such editors have existed, and they will exist, as long as there be a class which craves no literary food so much as that which is spiced with slanders, like that of the "Merrion Square" scribe, and flights of fancy like that of "Peter the Hermit."—Ed. M. P. & C.]

"THE MEDICAL PRESS" DEFENCE FUND.

To the Committee, Hon. Secs., and Hon. Treasurers of the Fund.

Gentlemen,—The submitting of a final statement of account to your Committee, affords us the opportunity to express our warm acknowledgements to the profession for the much valued sympathy which they have shown towards The Medical Press under the circumstances in which it was placed by the result of the case of Betts *v.* Tindall. In the discharge of what was considered a public duty towards the profession which it aspires to represent, The Medical Press felt it necessary to condemn with emphasis the conduct of Mr. Betts, and although a jury did consider that that condemnation was technically a libel, and awarded nominal damages thereon, we have not since then seen reason to modify any tittle the consure then expressed. It is a source of rea gratification to us to know that the best judgment of the profession confirmed the views to which the Medical Press had given utterance, without a shadow of solictation, our medical brethren volunteered to take upon themselves the heavy expenses which the damages and costs of both parties imposed upon us. The justification of our acts which that offer implied was not less valuable to us than the monetary aid so cordially afforded to the journal, and for so generous an expression of kindly feeling we now return our warmest thanks. To you, gentlemen, who took upon yourselves the active organisation of the Fund, and devoted to it so much disinterested labour, we are under an especial obligation, and we are convinced that the warm response of the profession to your suggestion has been a source of real gratification to you. Rest assured that The Medical Press will not in the future be found to flinch from its duty as a public censor, or to hesitate in the condemnation of practices which tend to degrade our profession, and that when necessary our Journal will be ready for any responsibilities which the discharge of such duty involves.

We are, gentlemen,

Yours very faithfully,

The Editors.

To

Dr. L. S. Forbes Winslow, Dr. W. T. Greene, Mr. Jabez Hogg } Hon. Treasurers for England.

Dr. Mapother, Vice-President R. Coll. Surg., Hon. Secretary of Irish Committee.

Dr. J. H. Chapman, Hon. Treasurer for Ireland.

Medical News.

University of London.—The following candidates passed the recent M.B. Examinations for Honours:—

MEDICINE.

First Class.	
Nicholson, J. F. (Scholarship and Gold Medal), St. Thomas's Hosp	Henderson, G. C., Univ. Coll.
Carrington, R. E. (Gold Medal) Guy's Hospital.	Wiglesworth, J., L'pool Roy. Inf.
	Uhthoff, J. C., Guy's Hospital

Second Class.	
Equal. Davy, Henry, Guy's Hosp.	Joule, John S., Univ. Col'. and
Gadsby, J. T., Univ. Coll.	St. Bartholomew's Hosp.
Hadden, W. B., L'pool School and St. Thomas's Hosp	Miller, R. S., Univ. Coll.

THIRD CLASS.

Wilkinson, A. T., B.A., B.Sc., Owens Coll. Wilcocks, Fred., King's Coll.	Prowse, Arthur Bancks, St. Mary's Hospital.

OBSTETRIC MEDICINE.

FIRST CLASS.

Henderson, G. C. (Scholarship and Gold Medal), Univ. Coll. Sheldon, T. S. (Gold Medal), Guy's Wiglesworth, J., L'pool Roy. Inf.	Hadden W.B., L'pool & St. Thos. Wilkcocks, Fred., King's Coll. Uhthoff, J. C., Guy's Hosp.

SECOND CLASS.

Davy, Henry, Guy's Hosp. Whitney, N. S., Univ. Coll. Miller, R. S., Univ. Coll. Carrington, R.E., Guy's Hosp.	Prowse, A. B., St. Mary's Hosp. Wilkinson, A. T., Owens Coll. Gadsby, John T., Univ. Coll. Lubbock, M., Guy's Hosp. Nicholson, J. F., St. Thos's Hosp.

FORENSIC MEDICINE.

FIRST CLASS.

Uhthoff, J. C. (Scholarship and Gold Medal). Guy's Hosp. ‖ Henderson, G. C. (Gold Medal), Univ. Coll.	¶ Carrington. K. E., Guy's Hosp. Willcocks, Fred., King's Coll. Joule, J. S., Univ. Coll. & St. Bart. Nicholson, J.F., St.Thomas's Hosp.

SECOND CLASS.

Davy, Henry, Guy's Hosp. Prowse, A. B., St. Mary's Hosp. Hadden, W. B., L'pool School and St. Thomas's Hosp.	Benham, F. L., Univ. Coll. Wiglesworth, J., L'pool Roy. Inf.

THIRD CLASS.

Sheldon, T. Steele, Guy's Hosp.	Paddison, E. Howard, Guy's.

‖ Obtained the number of marks qualifying for the Scholarship.
¶ Obtained the number of marks qualifying for a Gold Medal.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

SIR JOHN LUBBOCK.—Your letter received as we were at press; will revert to the subject in our next.

DR. COSGRAVE, Wigan, is thanked.

ESTUDOS MEDICOS.—Our exchange is already so full that we cannot add any more thereto at present.

"AUSTRALIAN MEDICAL JOURNAL."—Your issue of April, 1878, only reached us Nov. 29th, having been posted in Melbourne on Sept. 28th, nearly six months after date. Please give directions thereon. Also please change our address to 23 Ely Place, Dublin.

SURGICAL SOCIETY OF IRELAND.—The next meeting of this Society will take place on Friday evening at the Royal College of Surgeons at 8½ o'clock.

THE next evening meeting of the Pharmaceutical Society of Great Britain will be held on this evening, Dec. 4, at 8½ precisely, when the following papers will be read:—"Preliminary Note on Aceto-nitrate of Iron," by Mr. John Williams; "Note on Guaycuru Root," by Mr. E. M. Holmes.

COATED PILLS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In your notice of Coated Pills at the Paris Exhibition in your issue of Nov. 27th you allude to Kirby & Co. as of Hatton Garden. We presume your reference is to us, there being no firm of coated-pill manufacturers of that name in Hatton Garden. Your correspondent omits to mention that we exhibit, besides pearl-coated pills, concentrated mixtures and miniature dispensaries, for which a medal was awarded.

We take this opportunity of saying that the term "pearl-coated pills" originated with us, and has been pirated by more than one firm. In concluding, if "Messrs. Richardson claim to be the largest makers of tasteless pills in the world," "we" believe that we are the largest makers of pearl-coated pills in the world.

We are, Sir, yours faithfully,
14 Newman Street, London, W. H. KIRBY & Co.

THE Dublin Obstetrical Socety will meet on Saturday, Dec. 7th, at 8 o'clock, at the College of Physicians in Ireland, when the following communications are set down for reading:—Adjourned discussion on Dr. Johnston's paper on "Clinical Report on the Use of the Forceps during seven years, from 1868 to 1875." Dr. J. R. Kirkpatrick, "On the Prevention of Accidents arising from the Use of Pessaries," Dr. Atthill, "On Chronic Inversion of the Uterus."

MR. LOWNDES is thanked; the enclosure is confirmatory of all we have seen and heard of the working of the Acts; we will make use of it in our next.

AN INQUIRER.—A translation of the work has recently appeared in America, and will probably soon find its way here unless it is done without the author's permission, in which case it would be considered a piracy, and imported copies would be seized either in this country or in France.

OBSTETRICAL SOCIETY OF LONDON.—This evening (Wednesday) at 8 p.m.—Specimen: Twins, with placenta, by Dr. Edis. Papers: Adjourned discussion on Dr. Roper's paper on "Anteflexion of the Uterus." Dr. Jas. Braithwaite, "On Digital Dilatation of the Os Uteri in Labour."

MR. G.—Probably in our next.

CLINICAL SOCIETY OF LONDON.—On Friday 13th, at 8½ p.m., the following communications will be made:—"On Mr. Hutchinson's two Cases of Popliteal Aneurism treated by Esmarch's Bandage," by Dr. Whipham. "On Perforation of Appendix Cæci," by Dr. Cayley and Mr. Lawson. "On Intestinal Obstruction—Gastro-Enterotomy—Recovery." "Case of Sclerodema," by Dr. Crocker.

THE Medical Society of the College of Physicians in Ireland will meet on Wednesday next, at 8 o'clock, when the following communications are set down for reading:—"A Case of Disease of the Heart and Aorta," by Dr. T. W. Moore. "Notes on the Treatment of Chorea," by Dr. Hayden. "Notes on Diseases of the Skin," by Dr. Walter Smith.

VACANCIES.

York Dispensary.—Resident Medical Officer to visit patients at their homes. Salary, £130. Applications, &c., to S. W. North, 84 Micklegate, York.

Birmingham Eye Hospital.—House Surgeon. Salary, £100, with board, &c. Applications, &c., to the Chairman of the Board by Dec. 10.

Bristol General Hospital.—Physician's Assistant. Salary, £50, with board. Applications to the Secretary on or before Dec. 7.

Celbridge Union, Kilcock Dispensary.—Medical Officer. Salary, £115, with fees. Election Dec. 13.

Fulham Union, Middlesex.—Medical Officer for the Workhouse. Salary, 100 guineas, exclusive of fees. Applications to the Clerk of the Guardians before Dec. 12.

Great Yarmouth.—Parish Medical Officer. Salary £80, with fees extra. Applications to the Clerk, Board Room, Great Yarmouth, before Dec. 12.

Ramsgate Dispensary and Seamen's Infirmary.—Resident Medical Officer. Salary, £130. Applications to the Secretary before Dec. 9.

Royston Union.—Medical Officer of Health. Salary, £100. Applications to the Clerk of the Board on or before Dec. 9.

APPOINTMENTS.

ADAMS, A. L., M.B., F.R.S., Professor of Natural History to the Queen's College, Cork.

BACON, T., M.D., C.M., House Surgeon to the Great Grimsby and District Hospital.

DAVIDSON, A. D., M.R.C.S., Ophthalmic Assistant to St. Thomas's Hospital.

FIRTH, C., F.R.C.S.E., M.B., Assistant Surgeon to the Norfolk and Norwich Eye Hospital.

HADDEN, W. B., M.B., M.R.C.S., Assistant House Surgeon to St. Thomas's Hospital.

HASLAM, G. H., M.R.C.S.E., Medical Officer for the No. 1 or Drayton District of the Drayton Union, Salop.

JONES, V. D. W. B., L.R.C.P.Ed., M.R.C.S.E., Certifying Factory Surgeon for Llanboidy, Carmarthenshire.

LEGG, J. W., M.D., an Assistant Physician to St. Bartholomew's Hospital.

MERSON, J., M.D., C.M., Medical Superintendent of the Borough of Hull Lunatic Asylum.

ROBINSON, H. S., M.R.C.S., a Surgeon to the Norfolk and Norwich Eye Infirmary.

SANDWITH, F. M., M.R.C.S., L.R.C.P., Resident Accoucheur to St. Thomas's Hospital.

SANKEY, A. O., L.R.C.P., L.R.C.S., House Physician to the Royal Infirmary, Glasgow.

SHEPPARD, C. E., M.R.C.S., L.R.C.P., House Physician to St. Thomas's Hospital.

SMITH, R. P., M.R.C.S., L.R.C.P., Assistant House Surgeon to St. Thomas's Hospital.

Births.

BURKE.—Nov. 23, at 57 Mountjoy Square, Dublin, the wife of Thomas Hamilton Burke, F.R.C.S.I., Local Government Inspector, of a daughter.

TAYLOR.—Nov. 27, at Bovey Tracey, Devon, the wife of A. Norton Taylor, M.R.C.S., of a son.

WALL.—Nov. 28, at 2 Burlington Road, London, the wife of R. Blyth Wall, M.R.C.S., of a daughter.

Marriage.

FRAZER—POOLEY.—Nov. 26, at All Saints' Church, Norfolk Square, London, William Frazer, M.D., T.C.D., to Marion Augusta Pooley, daughter of the late Thomas Pooley, of Somersham Hall, Hunts.

Deaths.

BALMFORTH.—Nov. 19, at Silcoates, Yorkshire, Joseph Balmforth, M.R.C.S.E., aged 44.

BOLTON.—Nov. 23, at Cheltenham, David Bolton, F.R.C.S.E., late of Clifton, aged 72.

COLLIER.—Oct. 18, at Dehroograh, Upper Assam, of fever, Hermann Felix, son of the late Dr. C. F. Collier, of Dublin, aged 23.

GODFREY.—Nov. 2, at Lancaster, William Godfrey, L.R.C.S.Ed., aged 40.

POOLEY.—Nov. 27, at Townhead, Rochdale, Charlotte Louisa, wife of R. C. Mason Pooley, L.K.Q.C.P.I.

QUINN.—Nov. 24, at Queen Anne's Mansions, Frederick Foster Quinn, M.D., aged 79.

SAUNDERS.—Nov. 25, at 11 Seaton Terrace, Mutley, W. McKenzie Saunders, M.D., Deputy Surgeon-General R.N., aged 60.

TIBBITS.—Nov. 21, at Pembroke Road, Bristol, Robert Wm. Tibbits, M.B., aged 36.

TUOHILL.—Nov. 25, at Merrion Square West, Dublin, Richard Tuohill, M.D.

IRISH POOR-LAW INTELLIGENCE.

THE DENTISTS ACT.

AN ACT TO AMEND THE LAW RELATING TO DENTAL PRACTITIONERS, 41 & 42 VICT., CH. 33.

WHEREAS it is expedient that provision be made for the registration of persons specially qualified to practise as dentists in the United Kingdom, and that the law relating to persons practising as dentists be otherwise amended:

Be it therefore enacted, &c., &c.

1. *Short Title.*

2. *Interpretation of Terms.*

Registration.

3. *Penalty on Unregistered Persons.*—From and after the first day of August 1879, a person shall not be entitled to take or use the name or title of "dentist" (either alone or in combination with any other word or words), or of "dental practitioner," or any name, title, addition, or description implying that he is registered under this Act, or that he is a person specially qualified to practise dentistry, unless he is registered under this Act.

Any person who, after August 1, 1879, not being registered under this Act, takes or uses any such name, title, addition, or description as aforesaid, shall be liable, on summary conviction, to a fine not exceeding twenty pounds; provided that nothing in this section shall apply to legally qualified medical practitioners.

4. *Offence of person taking title he does not possess.*—With respect to the offence of a person not registered under this Act taking or using any name, title, addition, or description as above in this Act mentioned, the following provisions shall have effect:

(1.) He shall not be guilty of an offence under this Act—

(*a.*) If he shows that he is not ordinarily resident in the United Kingdom, and that he holds a qualification which entitles him to practise dentistry or dental surgery in a British possession or foreign country, and that he did not represent himself to be registered under this Act; or,

(*b.*) If he shows that he has been registered, and continues to be entitled to be registered under this Act, but that his name has been erased on the ground only that he has ceased to practise.

(2.) A prosecution for such offence shall be instituted herein-after mentioned.

If a person takes or uses the designation of any qualification or certificate in relation to dentistry or dental surgery which he does not possess, he shall be liable, on summary conviction on such prosecution as hereinafter mentioned, to a fine not exceeding twenty pounds.

A prosecution for any of the offences above in this Act mentioned shall not be instituted by a private person, except with the consent of the General Council or of a branch council, but may be instituted by the General Council, by a branch council, or by a medical authority, if such Council or authority think fit.

5. *Privileges of Registered Persons.*—A person registered under this Act shall be entitled to practise dentistry and dental surgery in any part of Her Majesty's dominions, and from and after August 1, 1879, a person shall not be entitled to recover any fee or charge, in any court, for the performance of any dental operation, or for any dental attendance or advice, unless he is registered under this Act, or is a legally qualified medical practitioner.

6. *Qualification.*—Any person who—

(*a.*) Is a licentiate in dental surgery or dentistry of any of the medical authorities; or,

(*b.*) Is entitled as hereinafter mentioned to be registered as a foreign or colonial dentist; or,

(*c.*) Is at the passing of this Act *bona fide* engaged in the practice of dentistry or dental surgery, either separately or in conjunction with the practice of medicine, surgery, or pharmacy.

shall be entitled to be registered under this Act.

7. *Registration.*—Where a person entitled to be registered under this Act produces or sends to the general registrar the document conferring or evidencing his licence or qualification, with a statement of his name and address, and the other particulars, if any, required for registration, and pays the registration fee, he shall be registered in the dentists register.

Provided that a person shall not be registered under this Act as having been at the passing thereof engaged in the practice of dentistry unless he produces or transmits to the registrar, before August 1, 1879, information of his name and address, and a declaration signed by him in the form in the schedule to this Act or to the like effect; and the registrar may, if he sees fit, require the truth of such declaration to be affirmed in manner provided, 5 & 6 W. 4, c. 62.

A person resident in the United Kingdom shall not be disqualified for being registered under this Act by reason that he is not a British subject; and a British subject shall not be disqualified for being registered under this Act by reason of his being resident or engaged in practice beyond the limits of the United Kingdom.

8. *Registration of Colonial Dentist.*—Where a person who either is not domiciled in the United Kingdom, or has practised for more than ten years elsewhere than in the United Kingdom, or in the case of persons practising in the United Kingdom at the time of the passing of this Act for not less than ten years either in the United Kingdom or elsewhere, shows that he holds some recognised certificate (as hereinafter defined) granted in a British possession, and that he is of good character, such person shall upon payment of the registration fee be entitled, without examination in the United Kingdom, to be registered as a colonial dentist in the dentists register.

(*To be continued.*)

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF NOVEMBER, 1878.

NOVEMBER 1st.—Thompson, Croasdale Miller; Cranmore House, Glenageary Road, Kingstown, co. Dublin; Lic. Med. 1878 and Lic. Surg. 1878 Univ. Dub.

2nd.—Dillon, John Plunkett; Ballaghaderine, co. Mayo; Lic. Apoth. Hall Dub. 1877.

2nd.—Wilson, John ; Bailieborough, co. Cavan ; M.D. Q. Univ. Irel. 1877.

2nd.—Ryan, Peter ; Newtown. Oola, co. Limerick ; Lic. R. Coll. Surg. Irel. 1878, Lic. 1878 and Lic. Mid. 1878 K. Q. Coll. Phys. Irel.

9th.—Love, Andrew Thomas ; Magheracreggan. Castlederg, co. Tyrone ; M.D. 1878 and M.Ch. 1878 Q. Univ. Irel.

12th.—Hazelton, Robert ; 26 Westland Row, Dublin ; Lic. R. Coll. Surg. Irel. 1865, Lic. R. Coll. Phys. Irel. 1866.

15th.—Moore, John Wilson ; Drogheda, co. Louth ; Lic. Apoth. Hall Dub. 1877, Lic. R. Coll. Phys. Edin. 1878, Lic. R. Coll. Surg. Edin. 1878.

15th.—Stokes, William ; Galway ; M.D. Q. Univ. Irel. '78.

23rd.—Watson, John ; Gallina House, Monaghan ; Lic. R. Coll. Phys. Edin. 1878, Lic. R. Coll. Surg. Edin. 1878.

29th.—Wade, John Joseph ; Eyre Square, Galway ; Lic. R. Coll. Phys. Edin. 1878, Lic. R. Coll. Surg. Edin. 1878.

23rd.—Reeves, Francis Casement ; Rectory, Tynan, co. Armagh ; Lic. 1878 and Lic. Mid. 1878 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1878.

AMENDMENT OF THE REGISTRATION OF BIRTHS AND DEATHS ACT.

THE following letter has been forwarded by the Irish Medical Association to the Chief Secretary for Ireland.

Irish Medical Association,
Royal College of Surgeons, Dublin.
November 27th, 1878.

SIR,—I am directed by the Council of the Irish Medical Association to inform you that a Bill to amend "the Registration of Births and Deaths (Ireland) Act, 1863," was drawn by the Council, and duly forwarded to your predecessor in office—Sir M. E. Hicks Beach—in the year 1875, in the hope that it would be adopted by the Government.

The Bill in due course was submitted for consideration to the various Departments, and having been favourably reported on by them, was introduced in the House of Lords by the Right Honourable the Earl of Donoughmore, and was read a first time.

Owing to the state of public business in Parliament since its introduction, the Bill was not further proceeded with, and the Council are assured that it only awaits a favourable opportunity to be again brought forward.

As the defects of the existing law regarding the registration of births and deaths in Ireland urgently demand amendment, and in the Bill referred to has, the Council understand, met with official approval. The Council are desirous that no further delay in its being considered should occur. I am, therefore, instructed to ask you if the Government will, in the next session of Parliament, proceed with that Bill? or if you consider its consideration would be facilitated by re-introduction as a private bill in the House of Commons? as, owing to the absence of Lord Donoughmore, the Council fear that the Bill might otherwise long remain without observation.

I am, Sir,
Your obedient servant,
JOHN WILLIAM MOORE,
Hon. Sec. to Council.

To the Right Hon. James Lowther, M.P.,
Chief Secretary for Ireland.

ATHY UNION.

THE following letter was read :—"Sir,—the Local Government Board for Ireland acknowledge the receipt of the minutes of the board containing an explanation from Dr. O'Neill, in reference to proceedings on his part in the case of the inmate Julia Byrne, whom the guardians ordered to be discharged from the workhouse. The medical officer states : 'With regard to this case, I have to inform you that the statements made some time ago with reference to my having brought a patient to an attorney with a view to her taking legal action against any body is quite gratuitous, and without even a shadow of foundation in fact. I have further to acquaint you that the report of the master is quite correct, as to my having instructed him that I would hold him responsible if, in obedience to the board, he discharged from hospital a patient whose life I considered in danger. The Local Government Board desire to observe that it does not appear that the medical officer was charged with having brought Julia Byrnn to his solicitor, but with having proposed to her to have recourse to his solicitor, with a view to taking legal proceedings against the guardians. It also appears that because the case came under the consideration of the guardians on the 16th ult., the medical officer, instead of then either personally attending to explain the case, or make a written report of the fact for the guardians' information, sent a verbal message by the master to the effect that he ordered her not to be dischared. It rests, no doubt, with the medical officer to determine whether inmates are to be retained or not in hospital, but to the guardians alone belong the duty and power of determining or not whether they are to continue to be relieved in the workhouse ; and taking upon himself to threaten the master, as the medical officer admits having done, if he did not disobey the order made by the guardians. Dr. O'Neill has exhibited, in the opinion of the Local Government Board, a want of due subordination and respect towards the Board of Guardians, and appears to have assumed an authority which he does not possess. If the medical officer considered that the order was made by the guardians under a misapprehension of the facts, he should have so informed the master, who would, no doubt, have exercised his own power of affording relief in the case until the next meeting of the board of guardians. It seems to be necessary to caution the medical officer against overstepping his duty in future in future in similar circumstances. By order of the Board.

"B. BANKS, Secretary."

Dr. O'Neill—That letter is a most inconsistent piece of Local Government Board red-tapeism. It distinctly states that I am alone to determine what inmates are to be detained in the hospital, and yet a sort of censure is endeavoured to be thrown on me for doing the very thing they say I alone am to do. As to showing any disrespect to the board, the majority of the guardians are my most esteemed personal friends, and nothing would be farther from my thoughts than to show them any disrespect. With respect to that woman, she had undergone a most serious and dangerous operation, and to discharge her might have placed her life in very great danger. I told the master so, and added that if anything happened to her there was sure to be an investigation, and that if I were examined as a witness I would spare no one.

Chairman—But what the guardians thought, doctor, was that you might have attended and explained the matter to the board.

Dr. O'Neill—The guardians are fully aware of the amount of calls I have to attend to at present in my private practice, and they could scarcely expect me to spend my entire day in the board-room. I have attended here day after day, and have not been asked a single question.

Chairman — But it was distinctly stated here by a guardian that you advised the woman to consult an attorney.

Dr. O'Neill—What occurred with respect to that was simply this : The woman was asking my advice, could she be turned out like a dog on the roadside, and I told her that she had better consult an attorney as to that.

Mr. Leahy—The difficulty the board had to contend with was, that the master reported that the woman had nothing at all the matter with her.

Chairman—And, doctor, you know we have no one to consult but you.

Dr. O'Neill—But, as I have said before, I have attended here over and over again, and have never been asked a single question. The letter of the Local Government Board charges me with insubordination for judging of what they distinctly state I alone am to be the judge of.

The letter was marked "read."

HOSPITAL ACCOMMODATION.

Dr. O'Neill said he had enough to think of now without the Local Government Board's letter. What he remained in the room for now was to inform the guardians that the matron in the fever hospital had informed him that in the case of further applications of small-pox patients she had no available room, and also that the supply of nurses was inadequate.

After a short conversation it was ordered that the clerk write at once, and without further consultation with the board, enter into an agreement with the authorities of the Cork Street Fever Hospital, Dublin, for a supply of the necessary nurses required; also that he issue posters soliciting applications from the owners of houses to let them for additional hospital accommodation.

CAVAN UNION.

THE following letter was read :—

"Kilnalack, Cavan,
"Oct. 17, 1878.

"SIR,—In reply I beg to say that as far as I know I know I complied with the law. I do not know why the guardians refused to pay Dr. Mawhinny, who acted during my illness, as they had during the illness of the late Dr. O'Reilly, of Ballynagh, for months. They paid during the illness of Dr. Thomson, and also for Dr. Lyndon, who was only a few months in office. They also made a rule some time since that when a doctor was ill his substitute should be paid, but not during his absence from any other cause.

"The committee who employed Dr. Mawhinny may pay him as I will not. I can prove that I was trying to do my duty when quite unfit from illness, and that on one occasion when I attempted to visit a patient, about a mile from my residence, I was obliged to sit down seven times before I was able to return home. I was also so weak after my return to duty I could scarcely sit on a chair.

"I enclose the medical certificates which I received before I went away.

"Your obedient servant,
H. ALCOCK,
"Medical Officer, Kilnaleck
Dispensary, Cavan Union."

Mr. Sanderson wondered they would not pay Dr. Alcock's substitute as well as the substitutes of the gentlemen mentioned in Dr. Alcock's letter.

Mr. Faris would pay no substitute. Dr. Kenny, of Killeshandra, had a substitute for the last year, and the Board does not pay him.

Clerk—You have no power to compel a doctor to pay his substitute.

Master—I have been told that Dr. Mawhinny will take proceedings against the Board if he is not paid.

Mr. Sanderson—The Commissioners want to know why we refused to pay it.

Mr. Howe said they refused because they believed the doctors are well paid for what they have to do.

Mr. Faris would not pay any substitute. In his opinion the doctors were well paid for what they have to do.

Mr. Finegan said it was stated some time ago that Dr. Alcock got leave on condition of paying his substitute.

Chairman—What reply will you give to the letter of the Local Government Board?

Mr. Howe moved "That inasmuch as the Kilnaleck Committee gave Dr. Alcock leave of absence on condition that he would pay his substitute, that we now decline to further entertain his application."

This was agreed to.

NAAS UNION.

SMALL-POX NURSE.

Dr. Falkiner, medical officer of the workhouse, came before the Board, and stated that the man who had been placed in charge of the small-pox patients had informed him that he would not remain there any longer, and that he would return to the body of the house; he (Dr. Falkiner) felt a difficulty in the case, as he knew the man being a pauper they had no control over him; that it was not compulsory on him to attend the patients. The man made use of threats, which he told him would be of no avail. What he (Dr. Falkiner) wished to know was, was it in the power of the Board legally to prevent the man leaving the small-pox sheds, and going back into the body of the house.

The Clerk—The only way that I see to meet the difficulty is to discharge him as a pauper, and make him a paid nurse.

An order was made to carry out the clerk's suggestion.

OMAGH DISPENSARY DISTRICT—ASSISTANT MEDICAL OFFICER.

"Dublin, 18th November, 1878.

"Rev. Sir,—The Local Government Board for Ireland have observed in the minutes of proceedings of the Board of Guardians of Omagh Union on the 28th September last an entry of a resolution of the Committee of Management of Omagh Dispensary District, proposing, in consequence of the delicate state of his health, to permit Dr. Hans B. Fleming, one of the medical officers, to employ a duly qualified assistant at his own expense, to aid him in the discharge of his duties during the ensuing twelve months, and the Local Government Board have to point out that this arrangement is unusual, but they will raise no objections to the proposal on the distinct understanding that the medical officer continues to be held strictly responsible for the discharge of the various duties of his office, including the compounding of medicines. Queries are enclosed respecting the gentleman selected to assist Dr. Fleming, which you will be good enough to return duly answered and signed.

"By order of the Board.

"(Signed)
"B. BANKS, Sec."

Mr. Clements said he believed Dr. Archer was the gentleman who had been appointed as Dr. Fleming's assistant.

BOYLE UNION.

EXPENSES OF MEDICAL WITNESSES.

THE Chairman then read Dr. G. P. O'Farrell's letter applying for 1*l.* 1s., in accordance with section 258 of the New Public Health Act, for attending at a sanitary prosecution.

Mr. Lawrence—The doctor told me he had written to the Local Government Board about it.

Chairman—I think we should refer him to them.

Mr. Stuart—It appears to me the section is very clear; and that it was intended to be included in his salary.

The Clerk then explained he could not prove the case unless the doctor was present.

Mr. Stuart—Did he ever attend prosecutions of the sort before?

Clerk—Always. But this is under the new Act.

Major Robertson—Am I to understand that the Bench refuses to receive the evidence of the sub-sanitary officer in the case of a house considered unfit for human habitation?

Clerk—They do not; they only ask him to prove the notices and that they have not complied with the Act; the sub-sanitary officer has to prove the existence of the nuisance after the sanitary officer has visited there and reported on it.

Major Robertson—If that is perfectly clear there is no use in discussing the matter. It appears to me the sub-sanitary officer ought to be as good an authority as the sanitary officer in the case of a house unfit for human habitation. If it was a case in which skill is required, the sanitary officer should be brought in; but to bring the doctor to prove whether a house is habitable or not, I think it is unnecessary.

Clerk—In that case, if the sub-sanitary officer can prove the existence of the nuisance, why have a sanitary officer at all ?

Major Robertson—There might be a case in which skilled evidence would be necessary, such as the sub-sanitary officer would not be able to give. If the doctor is to be present at every prosecution and is to get a fee every time he goes into court, I have no hesitation in saying that the Board were under the impression at the time of his appointment that the salary was to cover all expenses.

The Chairman then read a section of the new Act to the effect that the sanitary authorities and rural sanitary authorities after the passing of this Act, and members of all above-mentioned bodies, shall hold office, and the officers and servants shall continue to hold their offices and appointments on the same terms and on the same conditions as to remuneration duties. &c., as if this Act had not been passed.

The subject was postponed for a week for the attendance of Dr. G. O'Farrell.

PROFESSIONAL ASSISTANCE AT AN OPERATION.

The L G Board desired to be informed why it was necessary to call in the services of Dr. Walsh at a recent operation, Dr. O'Farrell having been appointed second medical officer on the understanding that on such occasions his services would be most valuable.

Dr. H. O'Farrell said the present case was the amputation of a woman's breast, and the Board now had only to pay one guinea instead of four guineas when there was no second medical officer.

The L G Board were referred to their sanction in the previous case.

WEXFORD UNION.

Mr. Vicary, in accordance with his previous notice of motion, that the salary of Dr. Hadden, Crossabeg dispensary district, should be raised from 90*l.* to 100*l.* a year, said he did so because he thought it was only justice that each medical officer should be paid alike, considering also that the work in this district has been done in so efficient a manner, and that the committee had unanimously recommended the increase. He might be told (what was a fact) that the area of the Crossabag district was somewhat smaller than the others, but they should bear in mind that it was more densely populated than any other district in the Union, Wexford excepted. It comprised three good sized villages, and the farmers mostly small and placed in such circumstances that they require to be medicinally relieved. That was not the case in most of the other rural districts, where the farms were large and the occupants wealthy.

Mr. Peacocke—Has anything occurred to cause his duty to be more arduous than when he accepted the appointment ?

Mr. Fortune said they would get many large divisions that would not be able to show the number of relief tickets that could be shown by Dr. Hadden. Mr. Peacocke did not consider that was the issue at all, the question was, a person tenders to do a certain amount of work for so much, and had anything arisen since to justify them in increasing it ?

The Chairman said he belonged to the dispensary committee for a number of years—long before the dispensary was attached to the Poor Law. He had been very much opposed to raising the salary, but when they met and he found those who had always been against it before were then most in favour of it, he voted for it. Dr. Hadden was most kind te the poor of the district, and had made himself, by his indefatigable attention and real tenderness greatly esteemed, and won over those who were formerly opposed to any increase. They should remember an increase of only 10*l.* was asked for, and that the Government would pay 5*l.*, and the remaining 5*l.* would be a divisional shara.

The resolution was then put, when there were 8 for, and 15 against it. The resolution was therefore lost.

TABLE *showing for* EIGHT LARGE TOWNS, &c., *the* AREA, *in Statute Acres ; the* POPULATION *in* 1871 ; *the* ANNUAL RATE OF MORTALITY *per* 1,000 *Inhabitants represented by the Number of Deaths registered during the Week ending Saturday, Nov.* 23, 1878 *; the Total Number of* BIRTHS AND DEATHS *registered during the Week with the Number of* DEATHS *at certain Ages, and from* SEVERAL CAUSES, &c.

TOWNS, &c	AREA in Statute Acres.	POPULATION in 1871.	WEEK ENDING SATURDAY, NOVEMBER 23, 1878.														
			Annual rate of mortality per 1,000 inhabitants.	Total Births registered.	Total Deaths registered.	Deaths under 1 year of age.	Deaths at 60 years of age and upwards	NUMBER OF DEATHS FROM								No. of Inquest Cases.	No. of Deaths in Public Institutions.
								Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Violence.		
DUBLIN . .	10,050	314,666	35	149	213	21	61	11	.	6	...	2	10	1	4	5	75
BELFAST . .	20,687	182,082	82	124	113	16	20	...	...	8	...	1	2	1	1	...	22
CORK . .	13,816	91,965	38	47	67	6	6	...	...	...	..	3	..	2	5	23	31
LIMERICK .	8,509	44,209	22	15	19	1	7	...	...	...	...	1	...	...	...	1	9
LONDONDERRY .	21,865	30,884	17	10	10	3	1	...	...	...	...	...	...	1	..	...	...
WATERFORD .	17,209	30,626	31	14	18	2	7	...	..	...	...	...	...	..	...	...	..
GALWAY .	21,358	19,692	42	10	16	1	6	2	...	...	...	...	...	...	.	1	2
SLIGO . .	30,835	17,285	15	11	5	...	1	...	..	..	...	...	2	1	...	...	3

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 11, 1878.

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A COURSE OF

Clinical Lectures

ON THE

PATHOLOGICAL ANATOMY OF THE LUNGS.

By Professor CHARCOT,

Physician to the Salpêtrière Hospital, Paris; Member of the Academy of Medicine of France; Fellow of the Clinical Society of London, &c.

(*Continued from page* 426.)

II.—The Lobular Structure of the Lung.

(*Continued.*)

The summary which I gave you in the first lecture of the lobular texture of the lung, did not complete the subject. We shall to day push the examination further. We must, indeed, consider more minutely than we have as yet done, the arrangement of the parts in the lobule itself. This study will lead us to a knowledge of very circumstantial topographical details, and will allow us to attempt very shortly an accurate and precise localisation of the various changes in the pulmonary parenchyma. Appealing to histology, properly so-called, we shall be further obliged to return as far as possible to anatomical elements, for it is there, on the whole, that we have the best chance of meeting anatomically with the first evidence of morbid processes.

1. I place before you a very instructive diagram which I have borrowed from the latest edition of Rindfleisch's "Traitè d'Histologie." That distinguished anatomist has lately issued a series of researches on the normal structure of the lung, with special reference to its anatomo-pathological applications. In this respect the researches of M. Rindfleisch naturally interest us in a special manner. I should add that the facts which he has endeavoured to illustrate are in every way in harmony with the results arrived at by M. Eithard Schultze in one of the most justly esteemed works which have appeared on this subject. (*a*)

This diagram represents a section in the principal axis of a pulmonary lobule of large size, that is to say, about one centimetre long, and half a centimetre broad. A small bronchial tube belonging to the category of those called by M. Sappey, *sub-lobular*, penetrates the substance of the lobule at one of its extremities. The accompanying branch of the pulmonary artery, and its intra-lobular divisions, is removed in order not to confuse the diagnosis. You see how this little bronchial tube, the diameter of which at its entry is about one millimetre, is directed in the central axis of the lobule without much diminution in volume until it divides into two secondary branches at an acute angle with one another. But in its course this trunk, which is called the *intra-lobular bronchus*, has given off other branches which arise from it alternately, and almost at right angles. In the case we are supposing the number of branches of the second order, including those which arise from the terminal dichotomous division, is seven. This is not always, however, you must remember, a constant figure—the number of the branches is variable. Whatever be the number, each of them again divides in its turn, and gives origin to bronchioles, remarkable both for their short extent and their relatively considerable diameter—about one-third of a millimetre, according to Rindfleisch. The number of these short bronchioles is found in the example chosen to be fourteen, but we may have much fewer, four in a very small lobule; or many more, twenty or thirty, in the largest lobules. I would add that these short bronchi do not always correspond to ramifications of the second order in the bronchial trunk, but very often to ramifications of the third and fourth order. The bronchioles deserve, as you see, much attention, and should be called by a particular name. I would call them *terminal bronchioles*, as they represent, in fact,

(*a*) Stricker's Handbuch, vol. i., p. 464.

the extremity of the bronchial system properly so-called. The ultimate divisions which they form offer in their structure, and also in the physiological *rôle* which they play, great modifications ; in other words, the orifice of the terminal bronchioles which looks towards the surface of the lobule opens into a system of canaliculi, where the phenomenon of hæmatosis takes place, and the structure of which, on account of its new functions, is different from that of the bronchi.

II. The whole number of aërial canaliculi which communicate with a terminal bronchiole, of which they are in some sort an expansion, constitute a small system entirely independent of the other analogous systems which are in relation with the other bronchioles of the same class. It is thus easy for you to reckon into how many new lobules the large lobule may be divided. In fact, each of the secondary lobules thus formed is separated from those in its vicinity by a layer of connective tissue very distinct in the fœtus and very young children, very delicate, on the other hand, in the adult, in whom, however, it may be sometimes clearly traced on the base of the sub-pleural lobules when this base is marked by a pigmentary stain. I would propose with Rindfleisch to call this new element of texture a *pulmonary acinus*. The term, *secondary lobule*, does not seem to me convenient. It has been, besides, more than once confused by the arbitrary use which authors have made of it, some calling a *secondary lobule* what others call a *primary lobule*. There are some even who apply the words *secondary lobule* to a part only of the acinus, and not the entire acinus.

The *pulmonary acinus*, thus defined, corresponds exactly to the *system of alveolar canals* of Schultze—the *lobulettes* of Waters, author of a very valuable work on the structure of the lung, published in London in 1860. This term, "lobulettes," is inconvenient as belonging to no language, in spite of its French sound. Here is sufficient reason I think to justify the employment of the term, *pulmonary acinus*.

As each of the terminal bronchi supports at its extremity an acinus, which is joined to it like fruit to a tree, the great pulmonary lobule in the case illustrated by Rindfleisch, will be formed of fourteen acini corresponding to the number of bronchioles ; but it may be remarked that the number of the acini varies in proportion to that of the terminal bronchioles. The form and size of the acini, on the other hand, conform to an almost constant type. They are small pyramids, whose longitudinal axis, or rather that from the extremity of the terminal bronchiole to the surface of the lobule, measures about from two to three millimetres, the transverse diameter, which is parallel to the surface, being almost the same.

III. All the acini are formed on the same model as to their texture, and what is said of one in this respect applies equally to the others. The details of this texture must form the object of explanation, for it is in these acini that the most important physiological phenomena, of which the pulmonary organ is the seat, take place, and it is there also that the alterations are produced, which must particultaly occupy our attention. It is important to distinguish besides, what might be called the "architecture" of the respiratory canaliculi, and the analysis of the elements which enter into their composition. We will devote ourselves to the first point. We attack here a delicate question of anatomy, much debated since the time, long ago, when Malpighi first seriously approached it, and which, in spite of the numerous researches of which it has been the object, is not yet decided in an absolutely satisfactory manner. The few personal researches which I have made lately on this subject in the preparation of these lectures, have led me to consider the description of Schultze, adopted by Henle, and some other anatomists, as being that which most nearly approaches the truth. Besides, the description of Schultze does not differ much, at any rate, in its essential characters, from that given by Rossignol in 1847. (*a*) I shall rely also in my exposition on the instruction afforded by the study of lesions. Pathological anatomy, as you are aware, lends its aid to normal anatomy ; disease in fact, by exaggerating them often makes evident dispositions of structure, which, being less marked in the physiological state might pass unperceived, or be roughly interpreted.

Before entering upon this study it would, I think, be opportune to consider in the first place the very simple disposition of the terminal expansion of the bronchial tubes in the fœtal state. To make this more clear, I place before you a drawing made from nature, showing the disposition of the bronchial canaliculi in a fœtus of three months, which we have just examined. You see a bronchus of some size branches out, and gives off a small trunk, from which arise three little canals, which themselves divide again, and each of the divisions thus produced terminates in a swelling having the form of an ampulla. It is easy on the model of this disposition to establish a scheme which will facilitate the understanding of the much more complex arrangements of the terminations of the aërial tree in the adult. Let us suppose a bronchiole terminating in a pyriform ampulla. The walls of this ampulla are pressed in at a given moment at two points, so that there are formed three small *culs-de-sac*. Each of these *culs-de-sac* will divide in its turn in the same manner into two *culs-de-sac*, whence it follows that we shall have three *culs-de-sac* of the first kind terminated by two secondary ampullæ. This very simple disposition reproduces as near as may be the form of the fœtal state, and does not differ materially, you will see, from the real more complicated structure found in the adult. In each acinus the aërial channels form a complicated system, the walls of which bounding the acinus on its external surface, are continuous with the walls of the terminal bronchus at the point where it unites with the canaliculi, there is a sort of widening answering to a vestibular space, towards which from three to six cylindrical canals converge to open for each acinus. These canals, which are called *alveolar canals* (alveolargänge—air sacs—Waters—bronches alvéolaires—Petioli infundibulorum, Schultze 1862) from their point of union or vestibule, divide from one another in a radiating manner at acute angles. Passing onward they again frequently divide dichotomously, and terminate in blind extremities of a funnel-shaped form, The transverse diameter of the alveolar canals varies from 0.4 to 0.2 in the adult (Schultze). A striking contrast exists between the walls of these canals and those of the terminal bronchus ; in fact, whilst the walls of the bronchus remain perfectly smooth, those of the alveolar canals are covered with little swellings, which form a sort of hernia on their external surface, constituting so many little boxes or cells. These cells, which for the most part are of equal size, are separated from one another by thin septa, pointing towards the axis of the canal perpendicularly to its direction. The free extremities of these septa leave between them at the centre of the canal a space, a free way, *a passage*, to use the expressions of Todd and Bowman. This passage extends from the vestibule to the infundibula, which it allows to communicate with one another, and in its course it gives access by a large orifice to each of the lateral alveoli. These alveoli, which are, so to speak, grafted on the walls of the alveolar canal, are called *parietal alveoli*.

In accordance with the disposition we have just pointed out, these alveoli do not communicate directly with each other, but only through the medium of the central passage. And if you will allow me to make the comparison, I would say that the figure obtained by a longitudinal section through the median axis of the canal, resembles the long corridors of modern prisons on which the lateral cells open. The swellings at the extremity

(*a*) Concours des Savants Etrangers ; Académie Royale de Belgique.

of the canals are all made on a plan similar to that of the canals themselves ; in other words, we see cells dug out of the walls opening into a common space, around which they radiate. This disposition recalls that of a Roman house with its central impluvium and its cubicula. In general the cells of the infundibula are deeper than those of the alveolar canals, but they are separated by thinner walls.

The *infundibula*—this term belongs to the nomenclature of Rossignol—have been sometimes described under the name *alveolar complexus*. Many authors have called them *primary lobules* (Sappey), others, *secondary lobules* (Le Fort). Each infundibulum is ordinarily composed of a dozen alveoli. Nevertheless their number may be a little greater or a little less, and the surface of the transverse section of an alveolar canal may show four or five alveoli. We have not only to consider the terminal infundibula, but also the parietal infundibula. These are grafted on different parts of the alveolar canals of the first or the second order, and communicate with them by an orifice of variable size. The alveoli examined, either in the infundibula or in the alveolar canals, have in the infant generally a globular form, sometimes, however, they are polyhedric. Their size varies with age and pathological circumstances. We shall have to return to this point later on. We may say, however, at present, that they may be reckoned as having in the adult a diameter equal to 0.15 millimetre (Schultze). Such are, in short the, principal points in the structure of the canals, whose union constitutes an acinus. It must be added that the various parts of this little apparatus, the infundibula and alveolar canals, crowd one against the other, so as to occupy the least possible space, and are separated only by thin connective walls. The inter-canalicular and inter-infundibular connective tissue, thin though it be, shows itself nevertheless in certain cases on the surface of sections, and also on the base of superficial lobules, where it is also sometimes marked by pigmentary lines. There may be distinguished on the base of the sub-pleural lobules, besides the inter-acinous spaces, spaces contained in the preceding, and which may be called inter-infundibular. Lastly, in the area of the infundibular spaces there may be seen on the surfaces of a section examined with strong magnifying power, inter-alveolar spaces.

This disposition explains the appearances represented in many works, and intended to show in the section of a dissected lung, parallel with the pleural surface, and very near that surface, the fundus of the infundibular cavities.

(To be continued.)

Original Communications.

INAUGURAL ADDRESS

Delivered at the Opening of the Session of the Surgical Society of Ireland,

By PHILIP CRAMPTON SMYLY, F.R.C.S.,
President of the Royal College of Surgeons in Ireland.

GENTLEMEN,—In addressing you from this Chair, I discharge one of the duties which attach to the high office to which I have been raised by the kindness and confidence of my professional brethren. It is with no little pride, I can assure you, that I open, this evening the Forty-seventh Session of this Society.

This Chair has been filled by men who have had their names "writ large" in the annals of our art ; Peele, Crampton, Colles, Macnamara, Jacob, Porter—names we all know and honour, names familiar to our ears as "household words," names that are borne with fresh honours by their successors. These men loved and fostered this Society, and could they but see the results of their labours, they would be gratified by the prosperity they hoped for. They would be proud of the work done by its members in the wide field of science, in which they turned the first sods.

The Surgical Society was founded on no narrow bases. It was established by men (as one of its earliest members so well expresses it), who having studied the healing art in all its branches formed this Society for the cultivation and diffusion of professional knowledge by the approved method of "mutual instruction." It is, in fact, a school for grown surgeons, and not for surgeons only, but for physicians also, for was not our own great Stokes a member of this Society. Sir Philip Crampton, so long ago as 1835, challenged any College of Surgeons to produce a man more competent to demonstrate the structure of every part of the body, whether in health or disease, with more clearness or with a more practical and a more *surgical* hand, than William Stokes.

Where can a surgeon get a better training than in a school like this ? Here you have papers read—some by men who have earned a world-wide reputation, and others by the ardent and enthusiastic junior—in both instances followed by friendly discussion. So that enthusiasm is guided by experience, and experience is stimulated by enthusiasm.

Much work has been done by this Society in its nearly half century of existence, but much remains to be done.

Material may be accumulated in different ways—into store houses or into dust-bins. Material most valuable in itself is worthless unless worked up into the stuff for daily use. As an instance of what I mean, I cannot give you a better example than the monograph on the "Treatment of Aneurism," by one of your secretaries, Mr. Tufnell. You will find in its pages the result of his own extensive experience, illustrated by cases which have been discussed in this room. I would suggest to other members to work up other subjects from the materials collected year after year, and to give them to us in as readable a form.

There is, however, another way in which this Society is particularly useful, and that is the discussion of the great medical questions of the day. For example, the discussion on vaccination which occupied the Society for several evenings, and elicited a vast amount of practical experience. There are many similar subjects, and quite as important, which I hope may be discussed in this and succeeding sessions.

It is needless for me to dwell further on the value and importance of your Society. You all know it well, and I have no doubt you will make the present session as improving as past sessions have been. I would urge the junior members of the profession to come here and put forward their views without fearing an unkindly hearing, and I would urge the seniors to come, as they always have done, and give the results of their mature experience.

The medical profession is at present on its trial before the country, and to such an audience a few words on the subject will not be out of place this evening. The Medical Council began well, but having gone to sleep after the production of the British Pharmacopœia, the Government and private members have brought in bill after bill for the regulation of the medical profession, and with what result ? So far from requiring more knowledge from the man who is to be the guardian of the health of the public, the whole tendency is to cut down everything : the number of lectures, preliminary education, and the number of examinations. In fact, to provide a minimum qualification. I should not be at all surprised at a clause being introduced into some bill, similar to that in the Dentists Act, admitting every one who declares that he is *bona fide* in practice, as fit for registration, without any inquiry into his qualifications.

Would it not be far better, as the present Government proposed in their bill, to have, at least, a double qualification by two or more distinct and independent boards, and thus to raise, and not lower, the standard for registration. This would make a competition upwards, and

with proper inspection, secure a high standard of examination.

What advantage is to be gained by a high standard of examination if the men are not educated?

In Germany, no man can present himself for examination for entrance to any learned body without a certificate that he has been educated in a school approved of by the Government. He has to attend certain lectures and practical instruction in every branch of his profession, and is examined year by year, some of the examinations extending over weeks; and unless he satisfies all his examiners he is put back. Every examination is inspected, and thus the profession in Germany deserves the title of a learned profession. In other countries there are similar regulations.

If the Medical Act passes into law in its present form it will degrade the profession to the rank of an unlearned art or handicraft.

Had the Medical Council continued as it began there would have been no new Medical Acts, nor would the question of its constitution and functions ever have been raised.

"For forms of Government let fools contest,
What'er is best administered is best."—POPE.

I will read you a passage from a lecture by Dr. Stokes on this subject, delivered in 1861. He says:—

"The Medical Council have marked their sense of the predominating importance of general culture in this wise, that their report on medical education deals almost wholly with the subject of general or extra-professional training. It hardly touches on special education. . . . . The Council have obviously felt that the greater question claimed their first care.

"That all students pass an examination in general education before they commence their medical studies."

Now it may be safely said that, had no other result followed the Medical Act than this simple but pregnant direction, this would have more than compensated for the time and trouble expended in obtaining it, for it strikes at the very root of what has been the disgrace of medicine, namely, the coming into the profession of such numbers of uneducated men. I use the word deliberately, for the holder of a diploma in either medicine or surgery, obtained by examination in a special art, is not therefore, an educated man. He knows nothing of literature, or of ethics, and little indeed of the exact sciences. Unfitted by habits and modes of thought for mental advancement, he entered on practice; but took a low place in society, because from want of mental culture, he was unable to support the position of gentleman, or preserve the dignity of his profession. Sir Philip Crampton, says in a lecture to the pupils of the Meath Hospital, in 1835, "I take it for granted that you have all received a liberal education; if you have not, you have no title to practise a liberal profession."

Now, gentlemen, would it not be much better for the Government to begin where the Medical Council began, but did not continue, and when the question of general and special education is settled, then to proceed to the question of final examinations — diplomas and degrees?

The burning question of the day and the real cause of the cry of "Down with the Colleges," is that of the admission of women to the profession.

I have always voted for throwing open wide our doors to them. I believe not one would have entered them. I do not deny the varied genius of women in all and every walk of life; but I do not think medicine a suitable profession for them, and I am proud that our Irish ladies have been so slow to join the ranks of medical women.

I agree with Judge Lawson, who said lately, in reply to a speech on women's rights, "Woman appears to me to be always mistress of the situation, to be above all law, and to be possessed of powers which the law could not give and could not take away."

Whatever Government or the Medical Council may do, your work is clear before you. Your object, mutual improvement. Earnest work will always meet its reward. Honest work will always stand the great test—time.

What is begun
At daybreak must, at dark, be done;
To-morrow will be another day,
To-morrow the hot furnace flame
Will search the heart and try the frame,
And stamp with honour or with shame
These vessels made of clay.

THE TREATMENT OF CROUP BY TRACHEOTOMY. (a)

By WILLIAM THOMSON, A.B., F.R.C.S.,
Surgeon to the Richmond Hospital, Dublin.

Two years ago I brought forward the notes of some cases of croup, in two of which I had operated. Last year, when speaking here on Surgeon Quill's paper, I had to record that my own experience of tracheotomy in these cases was uniformly fatal, but I stated that I was not disheartened, and that I hoped to succeed at last. I am glad to be able to bring before you to-night some brief notes, and to give particulars of any first favourable result in this operation. Three cases have come under my personal care since I last wrote upon this topic, and in two death followed, but in one of these no operation was performed.

CASE I.—A boy, aged 18 months, three days ill before admission. No patches on tonsils or on pharynx could be detected. The sub-sternal depression very marked; the respirations rapid and shallow; the lungs largely filled with mucus. A consultation was held, and it was believed that operation held out no hope, although I told the mother that I would operate if she wished to take that responsibility. The usual treatment by antimony, hot steam, &c., was followed, and the child died next day.

CASE II.—A boy, æt. 5, very robust, had been ill one day before admission. No patches visible, but great laryngeal distress present. The sub-sternal depression very marked; respiration and pulse rapid; the lungs were free, and it was agreed that he should have the chance of medication. He was put upon small doses of mercury and antimony until the bowels were moved. In the evening there was a further consultation, but the symptoms had then become so urgent that operation was decided upon. There was nothing special in the proceeding, but the child was relieved immediately, and in a short time was fast asleep. The improvement was most marked. Respiration, and pulse, and temperature decreased, but in a few hours they began to rise, and excited our fears. On the third day there was some difficulty in keeping the tube clear. The mucus was shot up in thick tenacious masses, blocking up the instrument frequently. At last, after one of these paroxysms, he died. The pupils who had charge of the nursing of the case, did their duty most thoroughly. I believe that death was promoted in this case by my having used too small a tube, and had I been present during the final hour I should have removed it altogether, and thus allowed the ingress of more air.

CASE III.—John Forbes, æt. 4, was admitted to hospital on the 20th August last. He had been ill for three days, his mother said, suffering from hoarseness and cough, and she had that morning brought him to Dr. Speedy, who recommended his admission to hospital at once.

He was seen soon after by all my colleagues and myself. He was breathing about 26 times in the minute. There was some sub-sternal pitting, as the diaphragm contracted with increased energy; the pulse was about 140, but there was not much fever present. Aeration was good, the per-

(a) A paper read before the Surgical Society of Ireland. The discussion will be found on page 473.

cussion notes were clear, and it was deemed advisable to adopt medical treatment before proceeding further. Accordingly the small doses of James's powder and grey powder were ordered to be administered every two hours; the temperature of the room was raised to about 72°, and a jet of steam was directed towards the bed. Three leeches were applied over the upper part of the sternum, and a warm poultice was applied to the throat.

During the night the symptoms were not improved. The temperature was 99·4, the respirations had risen to 34, and the stridor had increased. My colleagues and myself had, next morning, the advantage of meeting in the consultation Prof. Bennett, of Trinity College, and Dr. Ewen Whittle, of Liverpool, who has had much experience in these cases. The condition of things had got much worse. The lips were blue, the whole face was congested, and the rushing sound of the breathing could be heard at some distance. The pitting below the sternum was more marked than ever, and the poor child's struggles to obtain air were most painful. It was agreed to operate at once, and I accordingly did so. Chloroform was used, the parts were carefully divided, and the trachea was opened from the distance of a few rings below the cricoid up to that cartilage. There was some bleeding, and a little difficulty in introducing the tube, but we were able to hold open the wound with a tenaculum so that breathing went on.

The false membrane could be seen in the trachea, and I succeeded in removing a tube-shaped portion of it, about three-quarters of an inch in length.

The immediate improvement was very marked. The breathing was deep and easy, and the child soon slept. In the evening, however, I found that the respirations had run up to 56, pulse 130, and temp. 102·3. The cause, beyond the operation, was not apparent, and I began to fear the worst. The child took plenty of nourishment, had some hours of sleep, but the morning showed little improvement, except in the respirations, which had fallen to 44. Careful watching, the frequent cleansing of the tube, and the administration of beef-tea and milk were observed, and on the next morning the temperature had fallen to 99·4; while, during the afternoon, the respirations were reduced to 36.

On the 24th, the fourth day, the report was that the child had passed a good night, the morning state being—temp., 99; respirations, 44; pulse, 120. Some blood had been ejected through the tube, and I suspected that the end of it had injured the trachea. I ventured, therefore, to take it out—the tube and the canula. This was followed by a violent paroxysm, and a large piece of membrane was shot out through the wound. We kept the tube out for an hour, and then it was restored.

I need not follow the daily changes further. On the eighth day the instrument was removed altogether, and the child breathed with comparative ease. In a few days afterwards the opening in the trachea had been closed, and the little patient was able to talk, at first hoarsely, but ultimately with great clearness. He was kept in the hospital for four weeks, and was then discharged quite well.

A result of this nature is a pleasing reward after the disappointments which I have either shared with my colleagues and others, or have borne more directly myself. But in the beginning of radical changes in a course of treatment, especially where the proceeding is in itself a severe one, it must be expected that there will be but little plain sailing, and perhaps not much sympathy from those who adhere to the old lines. It is little more than twenty years since, in England, Dr. Fuller was only able to collect the records of twenty-two cases of tracheotomy in croup, as all that had been reported just then; but since that time the success of the French and the German schools has given a stimulus to the new practice, and the operation is performed in hundreds of cases in a year.

I will not discuss here the relationship of croup to diphtheria—whether they are identical or altogether dissimilar. But I shall only detain you for a very short time while I speak of the treatment of that form of croup which is generally known as the true, and in which a membrane appears upon the interior of the larynx, or the trachea, or on all together. I have had opportunity of seeing a large number of these cases, and I have seen all the usual forms of medication followed, but I have only known one in which the patient recovered. I wish to declare here my scepticism as to the beneficial effects of mercury, confining myself to that stage in which the membrane is actually present. In the first stage it may do good, but that it will remove a membrane which is tenaciously clinging to the larynx, the vocal cords, or the trachea, I do not believe. To give tartar emetic with it, as an antiphlogistic, in this, what I will call the second stage, I think equally useless. Not only so, but I believe that time is lost and the patient is injured. To drug a child with grey powder, or calomel and tartar emetic for some hours is not such a preparation as we should like to make for any operation, not to speak of one so serious as tracheotomy. Upon this point Meigs and Pepper go even farther, and declare of calomel that "the constant observation that even its free use does not appear to arrest the course of true croup, or prevent the formation of membranous exudation, have led us to abandon entirely its employment in this disease."

But speaking here of treatment, and more particularly of tracheotomy, I do not wish to be understood as holding that even in the second stage these cases are beyond the reach of remedies other than the knife. On the contrary, I think we may often save life by medicine. The urgent condition present, which momentarily threatens life, and excites our deepest pity for the suffering child, is mechanical obstruction. The exudation, in whatever form it may be present, clings about the larynx, about the vocal cords, and prevents the free access of air. Slowly, but surely, carbonic acid-poisoning is going on, and whether there be to prevent, in addition, a specific constitutional poison or not, the indication of treatment is to remove the cause of the dyspnœa, if possible. In a large number of cases emetics have saved many lives. Tartarised antimony, sulphate of copper, or the combination recommended by Steiner (2 grs. of ipecac. and 1-6th of a grain of tartar emetic every ten minutes) may be used with the result of getting rid of the membrane. I have not seen any success, however, from this treatment, probably because the cases had come under notice too late, when the vagus nerve had ceased its functions, owing to the carbonic acid poisoning, and the stomach refused to respond to drugs.

It is when such measures have failed to give relief, and the child has passed from the stage of dyspnœa to that of asphyxia, that surgical interference is proposed. It has been objected to such a course that the successes might have been successes without operation, and that the favourable results are often few and far between. To the first, I answer that the argument might be applied equally in every case of disease, and that we might push it to the extent of abolishing all surgeons and physicians by suggesting that disease would cure itself without their aid. We can only advise to the best of our judgment, based upon our own experience and that of others, and we do no more in advising tracheotomy as a resource than we do every day in recommending different and new remedies in cases which are baffling us.

The second objection has unhappily more force. The success is not very great, but I think I may claim for it that it is much greater than any other plan yet devised. Remember, that we operate on a child who is already reduced by blood-poisoning, by drugs, by sleepless nights, and excessive labour, operate often when, to human eyes, death is already present, and the wonder seems to be that so many are rescued. But these numbers are, I hold, a noble testimony to surgical skill, when we read of such results as 39·5 per cent in 192 cases in English and Scotch practice, or even of 25 per cent. recoveries.

We have not the same careful records of lives save without operation, but the experience of every man tel him how very gloomy is the prognosis in all these case Steiner, of the Children's Hospital at Prague, who h seen 100,000 cases of different forms of children's disea

says: "Out of quite a large number of cases occurring in my practice before I had adopted the operation of tracheotomy, I saw but three recoveries." Now, the practical question which arises is this: What are the signs of the presence of membrane, and when should we operate? The difficulty of determining the presence of membrane is very great, unless we have such evidence as the expulsion of some of it. Niemeyer says: that "laborious and whistling inspiration, with gentle respiration, points especially to a paralysis of the laryngeal muscles; while difficulty in both inspiration and expiration indicates narrowing of the glottis by false membranes, or an interference with both the entrance and the exit of the air;" and Steiner lays down a rule "that croupous membranes in the fauces, and symptoms of permanent stenosis and asphyxia, indicate croupous laryngitis." I think this is more reliable, and where we see the case for the first time in such a condition, it would indicate emetics as a first step, instead of losing time in the administration of mercury.

On the question as to when operation should be undertaken, increasing experience is bringing the conviction that we delay too long. Here, struggling between the influence of past and of present teaching, we are very apt to indulge our hopes too freely, and to look for that happy issue which but seldom comes; or when all hope has gone we resort to tracheotomy. Trousseau, in the early days of his practice, urged that we should operate as late as possible; but afterwards he abandoned that rule, and declared that we should operate as early as possible. And so Steiner writes: "I agree with those writers who urge an early operation and do not defer it until urgent symptoms of carbonic acid poisoning have manifested themselves. All the indications are in favour of an early operation; in fact, I venture to say that, when properly performed, tracheotomy may be a safeguard against the further spread of the croupous process."

For myself, looking back to all the cases I have seen, I should say that we ought not to wait, as we too often do, for the stage just preceding death.

In a case in which there are well marked dyspnœa, deep sub-sternal pitting, the sinking and rising of the larynx, dilatation of the nostrils, and the other signs of laryngeal stenosis, there is little time for delay. If our medical remedies do not quickly relieve, if our emetics do not act, to postpone the operation is to lessen the chances of life, because every minute renders success less likely. As in hernia life is lost by delay, so it often is in croup; and I believe that as this fact becomes recognised, we shall have an increased ratio of recovery.

On a previous occasion I discussed the question of the high and the low operations, and many of the details of treatment. It is not necessary to do so again. My object is to say a word on behalf of a procedure which has much prejudice to fight against in this country. Seldom as it has been performed here, its success is not to be despised, and I do not doubt that as our experience grows we shall be able to record a still higher success.

Clinical Records.

ST. MARY'S HOSPITAL.

Double Empyema.

Under DR. CHEADLE, and afterwards DR. BROADBENT.

(Reported by the House Physician, Mr. HETHERINGTON.)

M. A. C., æt. 31, married, four children, and is now pregnant (five months). Commencement of present illness three weeks ago, which she attributes to catching cold by leaving off some under-clothing during the hot weather. Admitted July 27.

July 27th. — *Present Condition.* — Urgent dyspnœa; resp., 50 per minute, sitting up in bed; temp., 101; pulse, 116. Left front fairly resonant, entry of air free, breathing harsh. Right front fairly resonant above 4th space, but dull below, with absence of breath sounds. Right back dull over lower half, imperfect entry of air, tubular breathing and bronchophony of an œgophonic character. Left back dull over lower third, with deficient entry of air. During inspiration marked retraction of intercostal spaces on both sides, and heart's impulse diffused over 2nd, 3rd, and 4th spaces.

August 13th.—The physical signs remain much the same, and her general condition is still very unsatisfactory. Her morning temperature rarely falls below 100, and in the evening rises to 102 and 101. Her nights are very bad, and she perspires freely; there is a moderate amount of frothy purulent expectoration. Beyond the distress caused by difficulty in breathing she complains of no pain. An exploratory aspiration was made in 7th space right back with a subcutaneous injecting syringe, and showed the presence of pus; a larger canula was now introduced and fitted to a bottle aspirator, and ℥xxv. of purulent fluid drawn off, this amount being deemed sufficient, although more could have been obtained. Temp. went down this evening to 97·8.

14th.—Patient feels much relieved; breathing much easier—40 per minute.

The same operation was now repeated on the left side, and ℥xviij. of a similar fluid to that of right side withdrawn; evening temperature, 100·4.

15th.—Breathing is much easier; has had a good night, but cough is very troublesome. Area of resonance in both fronts increased, with fair entry of air above, but deficient below. On left side, in 5th interspace close to nipple, is a small fluctuating tumour, very tender and with no pulsation. Right back—dull over lower third, crepitation below, puerile breathing above. Left back—dulness occupies lower fourth; slight vocal fremitus on both sides. Heart's impulse seen plainly in 3rd and 4th spaces; great tenderness over cardiac region.

19th.—The temperature for the last four days has been high at night, falling to normal in the morning. Cough still very troublesome; perspires much at night; lips and mouth very dry. Resp., 60; pulse, 130.

The right side was again aspirated, and ℥xxij. of purulent fluid withdrawn.

22nd.—Both backs dull over lower half, medium crepitations heard over lower two-thirds of right back, none over left. Deficient entry of air over both lower backs, but heart sounds are not absent. Another fluctuating swelling has appeared close to left nipple, and is the seat of acute pain; linseed poultices are applied.

31st.—The temperature since the 22nd has remained normal, and there has been a vast improvement in her general appearance; she can now lie down comfortably, sleeps well, and her appetite is gradually improving. Resp. 30.

Sept. 6th.—Got up for the first time. Physical signs much the same, temperature continues normal.

14th.—Both backs resonant down to 6th spine. Fair entry of air on left side down to 8th spine; below that the breathing is deficient and accompanied by a few crepitations. Air enters right back to level of 6th spine, but more imperfectly than on left. Bronchophony less marked from above downwards. Slight vocal fremitus on both sides.

28th.—Is feeling much stronger, the swellings over left front are still visible, but not painful. At her own request she left the hospital.

Oct. 30th.—She again presented herself, looking wonderfully improved, and had walked here from some distance. Soon after leaving the hospital she had a fall, bringing on labour pain, which terminated in the delivery of a seven-month female, which, however, died a few days ago.

Physical Examination.—The chest expands fairly well on inspiration. There is still retraction of the intercostal spaces. All swellings have disappeared. Left front—good resonance and breathing. Right front—resonance

to fourth spaces, dull below ; this side is also flatter than the left. Both lower backs dull, extending rather higher on right to 7th space ; breathing is diminished over right back, becoming almost inaudible below 7th rib ; exaggerated vocal resonance above. Fremitis felt on both sides. Apex beat in nipple line in 5th space.

Nov. 19th.—Is attending once or twice a week as an out-patient.

Remarks.—This case presents one or two points of interest : Firstly, to the fact that the presence of fluid was not suspected until she had been in the hospital over two weeks. Partial collapse of lung with thickened pleura, followed by a subacute attack of pneumonia, being at first diagnosed. The retraction of the intercostal spaces during inspiration, crepitations over right back, expectoration, and tubular breathing pointing to this. Secondly, the absence of pain is a prominent feature in the case. That there should have been urgent dyspnœa is no wonder : indeed, it seems hardly possible that the lungs could have expanded sufficiently to maintain life, unless the pus was limited to a definite area—that is, shut off from the gen eralcavity of the pleura, in a compartment by adhesions.

With regard to the swellings over the left front, there was no doubt that the pus was pointing here, and it was a question at one time whether it would not be advisable to aspirate, but the proximity of the heart, and the fact that she was improving, suggested recourse to palliative measures, and as stated, when last seen, all signs of these tumours had disappeared.

Lastly, the fact of the pleurisy being bilateral points to some constitutional diathesis, and, doubtless, the altered state of her blood, due to pregnancy, may have influenced the character of the pleuritis from a simple to a purulent form.

Transactions of Societies.

SURGICAL SOCIETY OF IRELAND.

Opening Meeting of the Session 1878-79.

The Opening Meeting was held at the Royal College of Surgeons, on Friday evening, November 22, commencing at half-past eight o'clock,

Philip Crampton Smyly, F.R.C.S., President of the College, in the Chair.

The President delivered the

INAUGURAL ADDRESS,

which will be found on page 469.

Mr. William Thomson then read a paper on

TRACHEOTOMY IN CROUP,

which will be found on page 470.

In the discussion which followed,

Dr. Henry Kennedy said there was one point connected with the medical treatment of croup which he thought it right to notice, as he had done on former occasions when the matter was discussed, namely, in reference to the use of small doses of opium. Cases of croup were very much worse at certain times than at others ; for instance, when spasms occurred, opium was a very essential part of the treatment, and he never hesitated to put a small quantity of Dover's powder with the mercury or other medicine used. He found a decided advantage from it ; it kept the child comparatively quiet, and with ordinary care there was not the slightest risk. Had Dr. Thomson entered more particularly into the form of disease that was most suited to the operation, he should have wished it. From his own experience of diphtheria, or what they knew to be diphtheria, he would be decidedly against an operation, for when the disease entered the lungs, he believed an operation would be useless. On the other hand, if performed sufficiently early an operation afforded a chance of success. The worst changes occurred in the lungs and upwards. When the disease commenced below and spread as bronchitis, to treat it was most serious. Dr. Kidd saw with him a case in which he succeeded in saving the child's life. Sulphate of zinc was the medicine used. He repeated, that opium was a very important part of the medical treatment of those cases of croup that they determined to treat by medicine.

Mr. W. Thornley Stoker desired to say a word as one of those who had an opportunity of performing the operation in a few cases, three altogether. With Dr. Thomson's paper he did not propose to deal, because all his colleagues in the Richmond Hospital agreed fully with the views therein put forward. Their experience had made them unanimous in the treatment of the disease, although some few years ago, like others in the profession in Dublin, they had a difference of opinion in the matter. He should be sorry to remain silent and allow such an observation as Dr. Kennedy had made to remain unchallenged, lest silence should be supposed to be consent. He could not conceive the purpose of administering opium to a child in the advanced stage of croup. To allay spasm was of some importance, but it was more of convenience than ulterior benefit to the infant, for his experience in observing cases of croup had taught him that children do not die of spasm. He never saw an infant die of spasm, but death ensued in a very gradual way ; the child got into an anæsthetic condition and gradually flickered away its life. Opium could not have a positive benefit, and it certainly had a disadvantage from its effect on the pulmonary circulation. He could not see the utility of administering opium to a child whose lungs and brain were full of blue blood. In connection with the operation of tracheotomy there were one or two points that anyone who had done it himself must have learned. First of all, the difficulty of the operation was exceedingly great. He did not fear to challenge the opinion of gentlemen who had seen it or done it, when he said he believed it was the most difficult operation in surgery. Tracheotomy in an adult was a ready and an easy operation ; but the operation of tracheotomy in croup and on a young child, he looked on as, perhaps, the nicest and most difficult operation a surgeon could be called on to perform. Remembering the small size of the tube to be dealt with, its extreme elasticity, the extraordinary size of the surrounding blood-vessels, and which are bigger and fuller in a child than in an adult (and particularly big and full in the circumstances of this operation), the depth of the trachea in a young child, the enormous load of superficial fat covering it, the spongy character of the surrounding tissue, and quite different from the hard tissue in an adult's neck, tracheotomy was the most difficult operation a surgeon could be called on to perform ; it required the nicest tact and a degree of readiness that every man had not at command. The other point was one on which some of the members might enlighten him. Dr. Thomson had, spoken of removing the tube as a means of admitting the air when clogged. As to the time of removal, he had not found directions in books, and it had caused discussion among surgeons. It was difficult to know when to take the tube out. He therefore wished some of the members would give the benefit of their experience on that point, which he looked on as of practical importance.

Dr. M'Swiney observed that Dr. Thomson had intimated that he did not propose to discuss the question of the identity or non-identity of diphtheria with croup. But for that intimation he should have endeavoured to show that the great preponderance of medical opinion at present was in favour of the identity of diphtheria and true croup. In practice he was in the habit of recognising croup, true and false. False croup appeared to him to be laryngitis, and ought not to be fatal in the child, and of course was quite unfitted for operation by tracheotomy, obeying as it did very readily the influence of suitable remedies. True croup, which he was in the habit of looking on as diphtheria, was attended by the exudation of a false membrane, and it appeared to be a disease on which no sufficiently satisfactory evidence existed of its being in the smallest degree influenced by any remedial medicinal means whatsoever. There was no evidence of a sufficiently convincing kind that any known drug possessed the power of causing the removal or absorption of a true croupy, diphtheritic, membranous, exudation, upon the mucous surface of the trachea. If that were so, in such cases he should believe that the proper remedy would be tracheotomy. Moreover, he would certainly hold theoretically that after a true recognition had been made of the existence of true membranous diphtheritic affection, the operation should be resorted to at an early stage. Dr. Thomson had drawn a very true picture, which, it had been his misfortune to have witnessed, of the condition of a child suffering from membranous true croup.

After the doctor had some hours' work treating it with antimony and hippo, mercury and purgatives, warm baths and stupes, and other remedies that routine directed for the treatment of such cases, ineffectually, as in almost every instance in the case, the condition of the child was the worst possible for the sustainment of an operation such as tracheotomy was to a child. On the other hand, if performed at an early stage, before the child was worn out, the result—he thought he was not venturing on the domain of prophecy to say—would be very different from what at present was experienced in Ireland. That a child would, when vomited by emetics, expectorate some of the membrane was quite certain. He had seen it himself, and had exhibited at the Pathological Society the trachea of a child who died of true croup, and who had discharged it under the influence of an emetic, thereby proving that the mere detachment of the membrane was not the curing of the croup. The membrane was likely to be again exuded in cases where its mechanical dislodgment had been procured by the action of emetics. Hence he had been in the habit of requesting his surgical friends, when, unfortunately, those cases came before him, and when he had satisfied himself that they were cases of true croup, to operate. He was bound to say, in truth, that he found among the surgical profession in Dublin the greatest unwillingness to do so. Over and over again he had been told it was not the opinion of the surgeon that the case was a suitable one for the operation, and in most cases which he had been led to believe were cases of true croup, death had been invariably the result. He had found no difficulty in curing cases of false croup. Indeed, under the influence of well-known treatment the child was in twenty-four hours made well. Some years ago, he thought he had heard expressed a universal concensus in that room that the tube was to be abandoned in tracheotomy. His memory could not deceive him that the preponderating weight of opinion was that there was no necessity for a tube, and that it was better to do without it. Mr. Croly and others took part in the discussion in which that view was propounded. Mr. Stoker had rather surprised him by saying the operation was the most difficult one in surgery, for he had also heard it said that in competent hands it was extremely easy.

Dr. FINNEY said he was inclined to agree with Dr. M'Swiney as to the identity of croup and diphtheria, but, as Dr. Thomson had not entered into the question, neither would he. The point to which he particularly wished to call attention was whether Dr. Thomson was able to distinguish between the exudation as confined to the larynx and upper portion of the trachea and the exudation of the membrane down to the bronchial tubes; because to him it was quite plain that were the disease laryngitis, and that the air could be admitted, the cure, if not immediate, might be hoped for; but where the disease extended below the opening of the trachea benefit could be hardly expected to follow. He could not clearly describe how to make the diagnosis as accurate as he would wish. On this point he hoped Dr. Thomson would give some explanation. He was aware of the sinking in of the sternum, but he was not able to gather from him that he had made any accurate distinction between the upper and lower portion of the bronchi. When the disease extended below the orifice to be made he believed very little could be hoped for from the operation. But few cures of the disease had been discussed before the Pathological Society. He remembered one of Dr. Duncan's where the disease extended almost to the minutest terminations of the bronchial tubes. Any proceeding in such a case would have been utterly useless.

Surgeon QUILL, A.M.D., in reply to an observation of Dr. Kennedy's, and also to an inquiry of Dr. Finney's, adverted to a paper he had read on an operation performed by himself in a case completely of the lower portion of the trachea, accompanied by the usual exudation, notwithstanding which he was happy to say the child perfectly recovered. Dr. Finney had remarked that when the disease extended low down in the trachea, especially into the bronchial tubes, he would demur to the operation. The case cited would alone be sufficient to upset his view. The child on whom the operation was performed was five years old.

Dr. DARBY said he was present some years ago at the discussion of a very interesting paper by Dr. Thomson, who had, he thought, modified his opinion considerably since that time with regard to the operation in question. It seemed to him they had scarcely defined what they were talking about on the present occasion. He heard one gentleman say that croup began with a kind of bronchitis, and others talked about membrane in the fauces. For his own part, he had little experience of diphtheria, and from that little, he did not wish to see it again. He had seen a good deal of Cheyne's croup—cases of a child six months or six years old, perfectly well at night and affected in the morning. The older the child the lighter the disease, and after attaining the age of 14 or 15 it ceased altogether. What he called croup was an inflammation in the larynx of that particular kind that threw out exudation, and which, in cases he operated on, and by post-mortem examination, he found extending down into the fourth or fifth divisions of the bronchial tubes, proving that an operation was not useful. It was said an early operation was good: he did not think so, because he had saved life in cases of extreme danger by emetics chiefly, and by blistering. If there was one remedy more than another to be relied on in croup, he believed it consisted in repeated small doses of tartar emetic. By relieving the mechanical blocking up of the trachea, and succeeding in staying the inflammation, the patient would be cured. When Mr. Thomson talked of enormous mortality in croup he could not agree with him. What he called true croup was the disease that threw out coagulated lymph. As to false croup, he thought it was a mistake to suppose it meant diphtheria. It meant, as he understood, laryngismus stridulus, which was altogether a different disease. At one time, many years ago, he was unfortunate enough to have had a very bad epidemic of measles in the workhouse. The cases were very numerous indeed, and every child that had measles got true croup, diminishing the calibre of the air passages, particularly the trachea. He had a post-mortem examination in thirty cases, and in every one he found the croupy membrane—a thick, leathery membrane—went into the smaller branches. The secretion of mucus in bronchitis was altogether a different disease. It was coagulable lymph that formed a substance as thick and leathery as a lady's kid glove, and that was what he believed to be croup. As to diphtheria, in the very few cases he had seen the disease affected the fauces more than the larynx or air vessels. It began in the fauces, and entered the trachea afterwards. The treatment of that disease would be altogether different from the treatment in the other. He should say that a man would never think of giving tartar emetic in diphtheria, but that iron and tonics would be the treatment. So far as his experience went, there was nothing would save a child so reliably as tartar emetic, and he would never operate until he saw there was no other hope left of saving the child's life.

Mr. L. H. ORMSBY considered they were wandering away from the discussion of Mr. Thomson's valuable paper, upon which he desired to congratulate him. As hospital surgeons they were all interested in the subject. So far as he could gather, Dr. Thomson wanted to elicit from the members of the Society whether they would recommend an early operation in tracheotomy, or not. For his part he belonged, he might say, to the school who would rather recommend medical treatment. He did not believe in an early operation in croup. In fact, he knew in private practice the public would not allow an early operation. When it was suggested, the reply was "won't you try something else?" Perhaps under medical treatment the child would get well without the operation. That was just the point, and a very nice one to decide when the operation ought to be performed. Perform it early and the case might recover, but most probably medical treatment would have effected the same result. Perform it late, and it had generally an unfavourable termination. Professor Spence had operated forty times before attaining a successful result; but he also mentioned that he operated 122 times, and his percentage of successful results was very large. Still it came back to the same point—"when was the proper time to perform the operation?" If members would keep to that point, and not wander away to discuss the difference between true and false croup, it would, perhaps, be more desirable and advantageous.

Dr. H. GRAY CROLY remarked that the first operation he ever saw was tracheotomy in croup. He was not more than fifteen years of age at the time, and he sponged the trachea. The child got relief; but as in almost all other cases, it died afterwards. As difficult as tracheotomy was to him in early life, he thought the question of operating or not was just as difficult. On one occasion he presented to the Society a false membrane running into the trachea—a very beautiful specimen coughed up by the child. All the symptoms of croup disappeared, the false membrane re-formed, and the child died. Within the last few months, he had a case which he thought

Mr. Thomson was going to publish. It was of the unfortunate cases, but one in which it appeared at first as if the child were going to recover. He was sent for late in the evening to see an only son, as beautiful a boy as he ever saw in his life, suffering only two days of croup. He saw the child tossing in its bed, and trying to throw its head against the wall with the spasms of the glottis. The case was the most urgent one he ever looked at, and he said to the father that the medical treatment which had been adopted having failed, he thought the only chance that the child had was to have the wind-pipe opened; but he could not give him anything like a favourable opinion of the result. The father was very anxious for the operation, and said he wished it done. Having the advantage of Mr. Thomson's assistance, he performed the operation late at night. The child lived a couple of days, and for the short time it lived its life was mainly owing to the extraordinary exertions of Mr. Thomson. Having opened the trachea as quickly as he could there was a difficulty in getting in the tube; and Mr. Thomson set up artificial respiration at a time he thought the child dead. Then the child sat up in the bed, and looked as if it would thank them for what they had done. He sat up the whole night himself, and Mr. Thomson the greater part of the night; but on the second day the child got head symptoms, and died. At the time he performed the operation, the air entered freely into the lungs. There was no pulmonary congestion; but the case was one purely of spasm, or inflammatory action. Since that occasion he was sent for to go to the country to a case. He gave his opinion, and said to the two surgeons present: "If they asked him to perform the operation he would do it, but if they asked his advice he would say let it alone, as he thought the child would have as good a chance without it as with it." That was a case in which they had exhausted every remedy, and the child recovered. His own feeling was so strongly against the operation, he said he would rather not operate. Dr. Roe, who knew Dr. Whittle, of Liverpool, very well, had drawn his attention to a paper on croup by that gentleman, who had had considerable success. He said the cases that were most successful with him were those of intense tracheitis, without the formation of a false membrane. With Mr. Thomson he could not agree, if he said that croup was a very unmanageable disease in its early stages. From what he had seen, he believed that where medical aid was available, early croup was not such a formidable disease, but was manageable like many other urgent diseases, if met with in time. It was a great many years since he brought a paper on croup before the Society, and he never could forget the way in which Prof. Beatty condemned the use of tartar emetic in the treatment of croup, especially in young children. He had seen the most dangerous symptoms produced by tartar emetic in young children; and if the croup was past the first stage, tartar emetic should not be administered, but a stimulating emetic, like sulphate of copper or zinc. As to the operation itself, he did not think that the difficulty of tracheotomy, which was one of the most, if not the most, difficult operations in surgery, would be an argument against performing it; because the difficulties of the procedure should not deter them from making themselves expert at it. A man in the country meeting a case single-handed might have to contend with a great many difficulties. There was a case admitted under his own care a great many years ago, in which Dr. Stoney, now of Parsonstown, and then the resident pupil, opened the trachea, and the child recovered. So the operation could be successfully performed, and was so every day. Of course, the difficulty of performing it was very great in the case of a child as compared with an adult. The late Prof. Porter, in his work on the trachea, said some of the most beautiful operations he ever saw performed were for the relief of children suffering from croup. And what was his experience? He never saw one case recover. Reading Prof. Porter's book when a student, prejudiced him very much against tracheotomy in croup. In his own experience, too, he never saw a case recover yet where it was performed. He was glad to hear of Mr. Thomson's successful case, and both of them thought they had a successful case in the one to which he referred. He did not say he would not perform the operation again, though at one time he thought he never would.

Mr. MACNAMARA said a very important point was raised by Dr. Darby, which he considered was at the bottom of the whole question. In practice they met with two distinct classes of affection, and it struck him that each of these, though not attended with equally serious results, presented equally serious symptoms. In one of these medical treatment would be attended with very great success. In the other, and that was the one they had now to answer, it was attended with exudation. Then, "What was the treatment most likely to be attended with success?" was the great question for discussion. In that form of disease, which was so well-known by the name of bastard croup, or laryngismus stridulus, there was great similarity to the croup attended with exudation, and no matter what the emetics might be, whether those that comprised the antimonial series, or the ipecacuanha, or the metallic—for instance, the sulphate of copper or zinc—the patient got better, but was subject to repeated attacks of the same kind. Hence, when consulted, he asked had the patient anything of the kind before? and if so, he knew he would make the patient well. As years rolled on that form of disease disappeared, but there were repeated similar attacks. That was not the class of disease to which Mr. Thomson had directed attention. There was another form of disease which was attended with exudation, and that whether of the croupy character or the diphtheritic, he did not know, and it was excessively difficult to tell. They were essentially different diseases, but the difference was much more easy to talk of than to define. In that case the real question that arose was, "What was the treatment?" Now it had been stated that his revered master, Prof. Porter, in his most valuable treatise on the Trachea, had said that from operations in those classes of disease he never saw a recovery. The fact was, he believed, in all those cases of disease the operation had been performed late, too late, when the whole chance of the operation being successful had passed by. In that statement he was born out by Bretonneau in his most interesting treatise on Diphtheria. He gave an instance similar to that mentioned by Dr. Croly. The only child in the family was suffering, the other children having died one after the other from the disease, and he performed tracheotomy, and the child recovered. For that disease, which was painfully interesting to them all, namely, hernia, there had been numbers of unsuccessful operations, simply because they were performed too late. Since the law had been here laid down on the point, and that was the great advantage of societies like this, early operations in hernia in Dublin had become the rule. Was it such a serious thing to open the windpipe? Was the operation a fatal one? If not, and if it was an operation that would give a chance of success, why not, as in hernia, have recourse to it before pathological effects took place that would prejudice the success of the operation. Why not, as in hernia, have recourse to it at an early period? He was glad to hear the straightforward way in which Prof. Stoker spoke of the difficulty of the operation. It was not because it was difficult that they were not to approach it; but in point of fact, it was probably one of the most difficult operations in surgery to open the windpipe in a child. It was not because so able and good a surgeon as his friend, Dr. Croly, senior, who had spent years in the study of his profession, could do it, that it was easy. What was easy to one man might be difficult to another.

Dr. WHEELER said he had spoken against tracheotomy in croup on the occasion of the first paper read by Mr. Thomson on the subject. Since then he had been called in to perform the operation in a case treated medicinally by Dr. Murphy, of Camden Street, and he performed the low operation, though more difficult than the high one. It was essential to perform the low operation. On opening the trachea, the child, he might say, collapsed, its eyes turned up, its mouth closed, its thumbs turned in, and he thought it was dead, until he raised the arms and established artificial respiration, drew forward the tongue, and after a little time it commenced to breathe again. The operation was performed at one o'clock in the day; and the child was very much relieved by it, the membrane having passed up through the tube, and come out by the side of the tube; it was able to feed itself and drink beef tea; its death was made easy, and it died the following morning. Two other cases came under his observation, in one of which medicinal remedies were effectual. The child was leeched, got ipecacuanha, and vomited; warmed sponges were applied to the neck, and it got calomel. That child recovered. The other case was one which he was asked to see by Dr. Finney, to advise as to the propriety of operating. He declined to operate, for this reason: there was no breathing at all through the posterior part of the child's lungs, nor did the muscles expand at respiration. The child took two ounces of ipecacuanha; but there was no vomiting, showing that the vagus was paralysed. He believed the child would have died. He believed the great difficulty in tracheotomy

was to know exactly when to perform the operation. It might be followed by collapse, especially in a case of croup. He agreed with Dr. Stoker that it was the most difficult operation in surgery, and he believed that the low operation was much more difficult than the high one, or that above the isthmus. In the cases of croup he had seen death was from coma.

Mr. THOMPSON replied. Dr. Kennedy, he thought, had been fully answered by Dr. Stoker in reference to the use of opium for allaying spasm. As to the question that had been raised about the difference between diphtheria and croup, he had already said in his paper that he did not enter upon it, and he simply wished to discus whether an operation, and what operation, should be performed in stenosis of the larynx. Dr. Finney's observations were practical as bearing on the time when and the conditions under which the operation should be performed; and he argued that where the smaller tubes became filled up the operation was really of no use. Everyone who had examined a case of croup in which laryngeal stridor was present would agree in saying that there was the greatest possible difficulty in determining what amount of air was entering the lungs. They might determine the condition of the lungs by percussion, but he was afraid the laryngeal stridor would mislead as to the condition. Dr. Finney had stated that when the disease existed below the wound the operation would not probably be successful, and ought not to be performed. Dr. Quill had given him the one instance he had operated in, in which a portion of the membrane was taken up from the trachea. In his own case he stated he removed a portion of membrane below the seat of the incision with the forceps, and some days afterwards a portion of the membrane was shot up from the trachea. Numbers of cases were on record of the expulsion of casts of membrane from the second or third division of the bronchi, thus showing that the membrane might exist below the incision. As to the substernal depression which Dr. Finney wished to hear about, in every case of croup he had seen it had been extremely marked, and in some instances he could almost bury his fist in the depression that existed below the ensiform cartilage. Dr. Darby took the opportunity of saying that he (Mr. Thomson) had altered his opinion from what he had expressed on a former occasion. He had not in the least altered the opinion he held when he read a paper on the subject before. He then stated he believed the operation a useful one in cases where medicine failed to relieve the patient, and he held that opinion very strongly, in the face of a good deal of disappointment up to the present. With Dr. Darby he did not at all agree as to the utility of blistering and bleeding, where the membrane was already existing. Dr. Croly had observed that it was easy to manage croup when seen early. Perhaps that was so; but it was to be remembered that most of the cases—he might say all—in hospital practice were cases far advanced; and early management was then, of course, out of the question. He was glad to have the testimony of Mr. Macnamara as to the need of an early operation. That was the later opinion held by Trousseau, and quite opposite to what he held in his early experience. He also thought Mr. Macnamara had struck a true note in raising the question—"Was it so serious a thing to open the wind-pipe?" Were they to allow the disease to run on creating that unfortunate constitutional condition, bringing about blood-poisoning, and then with every condition present which could prejudice the operation, come in and hope for success? His only object had been to get a hearing for an operation which was by no means popular in Dublin or in Ireland. He believed that if the matter were properly discussed and fully ventilated, as it would be in a Society like this, they might hope that greater practice of the operation would be attended with much better results.

The Society adjourned.

IN the principal foreign cities the annual rates of mortality, according to the most recent weekly returns, were in Calcutta 36, Bombay 35, Madras 44; Paris 24; Geneva 24; Brussels 26; Amsterdam 23, Rotterdam 31, The Hague 37; St. Petersburgh 33; Berlin 23, Hamburg 28, Dresden 23, Breslau 24, Munich 28; Vienna 27; Buda-Pesth 38; Rome 25, Naples 25, Turin 31, Venice 26; Alexandria 35; and New York 22 per 1,000 of the population.

Special.

PAYING PATIENTS AT ST. THOMAS'S HOSPITAL.

THE following letters have been sent to us for publication. The reader will perceive that the views of Dr. Bristowe and his colleagues respecting a very important question are quite in accordance with those we expressed in our last issue.

ST. THOMAS'S HOSPITAL, LONDON,
November 29th, 1878.

We, the undersigned members of the medical and surgical staff of St. Thomas's Hospital, having read the letter addressed by Dr. Bristowe to the Treasurer on the subject of the admission of paying patients to the Hospital, decide that we adopt that letter as a complete exposition of our views on the subject, and beg to express our earnest hope that the representations contained in the letter may receive full consideration from the Grand Committee.

(Signed)

J. S. BRISTOWE,	SYDNEY JONES,
C. MURCHISON,	JOHN CROFT,
WILLIAM M. ORD,	W. MACCORMAC,
HENRY GERVIS,	FRANCIS MASON,
JOHN HARLEY,	EDWARD NETTLESHIP,
J. F. PAYNE,	ALEXR. O. MACKELLAR,
W. S. GREENFIELD,	H. H. CLUTTON.
ROBT. CORY,	

TO THE TREASURER OF ST. THOMAS'S HOSPITAL.

DEAR SIR,—When last Monday week, in conjunction with a few of my colleagues, I met you at your request, I was quite ignorant, excepting in so far as I was informed by the terms of the notice of meeting (received on the previous Saturday), that the subject of the admission into the Hospital of paying patients had been under the consideration of the Governors, and was, I need hardly say, altogether unprepared to learn that it had been so far discussed and settled in committee that there was no doubt (as you told us) that a resolution to that effect would be carried at the General Court of Governors to be held on the following Wednesday. I confess, too, that I was surprised that an arrangement, which presumably could scarcely be carried out without our co-operation, should practically have been determined upon without previous consultation with us.

At the above meeting I, like others, was unprepared adequately to discuss the subject. But discussion at this stage would have been of little value. You will recollect, however, that I expresed serious doubts as to the expediency of the step about to be taken by the Governors, and that I pointed out what at the moment seemed to me grave objections, both to the scheme as a whole, and to such of its details as were placed before us. Further consideration has satisfied me of the justice of the criticisms which I then ventured to make.

The scheme, however, has now been accepted in principle by the Governors, and has been relegated to the Committee to settle its details and carry it out. Under these circumstances it would probably be useless to discuss its general merits; but it becomes all the more important that I should point out clearly the chief difficulties which I foresee in the way of its accomplishment, and the chief objections which I recognise to some of the specific proposals which have been made.

1st. You suggested to us, when we met (and I find this suggestion was repeated at the General Court, so that I may assume that this is a point upon which you have formed a tolerably definite opinion), that Block 8, hitherto and now devoted to infectious cases, should in future be allotted to paying patients, the grounds of your suggestion apparently being that this block is only thinly occupied, that it is expensive in proportion to the number of patients directly, and that such infectious cases as are received into it might be treated elsewhere in the Hospital, or be removed from St. Thomas's to other institutions. I am sure, Sir, that this opinion has not been derived from your medical staff; and I do not hesithte to assert that it is utterly at variance with their views on the matter. The only pretence for going to the enormous expense of building the Hospital on the block system was

that it should be able safely to accommodate patients of all kinds—infectious and non-infectious. This was fully recognised from the beginning; and not only so, but No. 8 Block was, in the course of its erection, on the unanimous recommendation of the medical staff, reconstructed at a cost of some thousands of pounds, with the special object of adapting it for the ordinary reception of infectious cases. It is no doubt true that the wards of this block are usually less thickly peopled than the other occupied wards. And there has at times, and notably during the recent epidemic of small-pox, been a tendency on the part of the Treasurer and Governors to check the entrance into it of infectious cases from without. But notwithstanding this, the block has been of extreme value both to the Hospital and to the public; and, so far from being empty, it contained, at the very time when the General Court was sitting, 40 patients, distributed amongst its 60 beds. But even if at times it were to be absolutely deserted, this would be no sufficient reason for discontinuing its use as a place for the reception of infectious diseases. Erysipelas and pyæmia must be purged from the surgical wards; cases of whooping-cough, measles, scarlet fever, and diphtheria must, when they break out in it, be taken from the children's ward; and cases of these diseases, of small-pox, and of other like disorders, must, if they appear in them, be removed from the general wards. Nor can there be any excuse, in an hospital provided at great cost with special means of isolation, for neglecting the advantages which have been thus secured, and to allow, in spite of them, infectious cases to remain in dangerous contiguity with the general patients. As regards the suggestion to remove infectious patients to special institutions, it must be recollected that, apart from the danger to themselves and to the public of sending them through the streets, the Asylum Board Hospitals are for paupers, and no provision is professed to be made in them excepting for persons in actual receipt of parochial relief.

2nd. I am not aware that any of the medical officers have been consulted as to whether, and on what terms, they would be willing to take professional charge of paying patients in the Hospital. It is quite clear that patients who are able to pay, and undertake to pay, for hospital treatment, would have an altogether different relation to the physicians and surgeons from those whose treatment is gratuitous. They would not be objects of charity at all; and it would on principle be unreasonable to require a staff that was elected for quite other purposes to give their gratuitous services to them. I presume that the two guineas a week which each patient will be called upon to pay represents the charge to be made by the Hospital in respect of board, lodging, nursing, and medicines, with a margin for profit, and the charge is by no means a heavy one for these advantages. It is altogether inadequate, however, if it be intended to include remuneration for medical and surgical attendance.

Yet, although I maintain that in an hospital established for the reception of paying patients, the medical attendants ought not only to be paid, but to be paid adequately, I am free to confess that the objections to the medical staff of our Hospital receiving payment for such patients, admitted within its walls, are insuperable. If we consented to receive a salary, or a payment at so much a head, or chose to ask half-a-crown or five shillings per visit to each patient, we should be justly laying ourselves open to the charge of competing unfairly with the general practitioners; if we were allowed to claim consulting fees, I need scarcely say that it would appear, and with good reason, that the department was established for our especial benefit; and in either case we should be abdicating the independent and high position in the Hospital which the medical staff ought to hold, and has hitherto held.

The proper principle to adopt is clearly that which has already been suggested, if not finally adopted, in regard to the institutions for paying patients, which are now in progress of realisation—namely, that the patients should employ and pay their own private medical attendants, or else that they should be placed under the charge of a resident medical officer, paid by salary, and with no other source of professional income.

There is another and very important view in which the attendance of the Hospital medical staff on paying patients would be objectionable. The Governors have probably not considered the heavy, and in a scientific aspect doubtless unremunerative, extra labour which they incline to impose upon us. It is not merely that half-a-dozen or a dozen patients would be added to each medical officer's charge—that not one of us would object to; but they will occupy different wards, so that instead of, as now, having to visit four or five wards, we should have to visit six or seven, scattered in different parts of the Hospital—a matter of no small importance in an institution built on such a plan as St. Thomas's. Moreover, the patients besides probably being particularly uninteresting in the sense above indicated, would certainly, from the fact of their paying for their accommodation, be unduly exacting of time and attention.

3rd. The remarks just made in reference to the physicians and surgeons apply also in great measure to the resident staff. Are the house physicians and house surgeons, clinical clerks, and dressers, to be required to attend on the paying patients without fee or reward? It might be remarked, perhaps, that then, as now, they would be gaining experience from the performance of their duties, and that, provided the Hospital were full, it would matter little to them whether the patients they had to attend to were admitted by payment or not. I am satisfied, however, that in practice the result would be different; that the paying patients would regard themselves as a class apart; that they would exact more attention than the other patients, and give less in return; and that ere long, if not at first, junior officers would decline, and I think rightly decline, to give them their gratuitous services.

4th. Has any serious consideration been given to the kinds of patients to be admitted, and to the terms (not pecuniary) on which they should be admitted and treated? I believe it is contemplated that the paying patients will be furnished by the lower middle class, and that some care will be taken to exclude persons of a higher and wealthier grade. And I assume it is intended that they shall, as far as possible, be such as are likely to be specially benefited by skilled medical or surgical treatment. But I venture to say that it will be very difficult to secure the admission of suitable patients, unless they offer themselves for selection in the usual way, and consent to be accepted or rejected on their merits. If they be admitted by Governors' letters, they will necessarily be unselected, and, in large proportions, unsuitable for hospital treatment; if they be received on the recommendation of private practitioners, they will certainly comprise an excessive number of old cases of dyspepsia, and other chronic or incurable cases; if the physicians and surgeons have much to do with their selection, there is some reason to fear that sooner or later the department will be worked more or less in connection with their private practice.

Although I am one of those who approve in principle of the establishment of hospitals or institutions for the medical and surgical treatment of certain patients who are able to pay; I have always felt that there were great difficulties in the way of putting it into practice; and have consequently been curious to see how, under Mr. Burdett's auspices, the experiment would answer. And I must confess that I had infinitely rather see the experiment made elsewhere than in connection with St. Thomas's Hospital.

It seems to me, for an institution of this kind to succeed, that the patients should be admitted, not on account of the urgency or gravity of their cases, but simply because they require medical or surgical care and nursing; that they should not be treated by a staff who carry on exterior practice as well, and who are likely, therefore, to make these institutions subservient to their private practice, but either by their private medical attendants, or by a fully qualified and competent medical officer paid by salary, and by salary alone; that if they require to be seen by a consulting physician or surgeon, he should be called in the usual way, and on the usual terms; and that such institutions should not be tacked on to the ordinary general hospitals, which are carried on with different objects, and on different principles, and with the due working of which they are then only too likely to interfere.

I cannot pretend, therefore, to approve of the contemplated establishment for paying patients within the walls of St. Thomas's, or to believe that the result will be satisfactory. Yet, while not approving of it, and while pointing out the many objections to it which present themselves to my mind, I shall willingly, in the belief that the arrangement is temporary, and intended to bring money in the Hospital coffers, do all that I reasonably can to assist the Governors in their endeavour to make it a success.

But, so far as I can at present see, I am disposed to advocate the appointment of a special resident officer or of special

resident officers to take the sole medical and surgical charge of the new establishment; and, under any circumstances, must record my respectful, but decided, protest against the suggested misappropriation of No. 8 Block. I believe the most satisfactory solution would be to let one of the blocks, at a sufficient rental, to those who are now specially engaged in the movement for institutions for paying patients, and to let them carry out their arrangements independently of the rest of the Hospital.

I remain, dear Sir,

Yours very faithfully,

11 Old Burlington Street, Nov. 28th, 1878. J. S. BRISTOWE.

THE IRISH PUBLIC HEALTH ACT.

OBLIGATORY INSPECTION.

THE 108th section of the New Public Health Act requires that "every sanitary authority cause to be made from time to time inspection of their district, with a view to ascertain what nuisances exist calling for abatement under the powers of this Act." The efficiency of the Act will, in a great degree, depend on how this obligation is discharged by the sanitary authority. Hitherto the Act has been to a large extent a dead letter, because it has been no one's duty to find out the nuisances. The general order of the Local Government Board, assigning the duties of the officers under the sanitary authority, requires the sanitary sub-officer (inspector of nuisances) to report what he may *observe* or be *informed of* as a nusance, and the sanitary officer (medical officer of health) is to report on every matter affecting the public health, which he shall be *apprised of officially, or otherwise become cognisant of.* Practically, the inspector of nuisances seldom look for nuisances, so the medical officer is apprised of none, officially, on which he may report. He is, therefore, left to his own discretion what to direct his attention to; and as he generally finds that reporting nuisances is not a popular occupation, he soon learns to show his discretion by seeing as few as possible.

The Local Government Board have intimated that they do not intend altering or extending the general order promulgated by them in 1874, so that, as far as the Board is concerned, nothing is to be expected towards a more efficient application of the Act. It remains, therefore, for all those interested in sanitation in Ireland to see what can be got out of the section which requires periodic inspection.

In the first place, it behoves the medical officers of health to look very diligently, lest the periodic inspections be imposed upon them. It is clear from the general order of the Local Government Board, to which we have already referred, that no such duty can be legally required of them; and it is no more than due to their professional position and standing that they strenuously resist any attempt to make them inspectors of nuisances.

In the next place, it will be necessary in many cases to bring pressure to bear on the sanitary authority to induce them to make the inspection required, as before it can be efficiently done, they must increase either the number or the pay of the inspectors of nuisances. We know of one union where there are two inspectors of nuisances—the two relieving officers—for an area of over 350 square miles. It must be evident that there can be no efficient inspection where so large a district is committed to men who have other occupations, and who are only paid a small salary for the sanitary work they are supposed to perform.

The course of action we would suggest would be that wherever there is a nuisance suspected to exist—and we presume there is not a sanitary district in Ireland where there is not good ground for suspecting this—that the medical officer of health report his suspicions to the sanitary authority, and request that the 108th section of the Act be complied with, and a thorough inspection of the district made. The officer of health will have a good deal of additional work thrown upon him in making the necessary inspections and reports which will result from the visits of the inspector of nuisances; and if such be imposed on him by the sanitary authority, he will have good ground for consideration when applying for increase of salary.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 11, 1878.

THE REFORM OF THE CONSTITUTION OF THE GENERAL MEDICAL COUNCIL.—I.

As the Executive Committee has recommended a meeting of the General Medical Council in January, to consider its own constitution and to suggest to Government some sort of reform in order that such change may be incorporated in the Medical Bill, we think it appropriate to inform our readers as to what really is the present constitution of the Council, and what proportion, or section, of the medical profession it is supposed to directly represent. It has been roundly stated by certain champions of the General Medical Council, who, it would seem, are not easily discouraged in argument, that the Council is admirably representative of the profession, a faultless reflex of the needs and the opinions of medical men, and therefore superior to the necessity for any reform, and it is for those who advocate reconstruction, as we do, to prove their assertion that neither the medical profession nor the public have any distinct voice in the

deliberations of the Council, or any material control over its acts. To enable our readers to form a judgment for themselves on this matter, we lay before them an analysis of the electoral constituencies which choose the members of the Council, and we shall leave it to the profession to judge whether we have libelled the Council by the foregoing accusation.

The General Medical Council consists of twenty-four persons, each of the licensing bodies being separately represented, except that one member represents jointly the two Universities of Edinburgh and Aberdeen, and one member the two Universities of Glasgow and St. Andrews. In addition to the seventeen delegates from these institutions there are in the Council six members appointed by the Crown, and an additional member, the President, appointed by the twenty-three members—the total number thus being twenty-four. It is our purpose to ascertain what proportion of the medical profession in the United Kingdom enjoys any right or opportunity of expressing an opinion as to the fitness of any member of the Council, or possesses any influence whatever upon the acts of such member.

The members of the Council may for the purposes of our inquiry be divided into three classes :—

a. Those respecting whose election the profession has no voice whatever.

b. Those upon whose election the profession exercises an indirect influence.

c. Those who are directly chosen by the voting members of the medical constituency.

In Class *a*, respecting whose election the profession has no voice whatever, come the Crown nominees. These gentlemen are the representatives of their own pet licensing bodies first, and of the public afterwards. They are placed in the seats which they occupy that they may act as independent voters, and thus to dilute the overwhelming power of the licensing bodies in the Council, and they are especially the guardians of the public interest against the self-interest of medical corporations. But experience shows us that their efficiency in this capacity is overshadowed by their allegiance to the particular licensing body to which they are specially attached, and that their votes are as corporational as those of the corporation delegates themselves.

The Crown nominees are not answerable to any one for their votes, and they hold their offices for life, and it is found, as a natural consequence of such irresponsibility, and as a general rule, that they have no sooner entered the Council-room than involuntarily they take sides as the supporters of some individual licensing body and some particular interest.

Be this as it may, they certainly do not represent the rank and file of the profession, and being without exception the leading consultants of the metropolis, they have little knowledge of, and therefore but a limited sympathy with, the wants or the difficulties of the working general practitioner.

Their knowledge of medical teaching, medical students, dissecting-rooms, and the "grind" is usually prehistoric—a reminiscence of the age when surgeons got their qualification by apprenticeship. They have heard, doubtless, of such people as parish surgeons, and have been told of counter-prescribing, unqualified assistants, contract doctoring, and other anomalous forms of medical practice; but their personal experiences for the thirty years past have been confined to a comfortable study, a leisurely consultation, a two-guinea fee, and a three months' holiday in summer; and, we suppose, they consider that it must be an imperfectly-constituted mind which complains of the discomforts of provincial parish practice, or the difficulties of students and teachers, and which asks the General Medical Council for comfort or redress.

Being thus circumstanced, we imagine that the Crown nominees will hardly claim to reflect the feelings or necessities of the profession at large, and thus one-fourth of the Medical Council may at once be struck out of the list of our representatives.

The next section of the Class, over whose election the profession possesses no influence whatever, are those members of the Council who sit for the rotten boroughs of the Medical Parliament—*i.e.*, for the self-elective cliques which govern some of our licensing bodies.

From a list of the "Medical Authorities" and their elective constituencies, which appears in the Report of the Medical Officer of the Privy Council for the year 1871, we cull the information requisite for illustration of our meaning, and put it in tabular form, premising that the figures are not those of the present year, and may probably be inaccurate to a trifling extent :—

Licensing Bodies which give the Members of the Body no Voice in Election of a Representative.

Name.	By whom representative elected.	Number of Electors.	By whom electors appointed.
1. Apothecaries' Hall, London	The Master, Wardens, &c., under Charter of James I, and Act 55 George III, cap. 194	24	Themselves
2. University of London	The Senate ...	36, of whom 10 only are medical men	The Crown
3. Universities of Edinborough and Aberdeen	Senatus Academicus	34	The Crown and Board of Curators
	Ditto ...	22, of whom 10 are medic'l men	Ditto
4. Universities of Glasgow and St. Andrews	The Senate ...	26, of whom 13 are medic'l men	Two-thirds by the Crown the rest by the University Court
	Senatus Academicus	14 professors of whom (we believe) 4 are medical men	
5. The Apothecaries Hall, Ireland	The General Court	Nominally 35 actually 15	Themselves
6. Dublin University	The Board of Trinity College ...	8, of whom 1 is a medical man, the rest clergymen	Themselves by promotion

Here, then, are eight licensing bodies out of the nineteen; and they return six representatives to the Medical Council. It will be seen that in the selection of these six representatives, 179 persons exercise voting powers, of whom (approximately) 87 are members of the medical profession. Striking an average, we find that each repre-

sentative of these bodies in the Medical Council is supposed to speak the mind of (say) ten medical men. But he may not be even thus far representative, for—in the election of a medical delegate from one of these bodies to the medical parliament—the medical voters are, in most cases, liable to be out-voted, two to one, by a phalanx of lawyers, political economists, mathematicians, and clergymen.

But if it be assumed that the medical profession has its own way in all cases, who does the representative represent? Nobody but the professors, and nothing but the school interests of his own particular college. The medical graduates, or licentiates, or fellows of these institutions are not permitted even a whisper as to who shall speak their opinions in the Medical Council, and, as a consequence, these six representatives enter the Council chamber as the advocates of themselves and of the pocket interests of their college or university, but, in no sense, as the exponents of the desires either of the public or of the medical profession, or even of the medical diplomates of that particular licensing body. It is, we assert, an outrage on common sense that the nominee of fifteen shareholders in a drug-shop—of eight respectable elderly clergymen, or of three dozen barristers, and men of science—should be put to the task of legislating for the education and registration of the medical profession.

(To be continued.)

THE ADMISSION INTO HOSPITALS OF PAYING PATIENTS.—II.

When we last addressed our readers on this important subject, the projected scheme of the Governors of St. Thomas's Hospital had just been made public; and we may have been thought rash in being the first to protest in the strongest terms against the admission of paying patients into the wards of general hospitals. The scheme, however, appeared to us so bad in principle, and the difficulties in the way of carrying it out seemed so great, that we had no hesitation in condemning it *in toto*, and in expressing a hope that the proposed innovation would not be too hastily or too generally adopted, or without duly considering the effect that such a change might have upon public opinion, upon the rank and file of the profession, and upon the fortunes and general usefulness of hospitals themselves.

Since we last wrote, not only have our contemporaries had an opportunity of expressing their views on the subject, but, what is of more importance, the whole medical and surgical staff have, in a long letter, which we publish this week, given at length their opinion of the propriety and practicability of the undertaking. With regard to our contemporaries, we are not surprised that both they, with one exception, as well as their correspondents, should have disapproved of the extraordinary proposal made by Mr. Stone, and should have raised much the same objections against it as we ventured to do a fortnight ago. We were, however, rather astonished that one or two journalists, both lay and medical, used their great influence and belied their usually good judgment in not hastily, but deliberately, espousing a scheme of the impropriety and impracticability of which the gravest doubts should have been entertained. The questionable character of the motives which induced the governors to sanction the proposed change—the bad principle that was involved in the admission of paying patients into general hospitals which have been always intended and used for the reception of the sick poor alone—the feeling of discontent and mistrust that might be naturally created in the minds of pauper patients, were the proposed scheme carried out—the probability that such a practice might partly forfeit the claim of the hospitals upon the charity and generosity of their subscribers and donors, through the latter having some misgivings as to the internal management of the hospital, and the extent of its eleemosynary services—the interference with the practice and the rights of the general practitioners—the confusion that might arise in carrying out the details of hospital management—the difficult and almost false position in which the medical and surgical staff of a hospital receiving paying patients would find themselves placed—the risk of an unsuitable class of patients being admitted into the pay wards, and the host of difficulties that might be found in carrying out the details of the scheme—all these considerations should be enough to make anyone hesitate before supporting such an extraordinary innovation as that recently proposed by the authorities of St. Thomas's Hospital.

When we last wrote on this question, we were misled by the public announcement that the medical staff concurred in the scheme; and we accounted for the fact by supposing that the physicians and surgeons might, both directly and indirectly, profit by the change. In doing so, however, we forgot for a moment the justifiable pride, the dignity, and the integrity, which have always characterised the conduct of our physicians and surgeons both with regard to the hospital with which they may be connected, and to the profession at large. We are, indeed, pleased to see that the medical and surgical staff of St. Thomas's Hospital repudiate the scheme they were supposed to have sanctioned; that they, as we did, object to it, both in principle and in practice, and that they would consider their own professional reputation at stake were they to accept it.

As we have just remarked, the medical and surgical staff of the hospital were represented to have given their assent to Mr. Stone's scheme, but so far was this from being the case that Dr. Bristowe, in his letter to the treasurer, expresses his surprise that an arrangement, which presumably could scarcely be carried out without their co-operation, should practically have been determined upon without previous conference with them. Moreover, one plea that was urged in favour of the proposed scheme, and which even recommended it to the consideration of those who were opposed to the principle of admitting paying patients into general hospitals, was that No. 8 Block was virtually unoccupied, and that therefore it would be turned to good account by adopting it for the reception of paying patients. But, to tell the truth, not only were a number of the wards in that block occupied with patients at the time the governors were discussing their new plan but were occupied with that very class of patients which it is so desirable to separate from the other inmates of the hospital. As Dr. Bristowe and his colleagues forcibly point out, the block in question was erected, and even reconstructed, at great expense for the express purpose of sending into it patients suffering from infectious diseases,

and so far was it from being empty, that at the very time the General Court of Governors was sitting, forty patients were distributed among its 60 beds. Therefore, could the general principle of receiving paying patients into hospitals have been accepted, instead of Block 8 being peculiarly adapted, and a strong plea for carrying out the scheme, it was about the last place that should have been chosen for such a purpose. As it is, there are far too few places in this metropolis for the reception of patients suffering from 'infectious diseases, to say nothing of the great need there often is of purging the wards of a hospital of such cases as erysipelas, pyæmia, scarlet fever, &c.

But Dr. Bristowe and his colleagues very properly object to this scheme on principle, and we are sure that in doing so they will receive the hearty support both of the medical and surgical staff of other general hospitals and of the profession at large. They object to it because they would, were it carried out, have to give their services to those pay patients on such terms as would be altogether inadequate to their position as hospital physicians, and such as would lay them open to the charge of competing unfairly with the general practitioners. In fact, whether they look at the fees which paying patients could afford to pay, or at the independent and high position which a medical staff ought to hold, or at their relation to the rank and file of the profession, or at the character and probable importunities of the patients that might gain admission, they see insuperable difficulties in the way of their sanctioning, or of the Governors carrying out, the proposed scheme. The general principle of home hospitals for the middle classes is a good one ; but, as we remarked a fornight ago, "if there is a public want in this direction, by all means let it be met by the foundation of special institutions, and not by the subsidising of those whose legitimate and only use should be that of giving shelter and medical advice to the sick poor." In the same manner, Dr. Bristowe says that he is one of those who approve in principle of the establishment of hospitals or institutions for the medical and surgical treatment of certain patients who can afford to pay for it. He is, moreover, curious to see how the experiment of home hospitals would answer, but "had infinitely rather see the experiment made elsewhere than in connection with St. Thomas's Hospital."

As we have already stated our reasons for protesting against any such change as Mr. Stone has ventured to propose, we shall have little more to say on the subject. It may, however, be worth while to note that the objection which we made on the score of the false position in which consultants would be placed, and the interference with the rights and established practice of the general practitioner, has been forcibly endorsed by one of our contemporories, as well as by several correspondents who have expressed their views of the matter. Thus it is justly observed, that "in the proposed pay wards the capacity to pay six shillings a day gives the patient claims to admission ; thus the attendants of these wards would be *pro tanto* reduced to the function of general practitioners, and come into competition with them all over the world—come into competition with them under the conditions of artificial pressure; for if six shillings a day were to furnish board, lodging, medicine, and medical attendance by hospital consultants of high reputation, it is obvious that such a competition would leave the general practitioner nowhere, and put the St. Thomas's staff in the position of out-bidding the world for cheap doctoring to well-to-do people." A correspondent writes :—" Assuming for the sake of argument that the profits of the newly-opened wing are to be entirely devoted to the purposes of this charity, in plain language this simply means so much money extracted from the pockets of the medical profession in London and handed over to St. Thomas's Hospital. Forty beds constantly filled with wealthy patients naturally implies a large annual deficit in the returns of their several medical attendants, and I, for one, emphatically protest against being thus taxed for the benefit of an institution which happens to have built a house on too large a scale for its available funds."

To these remarks we may add that this is just the very light in which the medical staff of St. Thomas's regard the scheme ; nor should it be forgotten that these and other objections do not merely apply to St. Thomas's Hospital, but to *all* general hospitals, and, therefore, it is all the more necessary to protest against the Governors of this hospital setting a precedent that could not be followed without leading to the most lamentable results. Fortunately, however, there is every probability of the scheme being strangled at its birth, for it will be impossible for the Governors of St. Thomas's Hospital to carry it out in the face of the powerful opposition which it is meeting with, not only from the profession generally, but also from their own medical and surgical staff ; and we certainly think that much credit is due to Dr. Bristowe and his colleagues in so promptly coming forward to put their veto upon a scheme from the realisation of which neither the hospital nor the public would, in the long run, derive any benefit.

THE LONDON HOSPITAL SUNDAY AND SATURDAY FUNDS.

We are favoured with the Reports of the London Hospital Sunday and Saturday Funds for the current year, from which we gather that they continue to receive an almost unabated amount of public favour and support. The *Reports*, it should be premised, differ widely in scope and character ; both containing some useful information. That of the Hospital Sunday Fund deals more particularly with Samaritan agencies of kindred societies, as the " Surgical Aid." After passing a resolution condemnatory of the mode of administering relief by the Surgical Aid Societies, the Council wisely determine to withhold grants to them, and do their own work of charity in their own way, that is, " as the medical authorities of any hospital or dispensary shall have certified that the case is a fit one for relief, will enable the patient to obtain the necessary surgical appliance through the agency of the said hospital or dispensary." The Hospital Saturday Fund Report evinces a greater determination to grapple with alleged abuses and defects in hospital management, which in time will, possibly, bring about wholesome and salutary changes—be the means of placing the more deserving of the medical charities higher in public estimation, whilst others may probably disappear from the list of charities.

We regret to find that although there was a further increase in the number of contributing congregations, the

sum realised this year by the Sunday Hospital Collection is only £24,904, against £26,082 of last year, the smallest sum collected since the Fund was established in 1873. This is accounted for by the unusual state of the country, and the commercial and financial depression of the times. On the other hand, the Saturday Hospital Fund boasts of an increase, £6,520, as against £5,786 last year, or about £800 more; indicating, as we trust, a greater interest in the movement on the part of those who receive the greatest benefit from the existence of hospitals and dispensaries. Nevertheless, the Council are by no means satisfied, and call especial attention to the fact stated in a previous Report, that "if each working-man would contribute only one penny a week (no very exorbitant an amount) to the Fund, more than a quarter of a million would be raised, to place the Hospital Saturday Fund in the proud position its principles entitle it to fill." It is satisfactory to the Council to be in a position to say that more than eight hundred new firms subscribed this year, and this, it is believed, unmistakably "tends to show that the movement is making real progress among the class for whom it was especially founded."

The Council of the Hospital Saturday Fund very justly complain that the fund has been prejudiced and damaged by a sort of petty competitive scheme started by two general hospitals. A circular, it appears, was issued in the summer and largely distributed, to the following effect: "I enclose you a prospectus of our 'People's Fund,' and you will see that it offers facilities considerably in advance of those obtained through the Saturday Fund, although that fund, of course, does its share of good work." There is certainly a mean air about the proceeding; and, notwithstanding its patronising air, no one would expect to receive an appeal of the kind from a metropolitan hospital. A deputation from the Council of the Hospital Saturday Fund waited upon the hospital authorities to know what was the meaning of it, and were informed, at one hospital, that "the appeal had been issued and signed by their secretary without the sanction of the committee." This shows laxity of management.

Another point in the management of other medical charities—one calling for immediate attention—is, that no less than 46 of them, with an aggregate income of £58,827, conduct their business without a finance committee, "have no special body to examine accounts, and take care of money matters." Such institutions are rightly excluded from any participation in the distribution of the fund; and we quite agree with the Council that, "this is a state of things that ought not to exist," as there can be no efficient check on expenditure.

Instances of misapplication of hospital funds are given, as, for instance, that of allowing some one of the officials a commission on the grant made from the Hospital Saturday or Sunday Funds. This can in no way be defended, although the committees of eight institutions, certainly not elected by, nor fairly representative of, the subscribers, submitted to be mulcted in this questionable manner. The Brompton Hospital for Consumption and the Westminster General Dispensary, spend £496 and £430 respectively, in what their committees please to call "pensions;" this outlay can hardly be defended. The Charing-Cross Hospital spends—squanders, would be the proper term—"one-fifth of its income on nursing and servants, a sum considerably higher than any other general hospital." The explanation of this is, that St. John's House is master of the situation at the Charing-Cross Hospital; the chairman of the committee of management of one institution is chairman of the other. The nurses, we are informed, have it all their own way; direct and regulate everything, even servants and doctors.

One word in justice to the Hospital Sunday Fund: it will be seen, on reference to the Report, although the sum collected this year does not equal that of the previous year, the Distribution Committee managed to divide almost as large an amount amongst the 125 institutions. Attention may very properly be directed to the fact that, from causes best known to committees of management, a number of hospitals and dispensaries did not renew their application for an award; and that of the ten complaining committees of hospitals politely invited to attend at the Mansion House to state their grievances, only two availed themselves of the invitation, eight preferring to accept the decision of the Distribution Committee. This, we think, may be taken to be an answer to the questionable statements of Mr. Haweis, on behalf of his friends of the Throat Hospital.

On the whole, we believe, much good will come out of a judicious supervision of our medical charities by the zealous men who give their time and attention to the work of the London Hospital Sunday and Saturday Funds.

A STUDY OF FOUR HUNDRED AND FIFTEEN CASES OF TETANUS.

We do not often try to advance our knowledge of prognosis and therapeutics by a systematic study of a large number of cases of some particular disease. It cannot be denied that much time and labour are year after year spent—and we daresay sometimes wasted—in investigating the microscopical appearances of diseased structures, in recording rare and remarkable morbid specimens, and in building up theories with respect to the nature of some local or general disease, such as inflammation, tubercle, and cancer. There may also be no little bustle in the camp of our leading therapeutists, as well as in that of the rank and file of the profession, in experimenting in an irregular and empirical manner on this or that remedy, in the hopes of finding out, or in the belief that they have actually discovered, the best weapons of defence against that enemy to which, sooner or later, we must all succumb. We were therefore struck, and not a little pleased, with the title of a paper that appears in the current number of *Brain*, our expectations of which were none the less sanguine from the fact that the author lived and practised on the other side of the Atlantic. It cannot, however, be said that the results of Dr. Yandell's investigation have added much to our previous knowledge of tetanus. The most original and suggestive conclusions he arrived at are that chloroform has, up to the present time, yielded the largest percentage of cures in the acute form of this disease; that the true test of a remedy for tetanus is its influence on the history of the disease; and that, tried by these tests, no agent has yet established its claims as a true remedy for

this affection. With reference to the second of these propositions, he asks :—(*a*) Does the supposed remedy cure cases in which the disease occurred prior to the ninth day after the injury? (*b*) Does it fail in cases whose duration exceeds fourteen days? The other conclusions, namely, that traumatic tetanus is not so fatal during the first decade of life—that it most commonly supervenes between four and nine days after the injury—that when fatal, death usually occurs within the first four days after the attack —that the prognosis is most favourable in cases in which the disease occurred after the lapse of nine days from the injury—and that when the disease continues fourteen days recovery is the rule and death the exception—all these are facts which have been long known to the profession, some of them as far back as the time of Hippocrates. Dr. Yandell himself admits the imperfection of the data from which his inferences were drawn. Such results as he was able to obtain are, he says, "for purposes of comparison clearly worthless, but they clearly show that statistics on this point (aggregate deaths and recoveries) are as imperfect now as when Mr. Curling published his tables in 1837, nor are they (he adds) of any real value as denoting the comparative efficacy of different remedies." The fact is, that the title of the paper which has been contributed to the columns of our contemporary is for the most part a misnomer, as the inquiry, the results of which are embodied in that paper, is no more a "study" of 415 cases of tetanus than a compilation is an original work. Dr. Yandell's investigation, praiseworthy though it be, consisted in examining the accounts of 385 cases of tetanus which had been reported in various journals, domestic and foreign, and of thirty unpublished cases gathered from practitioners practising in Louisville. The work of tabulating and examining these was done by his colleague Professor Cowling, and of the result of this examination Dr. Yandell's paper is a summary.

It must, however, be admitted that not much information could be expected from an examination of cases, however numerous, which had been collected haphazard from the pages of medical periodicals, and which had been loosely recorded by different practitioners, not one of whom had been making the disease a special study, and not one of whom had any other object in view than that of recording the most evident objective symptoms, the course, duration, and the treatment of the particular case that came under his own observation. To make, either singly or conjointly, a personal inquiry and a careful study of a large number of cases with the express object of throwing some further light upon the causes, nature, prognosis, or treatment of a disease, is one thing; to examine the imperfect reports of other and often indifferent observers is quite another matter. The latter method of inquiry must necessarily be superficial and unsatisfactory. It may furnish a few reliable statistics with regard to the sex and age of the persons attacked, the date of invasion, and the duration of the disease, but it can do little more. Anything like an exact study of disease is, under the circumstances above mentioned, almost impossible. Not even can the aggregate deaths and recoveries be learnt from cases reported in the journals, for, as Dr. Yandell remarks, a common practice with medical men is to report recoveries only, deaths not being considered a matter of interest.

Very different results might be obtained were a competent observer, or several observers, conjointly to make a careful and personal study of a large number of cases, either of tetanus or any other affection, with the purpose of discovering some new facts with regard to its etiology or pathology, or some new and more successful method of treatment. In carrying out such an investigation, not only must the number of observations be large, but the investigation itself must be preceded by a consideration of the points on which further information is most desirable. Thus, with regard to traumatic tetanus, the conditions which govern its occurrence, the conditions which respectively determine recovery or death from it, the best means of preventing it, and the best method of treatment—these are the problems which call for solution. To know that if tetanus proves fatal death usually occurs between four and nine days after the injury, is, from a prognostic point of view, valuable information; but what we most of all want to know are the conditions in virtue of which the disease proves fatal, as compared with the conditions in which recovery takes place. Of course the solution of such a question may be difficult, or even impossible in the present state of medical knowledge, but we venture to say, that neither with regard to this affection, nor with regard to many others, have our investigations been so deep and thoroughly systematic as they might have been. It is of the highest importance to make a searching and exhaustive inquiry into the circumstances which determine the fatality of a disease, for the more we know of those circumstances the more perfect will be our knowledge of that disease in respect of its prognosis, its prevention, and its treatment. One of the greatest stumbling-blocks in the way of making therapeutics more exact as a science and more successful as an art, and of our correctly estimating the relative influence of "Nature and Art," in the recovery of the patient, is our ignorance of those natural conditions upon which death or recovery depends. How often have drugs had the credit of doing what, after all, was owing to the operation of natural causes? How often have extreme opinions or practices been countenanced by medical men under the mistaken belief that the successful issue of the cases under their care was entirely, or for the most part, owing to the treatment they had adopted? It is impossible we can judge of the real value of a therapeutic agent or plan of treatment unless we have some criterion by which we can correctly estimate the relative part taken by "Nature and Art" in the favourable termination of a disease. Thus, until it was found out that a large percentage of cases of croupous pneumonia naturally tended to recovery, it was very generally thought that bleeding, tartar emetic, calomel and opium were all powerful agents in the cure of this affection. Then again, supposing a practitioner was ignorant of the fact that in tetanus which has continued fourteen days, or which did not commence until nine days after the receipt of the injury, recovery was the rule and death the exception, he would certainly attribute the recovering of such cases to the treatment he had pursued. With

regard to this particular disease, we now have, for instance, some means of testing the efficacy of therapeutic agents, for, as Dr. Yandell says, in forming an opinion of the real value of any reputed remedy for tetanus we must know whether or not it cures cases in which the disease occurred prior to the ninth day after the injury. As a rule, however, we may safely assert that in nearly every complaint that comes under the notice of the physician there is no criterion by which he can accurately measure the worth of the remedies he employs, for the simple reason that no systematic attempt has ever been made to determine the natural conditions which regulate the progress and termination of a disease. In making such an inquiry as we have suggested, and in making a systematic study of a large number of cases, we should have to consider that it is not always the extent or severity of a malady which determines the character of the issue, as the event, whether favourable or unfavourable, may be owing to the constitution, previous health, temperament, age, habits, hereditary disposition, surroundings, &c., of the patient, all which would have to be thoroughly inquired into in studying the natural history of a disease. There is, therefore, a wide field still open to future research, for there can be no doubt that, of the several departments into which medicine is divided, our knowledge of diagnosis and pathology has far outstripped that of prognosis and therapeutics, and that in these last-mentioned subjects much may be learnt from a systematic study of a large number of cases of some special disorder.

Notes on Current Topics.

Fever Hospitals in Ireland.

In the Court of Exchequer Chamber at Dublin an important judgment was delivered last week by the Lord Chief Justice, the Lord Chief Baron, Mr. Justice O'Brien, and Mr. Justice Lawson, in a case involving the existence, not only of the County Kerry Fever Hospital, but of every fever hospital in Ireland. The question arising in this matter had been reserved by the Lord Chief Justice from the last spring assizes. It appeared that for twenty years and upwards the Fever Hospital of the county of Kerry had been maintained by grand jury presentments at each assize, pursuant to the provisions of 83rd section of the 6th and 7th Wm. IV., chapter 116. It was admitted that the hospital had been always conducted in a satisfactory manner, but many of the grand jury were in favour of making either no presentment at all or one of merely nominal amount, being of opinion that the further maintenance of the hospital was unnecessary, having regard to the provisions made by the Acts for the relief of the poor in cases of sickness. On the other hand, it was contended by counsel for the hospital that the grand jury were bound to present a substantial sum for its maintenance. Whether they were or not was the question which arose under the words of the 83rd section—"The grand jury *shall or may* present."

On the part of the ratepayers, it was contended that these words were not mandatory, and that the grand jury had a discretion to present or not.

Mr. Heron, Q.C., on the part of the Hospital, argued that the words should be read as meaning "shall."

Counsel having been heard,

The Lord Chief Justice and the members of the Court were all of opinion that the matter was not left to the discretion of the grand jury, but that they were bound to present a reasonable sum, and not a nominal sum merely, for the maintenance of this county hospital. From an early period the Legislature had declared that the existence of fever hospitals in counties was necessary, and it followed that they should be maintained.

This decision secures to Ireland the continuance of the Fever Hospital, which most useful institution the parsimony of the ratepayers threatened to extinguish.

Parliamentary Bills.

On the evening of the first day's sitting of Parliament, the following Bills were introduced and read a first time :—

By Dr. Lush—Bill to amend the Medical Act, 1858.

Mr. Rathbone—To remove disqualification by medical relief for infectious and contagious disease.

Mr. Rodwell—To provide for maintenance, reception, and relief of the insane, imbecile, or infirm poor chargeable in unions and parishes in England other than the metropolis.

Mr. Holt—A Bill for the prohibition of vivisection.

Mr. Torrens—A Bill to extend the powers of the Artisan Dwellings' Act, 1868.

Mr. A. Brown—A Bill to amend the Public Health Act, 1875.

Sir H. Johnstone—A Bill to repeal the Contagious Diseases Acts.

Mr. Errington—A Bill to provide for the election of Poor-law guardians in Ireland by ballot.

Mr. Cowen also gave the following notice to ask the President of the Board of Trade if the Government propose to introduce an amendment Act to mitigate the penalties imposed by the Weights and Measure Acts of last session.

A Flattering Criticism.

It appears that the Permanent Secretary of the American Medical Association has written a book which is reviewed somewhat censoriously in several of the transatlantic medical journals. To the *Ohio Medical Recorder* it remains to administer the most complimentary criticism we have seen, and a paragraph of it is worth reading as an illustration of the length to which Yankee journalism will go in this direction. The editor asks :—

"But what shall we say of the author of this disgrace? The venality of Americans is notorious ; but, fortunately, a physician, and, still more unfortunately, the Permanent Secretary of the American Medical Association—has disgraced himself and his profession for a few paltry dollars. *Hired* by publishers—before unknown to the profession—this Judas, taking advantage of his official position, first to allay suspicion and then to advertise the book, *prostituted* that position, and, *for money*, betrayed his fellows, and has brought disgrace upon his noble profession. The book which this man has been largely instrumental in issuing is such a shame as should cause the cheek of every true man to crimson with blushes. It must remain—a monument of American venality, and of human weakness, pride, and vanity.

"We demand of William B. Atkinson, who has dis-

graced us and dishonoured us; William B. Atkinson, who has befouled the hitherto immaculate escutcheon of American physicians, and has made us the laughing-stock of the profession throughout the world—we demand of this man that he resign the position which he has disgraced, and bury himself deep in the ignominious grave of professional contempt."

Discovery of Phosphate of Lime Mines.

An important discovery of rich deposits of phosphate of lime has been made in Ottawa county, Canada, and the price of land within the supposed area of the deposit has gone up enormously on the chance of its containing the valuable mineral. Quite a new industry has suddenly sprung up in consequence; "rushes" of speculators and labourers are taking place towards the district, and all is activity and bustle. New roads are being cut in all directions, and fresh country is being rapidly opened up. In Templeton alone, some 300 men and 50 teams of horses are engaged in removing the phosphate, besides large numbers in other places. Large quantities of the phosphate of lime have been shipped to this country and the Continent, where its quality has been highly approved. The care displayed by producers and shippers in the dressing and sorting of their produce has placed Ottawa phosphate in the first rank, and it is believed that the new workings will develop into the largest and richest in any part of the American continent.

Fees of Medical Witnesses in Irish Sanitary Prosecutions.

The Irish Local Government Board has issued a Circular to all Boards of Guardians in Ireland, informing them that, under the provisions of the Public Health Act, 1878, the Medical Officer of Health is entitled to a fee of not less than £1 1s., and not more than £2 2s., for each day's attendance at petty sessions to give evidence in the prosecution of offenders against sanitary law. This duty, it will be recollected, the Irish Local Government Board endeavoured to force upon the medical officers by their general order, which directed such officers to "attend and assist in all proceedings in which his attendance and assistance might be required," and it is due to the Irish Medical Association alone that this fee is allowed by the New Public Health Act, and that the title of these officers is changed from "sanitary officer," a designation redolent of privies and ash-pits, to "medical officer of health." This is not the first benefit secured for the Poor-law medical officers of Ireland by the Irish Medical Association, and, if those whose pockets and persons benefit by the exertions of that organisation support it with unanimity, it will not be the last.

Healthy Towns.

We are reminded by a correspondent of one of the daily papers that, according to the Registrar-General's last report the death-rate in Brighton was one of the lowest, viz., 17 per 1,000 inhabitants. This fact is, of course, attributed to the good drainage, pure water, and general salubrity of this fashionable watering-place; and doubtless, in a great measure, such is the case. But still, it has not yet been positively shown to what cause, or causes, these low death-rates are to be attributed. There are many other towns besides Brighton—Portsmouth, for example—whose death-rate is always comparatively low; and it would be an instructive task if some of our sanitarians could make a systematic inquiry into the exact conditions which favour a low death-rate. At present, everything is put to the credit of pure water and good drainage, while the nature of the soil, the occupation of the inhabitants, the configuration of the surrounding neighbourhood, and several other considerations are left out of the question.

Comparative Mortality Rates.

A recent number of the Boston *Medical and Surgical Journal* gives some interesting statistics respecting the comparative death-rate in different towns in the U.S. Thus, while at Lynn, Springfield, Providence, Cambridge, and two or three other towns the average mean death-rate for the last 10 years, was only from 19·20 to 22·39, in New York, Brooklyn, Fall River, and Boston, it was as high as 28·71, 25·50, 24·96, and 24·34, respectively. Moreover, an examination of the tables before us shows that the sanitary condition of some of those places has much improved lately. For, in New York, Philadelphia, Brooklyn, Chicago, Boston, and Springfield, the respective death-rates for the year 1877, were only 23·42, 18·80, 21·51, 17·83, 20·40, and 16·02.

Treatment of Epistaxis by Subcutaneous Injections of Ergotine.

The treatment of hæmorrhage by the hypodermic administration of ergotine has lately become very popular. Dr. Porak (*La Tribune Médicale*) cites three cases of obstinate epistaxis in which the hæmorrhage was checked by a single injection of ergotine. He used a solution of 2 grms. of Bonjeau's ergotine in 30 grms. of glycerine, and injected 20 drops into the lip or cheek.

Camphor as a Hypnotic.

As we think camphor is one of those drugs the therapeutic value of which is not sufficiently appreciated by the profession, it may be worth while noting that Wittich has repeatedly administered camphor to reduce the insomnia which accompanies certain forms of mania, hysterical insanity and hypochondriasis. He has found it to be in these cases more efficacions than chloral, morphine, or bromide of potassium. He gives it by hypodermic injection, dissolving it in olive oil, and the dose being from 1 to 1¼ gr. The sleep produced by it lasts several hours.

Collection of Vaccine Lymph in Ireland.

We published lately a Circular of the Irish Local Government Board in reference to the collection of lymph in tubes, and an increased remuneration to medical officers for such work. We objected that the proposed fee, 6d., was insufficient, inasmuch, as the labour and time lost in filling a tube was greater than that required for several points. We are gratified to learn that the Local Government Board has increased the fee to 1s., which will, we believe, have a good effect in improving the supply of lymph, and thereby enhancing the efficacy of vaccination in Ireland.

The Queen's Hospital, Birmingham.

We are sorry to hear that the funds of this well-known hospital are in a very low state. A special meeting of the governors was recently held to consider the position of the hospital and its future prospects. The Mayor, in opening the proceedings, said the committee of the hospital had not called them together a day too soon, for the institution was in a condition of great financial embarrassment. No doubt the alterations and extensions made in 1874 had contributed to the present state of things, costing, as they did, £26,000, and involving an additional expenditure of £1,500 a year. What was wanted was not only to raise the sum of £4,500 by donations, and to increase the subscription list by £1,000, but something should be done beyond that, so that the hospital might be able to meet contingencies which might arise.

It appears to us that there has been lately a great tendency on the part of the authorities of some hospitals to enlarge these institutions, or even to build new ones, at a great expense, without duly considering where the necessary funds are to come from, or whether there is so much need for increased accommodation as they supposed. We have been lately reminded that No. 8 block of St. Thomas's Hospital was built at a cost of several thousands of pounds, and that it is so comparatively empty that serious intentions are entertained of converting it into a ward for the reception of paying patients. With regard to the Queen's Hospital, it is further hinted that the committee of management had not shown the same determination to reduce their expenditure as they showed in the matter of getting subscriptions for the great alterations and additions they had made. Hospitals, in fact, like some churches, seem to enjoy a sort of prescriptive right to draw upon the public purse to an almost unlimited extent. But although hospitals are, of all charities, those which are most entitled to public support, we are inclined to think that some check should be put upon the extravagance frequently shown in the building, extension, or improvements of these institutions.

A New Revulsive.

After noticing the relative merits and demerits of some of the more common revulsives in use, the *Chicago Medical Journal and Examiner* (April, 1878) remarks that "what is wanted is an agent whose action is at once rapid and prolonged, and which provokes a sharp revulsion, without pain or itching. This agent is pimento, or rather its extract, which has just been made known by M. Lardy. It acts with great rapidity in ten to twenty minutes, causing heat, slight smarting, and redness of the skin. These phenomena increase for about three hours, then remain stationary, and the revulsive action continues as long as desired. It is, however, best to remove it after it has been on from ten to twenty-four hours, according to the age of the patient. It may well be compared with mustard arrived at half its power, and thus remaining twenty-four hours. The colour of the extract is a beautiful red, and when properly incorporated with some plastic mass, and spread on squares of paper, its application is easy, and heating is not required."

We quote this statement for what it is worth, and it is certainly to be doubted whether the non-production of pain is always a desirable feature in revulsive applications, inasmuch as pain itself is in a manner a revulsive, while, at the same time, it diverts the attention of the patient from the complaint for which the revulsive is employed.

Suicide in France.

From statistics of suicides in France during the forty-five years, 1831-75, Dr. Moret finds an increase in the successive five years' periods. The annual number, which was 3,317 in 1831-35, rose to 6,107 in 1871-75. The numbers are more remarkable if the ratio per 1,000 inhabitants be taken. This was about 6 for the first 5 years' period, 7 for the second, 8 for the third, and so on, till in 1871-75 it reached at a bound 16·80, or nearly 17 suicides per 100,000 individuals. This is explained by the terrible events of which France was the theatre in that period. After political complications age is one of the causes which seems to have most influence (in France) on the suicide. The suicides increase regularly with the age, and the maximum is found among individuals of 70 to 80. This result is contrary to an opinion expressed by Esquirol, that the old man, strongly attached to life, commits suicide rarely. It is more difficult to comprehend the increase of suicides among children under 16. Dr. Moret further shows that women kill themselves four times less frequently than men, and that, eliminating the two extreme seasons, winter and summer, which act in nearly the same way on both sexes, the suicides of men are more frequent in spring, those of women in autumn. Married men commit suicide twice less frequently than celibates, and three times less so than widowers.

Surgical Appliances in Irish Workhouses.

From a Limerick paper we learn that at the last meeting of the Board of Guardians one of the members stated that some time ago he called attention to the fact that a patient in the hospital was in a very bad state indeed, and that it was said a surgical instrument called an "aspirator" was absolutely required in order to relieve him. He would now ask whether from that day to this the instrument had been obtained, and if not why not?

The resident doctor said the aspirator had been ordered, but it had not yet come.

The Member—Though a fortnight has elapsed.

Ald. Miles said that one of the doctors was of opinion *that a soda-water bottle was just as good.*

Dr. O'Sullivan—That doctor was only joking.

The matter ended with a sharp commentary on the wants in the Union surgery.

Scarlet fever caused 223 deaths last week, and showed the greatest fatality in Sunderland, Liverpool, Oldham, and Birmingham. Small-pox caused 8 deaths in London, 5 in Dublin, but not any in the other large towns. The deaths from diseases of the zymotic class are still much below the average in London.

Last week the mortality in the four principal cities of the United Kingdom, was at the rate of 20 per 1,000 in Edinburgh, 24 in London, 25 in Glasgow, and 31 in Dub

lin. The rate was excessive in several other large towns beside Dublin last week, viz., 28 in Wolverhampton, 29 Leeds, 30 Oldham, 34 Manchester and Salford, 35 Liverpool, and 36 in Sheffield.

Dr. Brewer, Chairman of the Metropolitan Asylums Board, laid the foundation stone, on Saturday last, of a new adult Imbecile Asylum for Incurables, and at the same time opened the new schools for imbecile children in connection therewith at Darenth.

The formal registration of the deaths through the wreck of the *Princess Alice* took place on Saturday, under the direction of the Registrar-General. The known aggregate loss, as nearly as has been ascertained, is six hundred persons. It is believed that eighty bodies are still missing.

Alderman G. I. Mackesy, M.B., has been chosen Mayor of Waterford for the forthcoming year.

Correspondence.

THE TITLE OF "M.D."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am anxious to know whether outside the absence of profcssional etiquette, good faith, and a regard for truth, any penalty is attached to a person—a medical practitioner (holding an official position), who is only an M.R.C.S.L.—systematically signing himself M.D. in certificates and in the daily papers, without having ever graduated in a University or having the degree of M.D. conferred upon him. Such a course of action seems to me very derogatory and most unjust to our honourable profession. I write not through any personal feelings, but on the basis of professional regard for justice and fair play.

A Practitioner.

[Respecting our correspondent's question, the law says (Sect. 40 of the Medical Act, 1858) :—"Any person who shall wilfully and falsely pretend to be or take or use the name or title of a physician, doctor of medicine, licentiate in medicine and surgery, bachelor of medicine, surgeon, general prectitioner, or apothecary, or any name, title, addition, or description implying that he is registered under this Act, or that he is recognised by law as a physician, or surgeon, or licentiate in medicine and surgery, or a practitioner in medicine, or an apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding £20." Sect. 31 also says :—"Every person registered . . shall be entitled, *according to his qualification or qualifications*, to practice medicine or surgery, or medicine and surgery." It is clear from this latter clause that a pure surgeon cannot legally practice medicine, and, we think, he may be prosecuted if he uses the title of M.D. We need hardly say that if he uses those distinctive letters without a right to do so he is morally as guilty as the quack, who—without qualification— calls himself "Surgeon," or "Physician." He is, in fact, a quack, or pretender.—Ed. M. P. & C.]

THE ALCOHOL QUESTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the Medical Press and Circular of Nov. 20 there is a most interesting criticism of the articles in the *Contemporary Review*, recently written by Sir James Paget, Dr. Brunton, and Dr. Bernays, as also a very clear exposition of his views from Dr. Dolan, of Halifax.

With much of these articles I entirely agree, but I am inclined to believe that, on the whole, the popular total abstinence advocates have in this question science on their side. It is not very often that one can say as much for popular cries—witness the agitation against vaccination and the insane belief in so-called "spiritualism,"—two blots on our modern social existence.

In the case of alcohol, however, I cannot help thinking that there is no proof that it is a *food*, any more than that ether or chloroform is a food. My test for a substance being a food may be erroneous ; but I have always taught that unless the substance in question be contained in milk, or its equivalent be contained in milk, it cannot be known to be a food.

Now milk contains an albuminous substance, cheese, a fatty matter, butter, a substance equivalent to starch, sugar, and phosphates, with water. All these substances, then, are clearly foods ; but alcohol is not to be found among them, and hence is not a food as far as we can know.

Secondly, I have always thought that the prolonged ingestion into the system of substanceswhich are not foods is dangerous, and the number of diseases attributable to the chronic use of alcohol is undoubtedly legion. Dr. Lancereaux, of Paris, told me he calculated that one-twentieth part of all the deaths in the Parisian hospitals were attributable to alcohol. Hence, I conclude, that healthy nutrition requires no such substances, and think we had better let it alone in health.

I am, Sir, your obedient servant,

17 Woburn Place, W.C. C. R. Drysdale, M.D.

THE WORKING OF THE CONTAGIOUS DISEASES ACTS.

We are requested to publish the following letter, addressed by the Reverend Dr. Webster, of Cork, to Dr. Lowndes, of Liverpool :—

2 South Terrace, Cork,
Nov. 14th, 1878.

Dear Sir,—I have been acting Chaplain in the Lock Hospital in Cork since it was opened under *the Contagious Diseases Acts*. I have also been Chaplain of the Cork Workhouse for nearly twenty years. I have over three thousand Church Protestants in my Parish, of which I have been Rector for nearly twenty-one years. You may judge that my experience as a parish clerymen must be considerable. I look upon *the Contagious Diseases Acts* as one of the greatest blessings *socially* and *morally* (and so far, at all events, as poor little children are concerned, *physically*) that as ever been conferred upon this country.

You may make any use you please of this letter.

Yours faithfully,

Fred. W. Lowndes, Esq. George Webster, D.D.

VACCINATION AND RE-VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In answer to your correspodent, "Ivory Point," I should say that to use matter from a re-vaccination was certainly not sound practice. Of course, if the previous vaccination has not been successful, and if the vesicle be well formed, there can be no harm in using the lymph from it. But as by the term "re-vaccination" is usually meant vaccinating a person in whom the operation has been previously successfully performed, it would in such a case be decidedly wrong to use the lymph that had resulted from the second vaccination. For, in the first place, most persons who are re-vaccinated are grown-up, or at least have attained to an age at which it may be presumed that they have suffered from some disease or other, or at all events, there is a possibility of their not being in such a perfect state of health as a healthy infant born of healthy parents would be. Then, again, there is the risk of the cow-pox induced by a re-vaccination, being so modified as to render it undesirable to use the lymph contained in its vesicles, or even to render the operation altogether abortive. Nevertheless, the matter from a re-vaccination is not *necessarily* "spurious," for if in a person who has not been vaccinated for many years, the repetition of the operation has proved quite successful with the production of well-formed vesicles, and if, moreover, that person is suffering from no blood disease or constitutional taint, there can be no doubt that another individual might be both successfully and harmlessly vaccinated from him. Still, we cannot always make sure of these conditions, and therefore it is best to keep to the usual practice, and only to take lymph, or to vaccinate, from young healthy infants.

I am, Sir, yours, &c.,

University of London.—The following candidates have passed the recent M.D. Examination :—

Ashby, H. (Gold Medal), Guy's.	Hellier, J. B., Leeds, & Univ. Coll.
Horrocks, Peter, Guy's Hospital.	Morley, T S., Guy's Hospital.
Pope, H. C., B.S., Liverpool & Univ. Coll.	Symonds, C.J., B.S., Guy's Hosp.

LOGIC AND PSYCHOLOGY ONLY.

Boddy, H. W., Man. Sch. Med.	Gristock, W , Univ. Coll.
Hobson, L. J., B.S., Univ. Coll.	Jones, A. H., Guy's Hospital.
Paget, W. S., L'pool & Univ. Coll.	Raine, G. R., Guy's Hospital.
Stevenson, L. H., Guy's Hospital.	Tirard, N. I. C., King's College.

The following passed the B.S. Examination :

FIRST DIVISION.

Blake, W. H. Univ. Coll.	Miller, R. S., Univ. Coll.

SECOND DIVISION.

Benham, F. L., Univ. Coll.	Gadsby, J. T., Univ. Coll.
Silcock, A. Q., Univ. Coll.	Smith, K R., Univ. Coll.

B.S. EXAMINATION FOR HONOURS.

SECOND CLASS.

Benham, F. L., Univ. Coll.	Blake, W. H., Univ. Coll.
Gadsby, J. T., Univ. Coll.	Miller, R. S., Univ. Coll.

NOTICES TO CORRESPONDENTS.

JUST QUALIFIED.—*The* [Official] *Register* is usually published in February. You will be entitled to a copy on payment of registration fees.

SURGEON-MAJOR G.—Your enclosure has been forwarded to the address of the gentleman named.

F.R.C.S.—We shall continue the lectures of Prof. Charcot each week during the next two or three months until the end of the series. Most of them will be illustrated. Thanks for your appreciative letter.

COATED PILLS.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Observing your note on "Coated Pills," page 441 of your issue of 27th ult., in which the pills of Messrs. W. R. Warner & Co. are mentioned, it occurs to us that some of your readers might be interested to learn that a Bronze Medal has been awarded at the Paris Exposition for these products. This award makes the fifth gained by Messrs. Warner in six years.

We are, yours obediently,
F. NEWBERY & SONS,
Agents for the United Kingdom.

Newgate Street, London.

J. B. D.—Our correspondent will find full information on the subject to which he refers in this and the following week's issue.

MEDICUS is thanked for his communication, which, however, we are obliged to respectfully decline, on account of the subject being one that is not quite suited to our columns.

QUERY.—We have not heard that any other journal has taken the place of the one you refer to.

TYN.—Our correspondent will find the works of Foster and Kirkes "On Physiology," and of Roberts "On Medicine," most suitable for his purpose.

I. C. C.'s communication will be published in our next issue.

MORBOSUS.—We are not in the habit of prescribing in this column; and the symptoms you complain of might be very satisfactorily dealt with by any duly-qualified practitioner.

MR. J. N. LOCKYER'S "Preliminary Note on the Compound Nature of the Chemical Elements," which was announced for reading before the Royal Society on Thursday last, has been postponed until to-morrow (Thursday) evening.

HUNTERIAN SOCIETY.—This evening (Wednesday) at 7½ o'clock, Council Meeting.—8 o'clock, Dr. Sutton will bring forward a "Case of Hæmatinuria," and "Cases illustrative of Disease resulting from an Overworked Brain."—Mr. Rivington will show a "Case of Excision of the Wrist."

ROYAL MICROSCOPICAL SOCIETY.—This (Wednesday) evening, at 8 o'clock, Dr. C. T. Hueson, "On Occistes Sphagni (a new species) and other Rotifers."—Mr. F. H. Ward, "On a New Microscope without a Slit."—Mr. Frank Crisp, "On Hoffman's New Camera Lucida."

CLINICAL SOCIETY OF LONDON.—On Friday 13th, at 8½ p.m., the following communications will be made:—"On Mr. Hutchinson's two Cases of Popliteal Aneurism treated by Esmarch's Bandage," by Dr. Whipham. "On Perforation of Appendix Cæci," by Dr. Cayley and Mr. Lawson. "On Intestinal Obstruction—Gastro-Enterotomy—Recovery." "Case of Sclerodema" (living specimen) by Dr. Crocker.

COMMUNICATIONS, Enclosures, &c., have been received from—Dr. Carpenter, University of London. Dr. Dobell, London. Dr. Lowndes, Liverpool. Dr. Ellis, Coimbra, Portugal. Mr. Howard Marsh, London. Mr. Cotterell, University College. Mr. Douglas Hemming, Bournemouth. Mr. Spencer Watson, London. Dr. B. W. Richardson, Dublin. Dr. L. S. Forbes Winslow, London. Dr. Jones, Cork. Mr. Maunder, London. Dr. Edith Pechey, Sheffield. Dr. Halton, Barnsley. Dr. Griffith, Pimlico. Dr. Dolan, Halifax. Mr. Tillotson, Bolton. Dr. Timms, London. Dr. Kirby, London. Dr. MacGill, Littleborough. Dr. Addison, Colchester. Dr. Parsons, Ambleside. Dr. E. Adams, Liverpool. Dr. Popham, Market Drayton. Dr. Phelan, Rocky Terry. Dr. Kidd, Norwich. Dr. Mullane, Bury St. Edmunds. Dr. J. Williams, London. Dr. Leet, Liverpool. Dr. W. J. Cox, Chipping Sodbury. Prof. Tichborne, Dublin. Dr. Cosgrave, Wigan. Dr. Fixott, Jersey. Mr. E. Hernstead, Wellingborough. Dr. Perkins, Exeter. Dr. Fleming, Durham. Dr. Burke, Liverpool. Dr. Little, Liverpool. Dr. Pritchard, Conway. Dr. Lawrence, Darlington. Dr. Johnson, Durham. Dr. Brannigan, Liverpool. Dr. Davies, Carnarvon. Dr. Browne, Liverpool. Dr. Nowell, Leeds. Dr. Kelbridge, Bradford. Dr. Martin, York. Dr. McCarthy, Cheadle. Dr. O'Grady, Manchester. Dr. Henry, Rochdale. Dr. Gould, Halesowen. The Registrar-General. Dr. Webster, Cork. Dr. Maddigan. Drumcollogher. Dr. Leeper, Loughgall. Dr. Hegarty, Clonbur. Dr. Finny, Dublin. Dr. Leary, Castlederry. Mr. Holthouse, Cork. Dr. Leader, Millstreet. Dr. Kinchela, Kilkenny. Dr. Hatchell, Maryborough. Dr. Hayden, Dublin. Dr. Hayes, Dublin. Dr. Owen, Blessington. Dr. Hanan, Tallow. Dr. Irwin, Scotstown. Dr. Irwin, Manorcunningham. Dr. Cullen, Thurles. Dr. Harold, Castleisland. Dr. Hemphill, Clonmel. Dr. Johnson, Kilkenny. Dr. Knipe, Finglass. Dr. Henry, Stewartstown. Dr. Johnson, Westport. Dr. Murray, Belfast. Dr. Hepburn, Dublin. Dr. Ormsby, Dublin. Dr. Walters, Carberry. Dr. Donovan, Kilfinane. Dr. Thompson, Johnstown. Dr. Atthill, Dublin, &c., &c.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Localisation of Cerebral Disease. By D. Ferrier, M.D., F.R.S. London: Smith, Elder, & Co.

On Certain Points connected with Diabetes. By F. W. Pavy, M.D. London: J. & A. Churchill.

Les Tumeurs Adenoides du Pharynx Nasal. Par le Dr. B. Lœwenberg. Paris: Delahaye. London: Baillière.

The Diseases of Women. By A Physician. London: Cassell, Petter, & Galpin.

A Handbook of Nursing for the Home and the Hospital. By C. J. Wood. London: Cassell, Petter, & Galpin.

Transactions of the Pathological Society of London. Vol. XXIX.

Total Abstinence. By B. W. Richardson, M.D., F.R.S. London: Macmillan & Co.

VACANCIES.

Ballycastle Union, Cushendale Dispensary.—Medical Officer. Salary, £120. Election, Dec. 27.

Caistor Union.—Medical Officer for No. 1 District; also for the Workhouse. Salary attached to the former, £45; the latter, £80, both exclusive of fees. Applications by Dec. 13 to the Clerk, Union Offices, Caistor, Lincolnshire.

Celbridge Union, Kilcock Dispensary.—Medical Officer. Salary, £115, with fees. Election Dec. 13.

Dingle Union Workhouse and Dispensary.—Apothecary or Pharmaceutical Chemist. Salary, £70. Election, Dec. 19.

Fulham Union, Middlesex.—Medical Officer for the Workhouse. Salary, 100 guineas, exclusive of fees. Applications to the Clerk of the Guardians before Dec. 12.

Great Yarmouth.—Parish Medical Officer. Salary £80, with fees extra. Applications to the Clerk, Board Room, Great Yarmouth, before Dec. 12.

Gloucester County Asylum.—Assistant Medical Officer. Salary, £100, with board. Applications on or before Dec. 12 to the Medical Superintendent, Gloucester.

Limerick Union Workhouse.—A Resident Apothecary or Pharmaceutical Chemist. Salary, £100, with apartments. Election, Dec. 18. (See Advt.)

Royal College of Surgeons, Ireland.—Professor of Dental Surgery. Election, Jan. 16. (See Advt.)

Royston Union.—Medical Officer of Health. Salary, £100. Applications not later than Dec. 17 to the Clerk of the Union, Royston, Herts.

University of Edinburgh.—Additional Examiners in the Departments of Botany and Medical Jurisprudence. Full particulars on application to the Secretary to Council.

York Dispensary.—Resident Medical Officer to visit patients at their homes. Salary, £130. Applications, &c., to S. W. North, 81 Micklegate, York.

Births.

KEMPE.—Nov. 30, at 101 Ladbroke Grove Road, Kensington, the wife of C. P. Kempe, M.D., of a son.

STONEY.—Dec. 3, at Abbeyleix, Queen's County, the wife of Hugh B Stoney, M.B., of a daughter.

WADDY.—Nov. 30, at Wexford, the wife of John P. Waddy, L.R.C.S.I. of a son.

Marriage.

HAMILTON—ATKINSON.—Nov. 28, at Drumcree Church, Portadown, Thos. Kinley Hamilton, M.B., L.R.C.S.I., Tanderagee, to Richenda Johnston, second daughter of Ed. D. Atkinson, Esq., Tanderagee.

Deaths.

COOPER.—Dec. 6, at Acton, Elizabeth, wife of Hy. Cooper, M.R.C.S., of Moor Street, Soho, and Acton.

COWARD.—Dec. 2, at Stepney Square, London, Thomas C. Coward, M.R.C.S., aged 69.

HADDEN.—Dec. 2, at Wexford, John H. Hadden, L.A.H., aged 36.

HAYES.—Nov. 29, at Ballyglanders, co. Limerick, Dr. Thomas Edward Hayes.

LITTLETON.—Dec. 2, at Plymouth, Thomas Littleton, M.B., aged 54.

MARTIN.—Nov. 16, at Cambuslang, Glasgow, James Alex. Martin, M.D., aged 43.

MURGATROYD.—Nov. 25, at Shipley, Yorkshire, Thomas Murgatroyd, M.R.C.S.E., aged 39.

MUSHET.—Nov. 28, at Haverstock Hill, N.W., J. G. Mushet, M.R.C.S.

SILKE.—Nov 28, at Nether-Stowey, Somersetshire, Wm. Murray Silke, M.R.C.S.E., aged 63.

STANING.—Nov. 26, at Queen's Road, Portsea, Rich. Staning, M.R.C.S., aged 63.

SWEETING.—Nov. 28, at Bournemouth, Thomas Sweeting, M.D., of Basingstoke, aged 44.

WEST.—Nov. 29, at Lower Pembroke Street, Dublin, Surgeon-Major West, A.M.D., aged 47

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 18, 1878.

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A COURSE OF

Clinical Lectures

ON THE

PATHOLOGICAL ANATOMY OF THE LUNGS.

By Professor CHARCOT,

Physician to the Salpêtrière Hospital, Paris; Member of the Academy of Medicine of France; Fellow of the Clinical Society of London, &c.

(*Continued from page* 469.)

III. Structure of the Bronchi and Respiratory Cavities.—Pulmonary Epithelium.

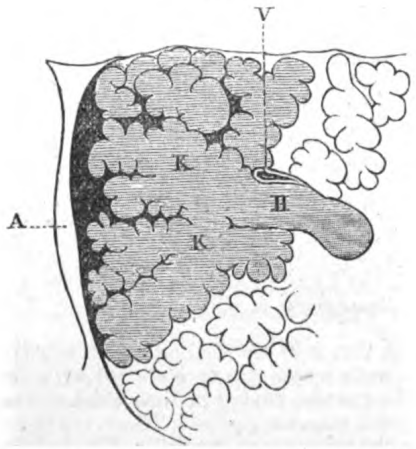
In our last lecture I endeavoured to point out to you the general disposition or, so to speak, the architecture of the terminal respiratory canals which constitute the ultimate element of the lobular arrangement of the lung, in other words the acinus. (Fig. 2.)

I shall shortly have occasion to show you the important applications which may be made of the ideas we have acquired on this point in the interpretation of pathological phenomena. But before coming to that, we must study carefully all the details of construction of the fundamental parts of the pulmonary organ. We at present know only the general form and plan of these parts, now we must study minutely the materials which enter into their constitution, either individually, or in respect to their mutual arrangement.

I. Summarily, it may be stated that the walls of the *respiratory canaliculi* properly so-called (alveolar canals, infundibula, pulmonary alveoli), are constructed on the same plan, and with the same materials as the walls of the bronchial canals, of which they are the prolongation, and ultimate expansion.

A. I showed you in the last lecture a diagram representing the whole of the aerial channels from bronchi of some size, to the ultimate termination in culs-de-sac in a three months' fœtus. The unity of composition of the entire apparatus strikes the eye in preparations of the nature of those which this drawing represents. It would be difficult to establish, in respect to texture, a distinct line of demarcation between the different parts which

Fig. 2.



A pulmonary acinus. Original preparation: injected with wax: from a new-born child.

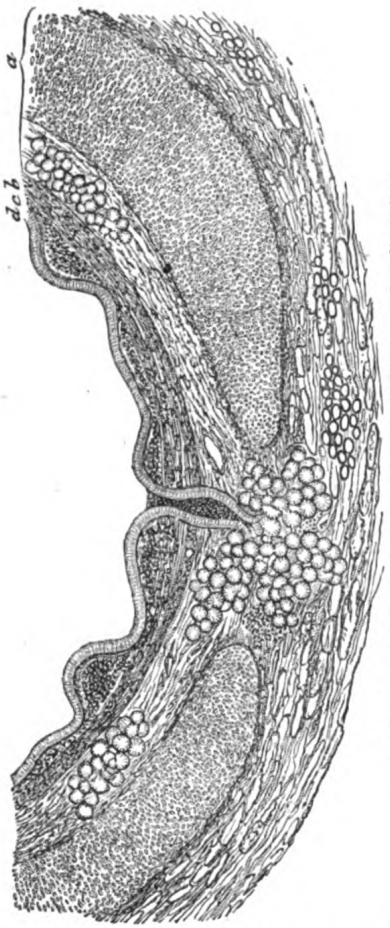
H. Bronchiole. V. Branch of pulmonary artery. K K. Alveolar canals. A. Inter-lobular space.

constitute it. Channels appear dug out in the embryonic connective tissue without distinct walls, continuous one with another, by an insensible transition and invested through their whole extent with epithelium of the cylindrical type. Composed, in considerable bronchi, of cells whose vertical diameter much exceeds the transverse diameter, this epithelium tends to become progressively flattened as the diameter of the aerial channels narrows, but the cylindrical form is still well marked in the cells which line the extremities of the culs-de-sac. In the child, and still more in the adult, things are not quite so

simple. Here also the analogy of composition between the bronchial and the respiratory canals is easily demonstrated; nevertheless, there are distinct differences. This naturally leads us to establish with respect to their intimate structure a parallel between these two distinct parts of the pulmonary apparatus: light will arise from the contrast.

B. Putting aside for the moment the upper part of the aerial tract (larynx, trachea, and primary divisions of the bronchi), we shall consider only the intra-pulmonary bronchial tubes. Now, amongst these it is convenient for our purpose to distinguish those whose diameter exceeds a millimetre from those whose calibre is less than that. (Fig. 3.)

FIG.



Part of a section of a bronchus 6 millimetres in diameter.
a. External fibrous layer.
b. Muscular layer.
c. Internal fibrous layer, with the fundamental hyalin membrane. *d.* Epithelial layer. (After Schulze)

The first, that is to say the bronchi of relatively large size, have walls whose structure accords with that of the walls of the trachea, having in their thickness cartilaginous plates and mucous glands. These are the principal details in the structure of the wall. For the sake of simplicity in our description, we shall leave out the blood vessels and lymphatics, which will be specially considered later on.

A section made perpendicularly to the axis of a bronchus of this kind properly prepared and hardened, shows us: 1. For three-fourths or less the wall consists of a coat called the *external* or *adventitious fibrous coat*, which is principally formed of dense fibrous tissues, disposed in fasciculi, some longitudinal, others transverse. In its thickness are seen numerous *elastic fibres* grouped in bundles whose direction is longitudinal: it is in this coat also that there are found cartilaginous plates (*a* fig. 3), as well as mucous glands. 2. Further inwards is found the muscular coat, composed of smooth fibres arranged in circular bundles (*b* fig. 3). In man the thickness of this layer in a bronchus of four millimetres is 0·1 millimetre, and in a bronchus of two millimetres it is 0·05 millimetre.

This layer from a pathological point of view is incontestibly interesting. The embryonic transformation of the layer first described, and the concomitant destruction of the cartilaginous nuclei which it possesses play, according to recent observations, a considerable part in the pathogenesis of certain bronchial dilatations. If one may believe the researches of M. Trojanowski, confirmed by some observations of my own, the same would apply to atrophy of the muscular coat. Besides, you are aware of the importance accorded to the fibres of Reissessen in some theories of spasmodic bronchitis. These theories were somewhat shaken when M. Wintrich verified the value of the experiments of Williams; according to which irritation of the pneumogastric had the effect of producing a contraction of the bronchial canals sufficient to expel a certain quantity of air. But, latterly, M. Bert has repeated the experiments of Williams, and thanks to the rigorous exactitude of the graphic processes which he has employed, he has been able to confirm the experimental results.

3. Still further inwards we meet with the *internal fibrous layer*, as M. Schulze calls it, which may be regarded as corresponding to the dermis of the bronchial mucous membrane (*c* fig. 3). On the side of the bronchial cavity it is bounded by a wavy line. The projections of the waves correspond to longitudinal folds visible to the naked eye on the internal surface of the bronchial tubes when slightly distended. The stroma of this coat is composed of loose cellular tissue which, where it is in contact with epithelium is thickened into an anti-cystic membrane (*fundamental membrane*). Some elastic fibres grouped in long bundles may be observed in the thickness of the longitudinal folds.

4. The last layer which we have to study is remarkable in that it is composed almost entirely of cylindrical epithelial cells with vibratile cilia (*d* fig. 3). This coat is formed of a single layer of large cells, whose filiform extremities touch the fundamental membranes; but the intervals which these extremities leave between them are filled with round or polygonal cells without cilia. In all probability these are young cells destined to replace the adult cells as they are lost. Besides the cells with vibratile cilia we ascertain, here and there, the existence of cylindrical cells which have been described by Schultze. These are the caliciform or mucous cells, as they are also called. They consist of a cavity with a capsule, opening by a rounded orifice which allows the mucus they secrete to escape from time to time. In fact, they are now considered as true uni-cellular mucous glands. It should be noticed that the cylindrical epithelium is continued on to the excretory duct of the mucous glands, but at this point it is flattened, becomes cubical, and loses its vibratile cilia. I shall not insist on the function attributed to the vibratile cilia. I shall content myself with saying that this function consists especially in directing the products of the bronchial secretion towards the laryngeal orifice, and preventing the penetration into the deep breath passages of pulverulent foreign bodies suspended in the atmosphere. We shall soon see that the barrier which they oppose to the entrance of these foreign bodies is far from being impassable. It is useful to remark, in passing, that this coat, apparently so delicate in structure, resists energetically causes of destruction which may attack it. For instance, in experimental irritations of the bronchial mucous membrane by ammonia (five or six drops of a nine per cent. solution), M. Ærtel (*a*) has seen, and we have also observed the cylindrical ciliated cells, though more or less altered in character, still form a distinct layer between the fundamental membrane and the false membrane, which is deposited in such circumstances on the mucous membrane. This persistence of the layer of cylindrical epithelium is also seen, according to obser-

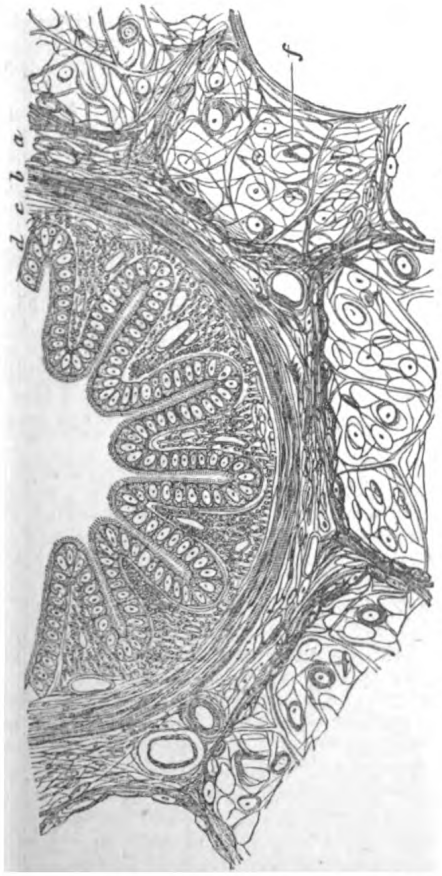
(*a*) *Deut. Ar.*, 1874, p. 203.

vations which I have recently made, in many cases of bronchial diphtheria.

III. After the details upon which we have just entered, it will be easy for us to show, in a few words, the modifications of texture presented by the walls of bronchial canals whose dimensions are less than one millimetre.

1. These modifications are principally noticed in the external fibrous coat. In the first place this membrane becomes relatively very thin, thus in a bronchus of 0·4 millimetre in diameter it is only 0·02 m. (*a* fig. 4). Besides, and this is an important point, the cartilaginous plates and mucous glands are absent. You must not then expect to find these anatomical elements in the walls of the intralobular bronchi whose diameter, as you are aware, is less than one millimetre.

Fig. 4.



Part of a section of a bronchus of 0·4 mill. in diameter. (Fig.)
a. External layer. *b*. Muscular layer. *c*. Internal fibrous layer.
d. Epithelium. *f*. A neighbouring alveolus. (After Schulze.)

2. The muscular layer (*b* fig. 4) is here still well marked, but it is not continuous, and forms a series of small sphincters on the terminal bronchioles. According to Rindfleisch, one of these little sphincters, which sometimes is much hypertrophied in the alteration of the lung known as brown induration, marks the point where the terminal bronchiole opens into the alveolar canals.

3. The *internal*, or *mucous layer* (*c* fig. 4) preserves at first its folded and wavy appearance; then it tends to become smooth, and while retaining these characteristics it is thinned in the terminal bronchioles.

4. With respect to the cells which constitute the epithelial investment, they maintain their character as far as the terminal bronchioles (*d* fig. 4). At this point they become of a cuboid form, and ultimately at the point of entry of the bronchioles into the alveolar canals they become squamous (fig. 5), at the same time losing their cilia.

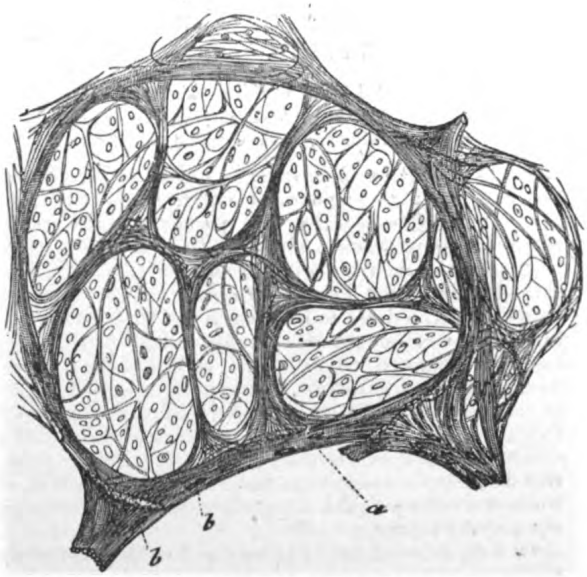
The preceding details put us in a position to study with advantage the structure of the walls of the *respiratory canaliculi*. They will offer us the same materials as those of the bronchial walls, modified in form and relative number, and also in their mode of action. A single example will suffice, showing the importance of the modifications in the configuration of the elements; the epithelial lining of the bronchial walls at the spot where it is

Fig. 5.

From Kölliker's "Traite d'Histologie," 2nd ed., fig. 354.

continued on to the alveolar walls becomes so unrecognisable, on account of the flattening of the cells, that its very existence has long been denied, and strongly contested. Let us consider first the "scaffolding," or, if you like it better, the coarse work (*gros-œuvre*) of the alveolar canals. This is composed of (1st) tracts of connective tissue which represent, according to Kölliker, both the external and internal fibrous coat; (2nd) of bundles of elastic fibres, which are here of great importance; (3rd) of muscular fibres whose function, on the contrary, is effaced. The connective wall, properly so called, consists of a very tense hyaline transparent membrane easily recognisable at the base of the alveoli, and presenting here and there oval nuclei (Schultze) not surrounded by granulations. This membrane, delicate as it is in the normal state, does not the less acquire in a pathological condition considerable thickness, when it becomes the point of origin of an embryonic formation. This is observed in sub-acute or simple chronic broncho-pneumonia — one of the forms of cirrhosis of the lung—or in chronic broncho-pneumonia of a tuberculous nature (fig. 6).

Fig. 6.



Section of a lateral infundibulum, lung of an adult man.
a Orifice of an infundibulum. *b b* Nuclei of the muscular fibres.

The elastic fibres constitute by their presence one of the most salient anatomical characteristics of the respiratory canaliculi when examined by the microscope. They are abundant, especially in the principal alveolar canals. There they form thick circular bundles at the orifice of the canals on the side of the terminal bronchus—at the orifice of the lateral or terminal infundibula—there are also seen rings of elastic fibres less thick than the preceding at the orifice of each of the alveoli which enter into the composition of either the alveolar canals or of the infundibula. This disposition is very evident in Fig. 6, borrowed from Schulze's memoir. This figure shows the orifice of a lateral infundibulum, that is to say, placed in the course

of an alveolar canal. The eye penetrates across this orifice into the cavity of the alveoli which compose the infundibulum. The annular trabeculæ to which the infundibular orifice is indebted for its solidity and resistance is very thick; the thickness of the secondary trabeculæ, which form a ring around the orifice of each of the alveoli, is much less. From these principal trabeculæ arise delicate elastic fibres which ramify in the thickness of the connective coat which constitutes the alveolar wall, where these fibres appear as a network, in the meshes of which are seen the oval nuclei of the connective tissue. The alterations which these elastic fibres may undergo have been as yet but little studied. Nevertheless, M. Cornil has shown that they sometimes exhibit clear fractures, which divide them into a great number of fragments of variable length. As I have said, unstriped muscular fibres exist only in small proportion in the walls of the respiratory canaliculi. Their existence, long contested, has been placed beyond doubt by the works of Colberg, Schultze, and Rindfleisch. They are always met with isolated, never forming bundles of any thickness, at least, in the physiological condition. In a general way they may be seen at all points where large trabeculæ of elastic fibres are found, and they interlace with these fibres. According to Rindfleisch, they are hypertrophied and multiplied in brown induration of the lung. They become then easily recognisable at the points which mark the separation of the alveolar canals of the infundibuli, and also of each alveolus.

(To be continued.)

Original Communications.

THE APPRECIATION OF RIGID JACKETS IN THE TREATMENT OF ANGULAR CURVATURE OF THE SPINE.

By EDMUND OWEN, F.R.C.S.,
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WHENEVER a surgical invention of recent origin, or a new method of treating a disease of frequent occurrence, is brought systematically and prominently before the notice of the profession, although its claims to practical utility may be soon investigated and appraised, still a considerable time must necessarily elapse ere its therapeutic value can settle down to its definite and proper level. For instance it was thought with the introduction of Dieulafoy's aspirator great and various would be the changes effected in the treatment of disease. Some surgeons, indeed, going so far as to affirm that strangulated herniæ would be found to yield so frequently to aspiration that a cutting-operation would, in time, be rarely demanded. But, gradually, this valuable instrument has taken up its proper place, and perhaps a little surgical disappointment has accompanied the settling process.

Of late, so much has been said and written concerning the treatment of angular curvature of the spine by the application of rigid jackets, that our Secretaries have thought that it might be well to obtain this evening a somewhat general expression of the opinion in which the method is held by many of those who have practised it. Probably, each practitioner has followed to a great extent his own course, and arriving at his conclusions, if his results have been favourable, may have published them, thus adding to the reputation of the method. But if the results have been unfavourable they are not brought to the light. To-night, however, there will be an opportunity for adverse criticism and unfavourable reports, for I trust that the few remarks which I am about to make will be followed by a free discussion, in which, not only expressions favourable to the method under inquiry will find vent, but in which also its possible failings, fallacies, or faults may be shown up.

I would, however, suggest that the discussion be entirely limited to the treatment of antero-posterior curvature of the spine the result of caries—not of rickets. It may be noticed that the words "rigid jackets" have been used, so that we may have the opportunity of hearing about the value of the poro-plastic felting, and of allied materials in the use of which experience has been recently obtained. It will be well also that we hear of modifications of, or departures from, the method formulated by Dr. Sayre, for it is to him undoubtedly that belongs the merit of having introduced into this country the way of treating angular curvature of the spine by immovable and rigid jackets.

Thanks to him, we now have an apparatus which is both light and inexpensive, and which, when once applied, need not be touched for three or four months. Truly this is a vast improvement upon the old-fashioned spinal support—an apparatus as heavy as it was expensive. So expensive, indeed, were the screws and the screwings, that the mechanical support was far beyond the reach of those who suffered most from Potts' disease—the children of the poor. Moreover, the constant alteration of the screws must necessarily have disturbed the diseased segment of the column. Now, by the use of the rigid jacket, the carious vertebræ are kept in a state of "absolute, continuous, and uninterrupted rest," and are thus treated on the same principles which guide us in dealing with an inflamed hip-joint or a carious tarsus.

Having said this much for the principles of Sayre's method, I firmly believe that I have awarded it its due amount of commendation: it has enabled us to fix and support the diseased spine in an immovable splint, and to expect almost as favourable a result as if we were occupying ourselves with a similar condition of one of the extremities. The wonder is, that this magnificent idea had never before presented itself to the mind of the practical surgeon.

During his stay amongst us Dr. Sayre, by means of demonstrations, replete with energy and vigour, secured a considerable number of ardent disciples, some of whom have, if I may be allowed the expresion, *out-said Sayre* in their unbounded admiration of his simple and attractive process. But after a time symptoms of the supervention of a period of reaction were not wanting, probably on account of the high temperature of the accepted theory having been occasionally reduced by the depressing chills of practical disappointment.

It may not be amiss here to record the first estimate of the value of the plaster of paris treatment, which Sayre gives in his book on "Spinal Disease," so I quote from the preface: "This method," says he, "has at least one certain advantage, the patient so treated is able from the beginning to the end of the course, to remain under the sole care of him who is best fitted to apply remedial means—namely, the properly educated and general practitioner."

These deliberate words calmly express one of the most valuable attributes of the method—the country doctor can treat with every prospect of success his own patient in his own village. He is no longer compelled to send him jolting by rail or cart to the specialist, or to the special institution, of a near or distant town. Nor, if the *rationale* of Sayre's instructions be carried out, is the aid of a specialist, or of a member of that somewhat anomalous class of practitioners who call themselves "surgical mechanicians," ever required.

Further on (page 8), Sayre writes, "The great object in the treatment of Potts' disease is to maintain *rest of the affected parts* (the italics are his own), by such means as will not debar the patient from the benefits of fresh air, sunlight, and change of scene."

The spirit of these two quotations may be given in two words, "simplicity" and "rest."

So Sayre has pointed out the *advantage* and the *great object* of this method of treatment without mentioning a word about straightening out the carious angle. For my own part, I think it would have been well if he had rested satisfied with so thoroughly sound an explanation of the principles involved. But further on he tells us a great

deal about stretching the spine weakened from caries, and so diminishing the angular projection. All this I take as highly problematical, and I think that the unnecessary bringing in of such a theory must have had the effect of hindering somewhat an even more general adoption of his otherwise excellent practice.

A considerable experience with the plaster of paris treatment of caries of the spine obtained at the Hospital for Sick Children and elsewhere, has caused me to occupy *this* position as regards Sayre's teaching. I reject his theory concerning the straightening of the angle, whilst I place implicit faith in the working of his method with slight modifications.

Certain practical surgeons, whose mature judgment demands the utmost respect for their opinions, hold that if the spine really becomes straightened at the diseased area on suspending the patient, serious harm, if not grave risk is run, and that the breach in front of the vertebral column being increased, Nature is impeded in her attempt at effecting a cure.

It is clear that if the spine is weakened at the diseased spot it is quite possible for a surgeon to fracture it (we know that the bone-setters have accomplished such a feat), and I confess that the idea of hanging by the arms and head the terrified little subject of cervical caries is, to say the least, unpleasant. And I would like, with the utmost delicacy, to ask if anyone has yet heard of a sudden attack of paraplegia, or of an even more grave result, occurring on the suspension of such a patient?

For some time past I have entirely given up suspending patients in the application of the plaster jacket, with the result of finding the process shorn of many of its objections but of none of its value.

I allow the child to stand in front of the fire (the mother and an assistant holding up the arms out of the way), whilst I am applying the plaster roller, and then let him lie down on his back or belly, until the material has hardened. I find no use for the pad which Sayre temporarily passes up in front of the abdomen, and which he quaintly calls the "dinner pad," and though I never place any pad over the iliac crests have I ever seen a sore occur there; but I generally place a long pad on either side of the spinous processes of the vertebræ, so that the latter can hardly chafe against the casing. If the angle is very prominent I build up a padding on either side of it of proportionate thickness.

I cannot pretend that I never get excoriated backs, but I can honestly say that such a condition presents itself with amazing infrequency. Though one need not attach any great importance to the excoriation, still, I think, he would hardly dare to regard it in the light of a therapeutic agent, notwithstanding that our forefathers placed great faith in moxas and issues in the treatment of spinal caries. But the accidental condition necessitates the temporary removal of the casing, and this is a disadvantage.

I have no experience with the use of jackets made of patent material, but I am quite prepared to hear shortly that chief among their virtues is the fact that their pressure is so general and gentle that they cannot gall or chafe. This is, no doubt, a matter of considerable moment, but we must place against it the fact that the patent splinting is considerably dearer than the plaster of paris jacket, whilst it requires the services of one specially skilled in its manipulation to apply it.

I am of opinion that the true value of rigid jackets in the treatment of angular curvature of the spine results from thus protecting and splinting up the child during the sudden or rough changes of position to which it would be otherwise exposed. And also by shoring-up the front of the abdomen and chest, obviating the necessity of the patient bending forwards in search of the support to be derived from resting his arms or chin upon the table, or from planting his hands above his knees when he attempts to stand erect. When the front of the trunk is thus splinted up, the back need not, cannot go on bending. But in a case of caries without a rigid support extending from the pelvis to the armpits, the antero-posterior bending ust increase, until support has been found by them locking of the ribs, or by some other means, unless paraplegia and gradual exhaustion end the scene.

As soon as the rigid jacket is applied, so much immobility and support have been imparted to the spine that the child can often stand upright or walk without assistance, and the cure at once commences. And when, at the end of some months, it may be, the casing is removed, the back is stronger and less tender, and the angle, perchance, diminished. Whilst the jacket is being worn the probability of the deformity increasing is small, indeed.

This, I apprehend, is all that the rigid jackets can ever accomplish; and this, I venture to affirm, can be insured as well without the suspension of the patient as with it. Further, it is my deliberate opinion that, any attempt at straightening the carious angle is as undesirable as its attainment is doubtful.

In conclusion, I trust that in these few remarks, which I feel to be unworthy of opening a discussion upon a method of treatment of so great merit and importance, I shall not be considered as having treated Dr. Sayre's views with unfair criticism. Doubtless, he has followers here by whom I shall be shortly taken to task for want of faith, or of power of appreciation. But I can assure you, Mr. President, and those gentlemen, that no one in this room has more respect for Dr. Sayre's work than I have, nor is there a more thorough believer in its therapeutic value. I hold that thorough scepticism concerning his theory need not preclude a sincere belief in the value of his work.

THE OTOLOGY OF THE LAST TEN YEARS.

By Dr. GUERDER,
of Longwy.

Translated from the *Annales des Maladies de l'Oreille, du Larynx et des Organes connexes*,

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(*Continued from page* 430.)

II.—PHYSIOLOGICAL CONSIDERATIONS.

POLITZER (*a*) first applied the manometer to the study of the functions of the ear. He ascertained in some cases oscillations of the membrana tympani, coincident with the respiratory movements. Schwartz and Lucæ (*b*) observed the same movements in pathological cases; but the latter, repeating the experiments of Politzer, arrived at a conclusion entirely opposed to the theory which Politzer had put forth respecting the Eustachian tube—namely, that this canal is always open, and gives free passage to the ear, even during the respiratory act: a fact demonstrated by the movements of the fluid in a manometer introduced into the external auditory meatus.

The oscillations of the membrana tympani were shown in the manometer by the displacement of the fluid from a-half to one-and-a-half millimetres, but they were never produced when a pharyngeal catarrh existed, although the Valsalvan experiment showed in these cases permeability of the tube. With regard to the direction of these oscillations, they may be divided into two classes. In the great majority of the cases (two-thirds) there was a positive oscillation in the manometer (projection of the membrane) with inspiration, and a negative oscillation (retraction of the membrane) with expiration. In the second class, the oscillations were in an inverse direction. The Valsalvan experiments produced in both classes the same effects as the respiratory act. On examining the

(*a*) *Comptes rendu des Seances de l'Academie des Sciences de Berlin*, 1861.

(*b*) "Ueber die Respirations Bewegungen der Trommelfels." *Ar. der Oh*, t. 1er., p. 96. "Zur Function der Tuba Eust." *Ar. der Oh.*, s. 3, p, p. 174. "Zur Function der Tuba Eust." *Vir. Ar.*, t. 64.

pharynx of these different persons, Lucæ ascertained that in those of the first class the soft palate was strongly raised during inspiration, and lowered during expiration. Whilst in those of the second class the soft palate moved not at all, or, but very feebly and irregularly. It would result from these experiments that it is the action of the soft palate which regulates the direction of the oscillations. These experiments seem conclusive ; but Politzer, who also experimented, considers Lucæ's opinion erroneous. We have also made experiments with a manometer of special construction, which greatly magnifies the oscillations, so that they exceed a centimetre during deglutition, or Valsalvan inflation. (*a*) We have only very rarely observed the slightest respiratory oscillations. Nevertheless, it may be objected to this, with Lucæ, that the movements of the air are not sufficient to cause a displacement of the membrane during respiration ; and this also obtains in many cases in deglutition, as Politzer has before observed. It is then possible that a very feeble exchange of air is produced during the respiratory act. As we have seen, the anatomical study of the tube does not distinctly prove that it is a completely closed canal. The experiments of Lucæ, while admitting that they may be somewhat erroneous, demonstrate, at any rate, once more the important part which the muscles of the soft palate take in the interchange of air between the tympanum and the pharynx. Now, these muscles are in action during normal respiration, although with much less energy than during deglutition and phonation, and may consequently, in this case, act with this less energy on the calibre of the tube, and cause movements insensible to our perception and our means of investigation. Instead of concluding that the tube is a cause always open, Lucæ formed the opposite opinion, since his experiments show that in the least interchange of air the muscles of the soft palate come into play.

Those who work or pass their time in compressed air, experience various symptoms due to the extraction of the membrane towards the tympanum ; the act of swallowing causes these symptoms to disappear. This phenomenon does not prove that the tube is closed, but only that equilibrium of pressure is established with difficulty from the pharynx to the tympanum.

Lucæ has, besides, experimentally demonstrated that the movement of air is made much more easily from the tympanum to the pharynx than in the opposite direction, and asks whether this greater facility for the exit of air from the tympanum towards the pharynx has not a physiological reason, and a direct relation to the necessity for the exit, by the Eustachian tube, of the sonorous waves which have struck the membrane. We have seen above that Weber has put forward the same opinion.

Lucæ has endeavoured to demonstrate it by the following experiment. A calf's head divided in half is placed on a table ; very near the opening of the tube, but not touching it, is placed a funnel on a foot, the extremity of which is placed in communication with the ear of the observer by means of a tube. If, then, a tuning-fork is sounded in front of the auditory meatus of the calf, this tuning fork is distinctly heard by the observer. If an obstacle, a piece of wood for instance, be interposed between the opening of the Eustachian tube and the funnel, the sound of the tuning-fork becomes much fainter, and if the communicating tube be compressed it is not heard at all. This experiment repeated on human ears has given the same result, and it shows that part of the waves which have struck the membrane find issue by the Eustachian tube. Another proof which Lucæ brought forward afterwards, consisted in introducing into the mouth of the tube a few drops of liquid ; if, then, the patient was made to swallow, or to speak, the liquid returned into the pharynx and nasal fossæ, and did not pass towards the tympanum.

The counterpart of this experiment was made by Zaufal (*a*) on a patient who had a perforation of the membrana tympani, but in whom the tube was free. He introduced some milk into this ear, and, the head being bent much on one side, caused the patient to swallow several times, which forced the milk into the pharynx.

We have seen that the direction of the manometric oscillations varies. Lucæ has sought to explain this variation. The experiment of Toynbee for introducing air into the tympanum consists in making a swallowing movement with the nose and mouth closed. A tension is felt in the ear, which Toynbee explains as the compression of the air in the tympanum. Politzer, repeating the experiment with his manometer, observed a negative oscillation, which corresponded to a diminution of the tension of the air in the tympanum, and only disappeared on swallowing with the nose and mouth open. Afterwards Politzer modified his opinion, saying that at the commencement of the swallowing movement in Toynbee's experiment there is produced a slight compression of the air in the tympanum, soon followed by a rarefaction produced by the pharyngeal aspiration. Lucæ entirely confirms this view. The movements of the air in the tympanum undergo the same oscillation as in the pharynx. In fact in Toynbee's experiment the air is first slightly compressed in the upper half of the pharynx from the raising of the soft palate, then rarified by swallowing, which exactly corresponds to the slight positive oscillation, followed by a stronger negative one in the manometer.

III.—Rhinoscopical Researches.

Pharyngeal rhinoscopy does not give very certain results in the study of the physiological functions of the organs contained in the pharynx. This method of exploration requires on the part of the physician much practice and great skill, which he may obtain, but he cannot avoid the reaction which is produced by it in patients, nor the constraint which the presence of instruments in the pharynx causes to the normal execution of its movements. Voltoline (*b*) first conceived the happy idea of examining this cavity directly through the nasal fossæ, for studying the movements of deglutition. One may see, he says, the posterior pillars of the fauces approach the median line as if gliding in a groove, and, at the same time, the soft palate is raised above the floor of the nasal fossæ. With respect to the tube, Voltoline avers that not only is it open, but that the raising of the soft palate forces the air into the tympanum ; nevertheless, he has never examined the opening of the tube by anterior rhinoscopy.

Michel (*c*) and Zaufal (*d*) first studied this opening. They used plain specula ten centimetres long, and of a diameter at the anterior extremity of from one and a-half to two centimetres, and at the other extremity of from three to seven millimetres. By a strong illumination, principally by the sun's rays, they could see plainly the opening of the tube and the superior surface of the palate, and observe their movements during different acts. During calm respiration the opening of the tube made no projecting movements, but during forced respiration it immediately closed. The pronunciation of the sound "Ah" immediately caused a projecting movement inwards and backwards. From its inferior part projected a mucous fold, which Zaufal calls the "uniform fold," which is directed towards the superior surface of the soft palate. There is seen at the same time a movement of the whole of the visible half of the soft palate, which is raised to the same level as the palatine vault. At the same time the inferior edge of the

(*a*) This is effected by having the free arm of the manometer bent, instead of being parallel with the other, so that for the same vertical height it has a length five times as great. It results from this, that an oscillation of a millimetre in the vertical arm is transformed into an oscillation of five millimetres in the bent arm.

(*a*) *Ar. der Oh.*, vol. ii., p. 54

(*b*) *Monat. für Oh.*, 1868, No. 3., "Zur Function der Tuba."

(*c*) *Berliner Klin. Woch.*, t. 34, and *Die Krank. der Nasen.* 1875.

(*d*) *Ar. der Oh.*, t. ix.

opening projects in the form of a triangular membrane, the base of which is directed from without inwards, towards the soft palate ; whilst its point is lost in the opening of the tube.

The same phenomena are produced when the vowels, "a" and "e," are sounded, and less clearly with the vowels, "o" and "u." They are also present during deglutition, but less strongly marked. The opening of the tube presents great variety in its appearance, as is seen in the figures which accompany Zaufal's memoir, and which especially show the disposition of his folds.

(To be continued.)

Clinical Records.

MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. E. STAMER O'GRADY,
Surgeon to the Hospital.

AMONGST the patients whose cases came to a termination during the month of November, were the following :—

Tumour in Abdomen.—Difficulty of Diagnosis.—A weakly and emaciated woman, fifty years of age, was admitted for a tumour towards the lower part of the right side of the abdomen. She was the mother of eleven children, the last having been born ten years ago. About three months since the present trouble was first observed. It had undergone but little, if any, increase in size, the swelling being now about as large as a cocoa-nut, flattened on its anterior aspect, it was to a considerable extent freely movable under the hand in various directions. The spare habit of the patient greatly facilitated manual examination. A clear, well-defined space existing above, between the growth and the liver, seemed to put the question of its connection with that visens quite out of court. Examination afforded no grounds to suspect connection either with the uterus or its appendages. The diagnosis was considered to lie between impacted fæces in the cæcum and growth, probably of malignant character, springing from some portion of the gut. Purgatives, which were indicated, were freely responded to but without any local change. After a few days' stay the patient was obliged to leave the hospital for a short time. On re-admission after a fortnight, a considerable amount of ascites was found to have developed, the tumour seeming to, as it were, partially float in the fluid, slipping away on being lightly touched when palpating the abdomen, and returning again so as to give the finger an impression of *ballottament*. The fluid effusion increased rapidly ; as it did so, the indications characteristic of ascites became greatly modified, the areas of resonance being limited to the loins and a defined space laterally to the right. Change of posture but little, if at all, affected these areas. The patient, who daily became worse, repeatedly and urgently begged to have something attempted for her relief. She was tapped [two months from the period of coming under treatment, five months now since she had first observed her trouble] by means of a limited incision, steady, supporting, lateral pressure being the while maintained. After the fluid—which was entirely ascitic—was evacuated, the cut was slightly enlarged upwards so as to admit the introduction of the index (*a*) which ascertained the growth to be hepatic. The support of the fluid being removed, there was now a tendency to free weeping of blood from the peritoneal surface. The woman felt comfortable and relieved for some hours, but sinking continued progressive, and she died on the ensuing day. The urine had throughout been scant, depositing lithates freely. No sickness of stomach had occurred till the day before the tapping. At the autopsy several small coagula were found amid the intestinal coils. The tumour had undergone but little change in size since she had first applied at the hospital, but it now adhered by a broad band of attachment to the abdominal parietes, and constituted "part and parcel" of the inferior surface of the liver, in which organ were many other masses of similar malignant structure of different dimensions. Some inches of the commencement of the ascending colon were intimately adherent to the most inferior part of the tumour.

(*a*) It was intended, if the disease had proved to be one of suitable nature, to have proceeded with an operation for its removal.

Fracture of Leg becoming compound during an attack of Traumatic Delirium — Excision of the Protruded Bone—Recovery—Subsequent Death from Apoplexy.—A man, æt. 56, came under observation fifteen days after he had broken his leg. The fracture was of both bones, the lesion in the tibia being extremely oblique, traversing that bone for more than three inches, in a direction downwards and inwards. The accident was followed by a bad attack of traumatic delirium, during which the lower end of the upper fragment pierced the skin. When seen, this state of affairs had existed some days, and the bone now protruded fully an inch and a-half. This portion was removed with a bone-forceps, the integument being previously slit up a short distance. Every effort to draw down the leg or reduce the fracture had failed. Local progress was exceptionally favourable ; the wound healed rapidly, and the fracture seemed to consolidate with, of course, some inevitable shortening and riding. In due time the limb was put up in starch, and the patient allowed to get up ; he had done so for some days, when he was taken with an apoplectic seizure, and died in a few hours. The fractured tibia was alone obtained for examination ; it felt quite firm and solid, but on boiling, the osseous union proved to be only very partial at each extremity of the break, the intervening space being occupied by dense and short fibrous bands. The death occurred fifty-nine days after the accident.

Complicated Bursa in front of Wrist.—The little finger of a man, æt. 37, had been removed at the metacarpal phalangeal joint, by an able country surgeon, for persistent and troublesome ulceration. The stump would not heal entirely—a small sinus continuing to discharge matter rather freely. This communicated with a "Syme's bursæ" in front of the wrist. Patient trial enabled a catheter to be passed up the sinus into the bursæ, which was repeatedly injected through catheter with iodine liniment till the bursæ suppurated freely, when it was opened above the articular ligament, and a drainage-tube inserted traversing the sinus and bursæ. The case progressed favourably at first, the man being discharged at his own request in less than a fortnight with the parts nearly well. Since his return home, however, unsatisfactory accounts have been received about him, the bursæ being said to have developed mischief of a threatening character.

Badly Mutilated Hand—Plastic Operation.—During an "argument" a labourer, aged thirty-two, had his right hand severely injured by a scythe. The palm was cut away, and the weapon, passing up the first interosseous space, sliced off the thumb, as well as its metacarpal bone, with the corresponding superficial structures, and slightly shaved the carpus. The large wound remained long without showing any effort at repair. Under tonic and stimulant treatment matters improved, but in spite of the most careful attention to the dressings, repair was attended with such threatened contraction of the fingers as would render them useless. To try and obviate this tendency, which skin grafting failed to lessen, the index finger was denuded of its covering, and removed high up through the metacarpal bone, the integument thus obtained being turned up and carefully secured on a portion of the granulating surface. Limited sloughing followed, but the device succeeded well. Healing of the wound was eventually obtained without flexion of the fingers, the patient leaving the hospital after a stay of sixty-three days, the mutilated hand far from being an unserviceable one.

Severe lacerated wound involving Knee joint.—A boy, æt.

14, was violently struck on the outer side of right knee by a lithographic press, forcibly compressing the *inside* of the limb against some machinery framing near which he was standing. An extensive rent or split of the integuments covering the *inside* of the joint was the result, whilst the outer side of the limb at the time seemed to have escaped serious injury, but subsequently a large abscess formed here, there was much constitutional disturbance, and for a time the case wore a threatening aspect. The abscess was opened twelve days after admission, and was found to communicate with the articulation. For some days the safety of the limb was gravely compromised, but eventually the more serious symptoms subsided, when repair began to be satisfactory. The lad was able to leave the hospital fifty-two days after the accident, with a somewhat stiff joint, but otherwise recovered limb. As a precaution he was directed for a time to wear a light posterior splint, and to use a crutch.

Excision of Elbow.—The left joint was excised from a girl nine years of age, for strumous necrosis; the patient being also the subject of strumous ulcers on the thigh. There was no history of injury, and the appearance of the child was healthy. The operation was mainly subperiosteal—the single long incision being adopted. The ulnar nerve was not seen. The disease was for the most part confined to the extremity of the humerus, and the amount of bone requiring removal was limited. The limb was subsequently treated throughout on a hinged anterior splint, used at first straight, and as the case progressed, gradually flexed. The result was most successful. *Pari passu* with the repair of the operation wound the ulcers on the thigh also got well.

Complicated Double Harelip — Operation "en deux temps."—The infant when admitted was six weeks old, in bad health, with scabby head, cutaneous and gastric irritations. These conditions being relieved after a month's stay in the hospital, the local deformity, which was exceptionally aggravated in its degree, was attended to. In the first instance, a wedge-shaped bit of bone was excised submucously from the septum, immediately behind the protruded inter-maxillary mass. Three weeks later, when the parts were healed, the infant, now thirteen weeks old, had the lip operated on. The projecting bone mass was easily pressed back, so as to bring corresponding rawed surfaces on it and the maxillary bones into apposition, when the soft parts were pared in the usual way, and the cheeks freely raised from the subjacent parts. Three hare-lipneedles were used, with one catgat suture on red the border of the lip. Straps of adhesive plaster encircling the head were also applied. The hæmorrhage, unusually abundant and difficult to control, it was feared would have exercised a prejudicial influence over the progress of the case. This, however, did not occur. Union was perfect; there was no gap or deformity. Notwithstanding the most unpromising nature of the case originally, an exceptionally happy issue was obtained.

Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, 13TH DEC., 1878.

CHRISTOPHER HEATH, ESQ., in the Chair.

A communication from Sir James Paget was read, in which he stated that he had been referred by Dr. Neale and Mr. C. Hawkins to a case where fluid was discharged from one nostril in considerable quantity, resembling the case he brought forward at the last meeting of the Society, which was reported in the *Medical Times and Gazette*, of Sept. 19, 1857. Sir. B. Brodie had examined the patient, who had suffered twice from the same complaint, at an interval of fourteen years. The fluid was in large quantity, as much as two or three quarts per diem, and came only from the left nostril.

Mr. J. HUTCHINSON related the particulars of

TWO CASES OF POPLITEAL ANEURISM TREATED BY ESMARCH'S BANDAGE.

The subject of the first was a robust gentleman, æt. 26, who had never had syphilis. The tumour filled the right popliteal space, and pulsated strongly. There had been pain for three months, but the pulsation had been recognised only a month. He had been placed under Mr. Hutchinson's care by Mr. Drew. He was admitted into the London Hospital, and after three days' rest in bed, ether was given, and Esmarch's bandage applied to the entire limb. It was put on tight below the knee, very lightly over the tumour and tightly again on the thigh. The elastic strap was applied as tightly as possible in the upper third, and after a little time the bandage was removed. The tumour was left full of blood, which was completely stagnated. Ether was kept up for an hour, and at the end of that time the strap was removed and a horse-shoe tourniquet substituted. No pulsation ever returned in the tumour, but as a matter of precaution the tourniquet was retained for a few hours. The subsequent recovery was rapid and complete. The second case was less speedily successful. Its subject was a gunnery instructor from Shoeburyness, who had been treated by pressure for an aneurism in the calf two years previously. On that occasion success had been obtained by thirteen days' compression. The aneurism on the second occasion filled the popliteal space, and was as large as a large orange. It pulsated strongly. Esmarch's bandage under ether was used for one hour in exactly the same way as in the previous case, but with no benefit. The tumour beat as before. Three days later another trial was made of the same plan, but on this occasion arrangements had been made by relays of students to keep up digital pressure after removal of the constricting strap. The man was kept under ether for two hours. At the end of that time the strap was removed, and during the change of hands it became evident that pulsation was still present, but it was more easily controlled than before. Manual compression was kept up for about seven hours, at the end of which time pulsation had quite ceased. The tumour remained solid, and rapidly diminished in size, and the man left the hospital a few weeks later quite well. It was thought that in this case, although the Esmarch did not produce consolidation, yet that it conduced to the cure, and it was certain on neither occasion did it do any harm. Mr. Hutchinson stated that he had brought forward these cases, in neither of which was there anything original in the treatment in order to elicit from other surgeons statements of their experience and opinions in reference to this novel and important method. He wished to acknowledge his obligation to his colleague Mr. Waren Tay and his brother surgeons Mr. Price and Mr. Bennett, for their assistance in carrying out the details.

Mr. THOMAS SMITH, by the use of Esmarch's bandage, applied as he had seen Mr. Croft apply it at St. Thomas's Hospital, had cured two cases, and had failed with two. He had lately had to do with one so treated. In this case no chloroform was given, and the bandage was applied tightly below and above the tumour, and left in place. He considered this better than constricting the limb by the cord—a proceeding which, on the Continent, had been followed by permanent paralysis from injury to nerves. The pressure was more diffused by the bandage. In the last case, which occurred to a member of the medical profession, the bandage was alternated with pressure by a tourniquet over the artery, and the treatment lasted from 9 A.M. to 6 P.M., at which time great pain was felt in the swelling, and coagulation probably took place. Pressure was kept on for an hour and a half after this, and the result was entirely successful.

Mr. MORRANT BAKER had had an unfavourable case in a man of 40 or 50, where some blood had escaped from the aneurism, which he had treated successfully. There had been a preliminary imperfect application, but at the final attempt, the bandage having been kept on for three-quarters of an hour, followed by half an hour's compression with the finger, it was re-applied for twenty minutes, and compression again kept up for nearly two hours. No anæsthetic was employed, but no pain was complained of; and at the end of that time the aneurism was consolidated.

Mr. MAUNDER thought that there was no single certainly successful method of dealing with these cases. He had tried Dr. Reid's plan twice, both times unsuccessfully. One was cured by digital compression, and the other by ligature. In his opinion the objection to this bandage was

that it was painful, and required an anæsthetic with its attendant risk.

Mr. BARWELL agreed that no single method could be relied upon, but that the bandage was especially unsuitable in fusiform aneurisms. He had tried it in a bad case, where there was extensive arterial disease, with fusiform aneurisms in the axilla and brachial arteries; he made use of a sort of bridge to keep the bandage off the tumour, and applied it lightly above the swelling, allowing a small current of blood to pass. After an hour and a-half there was no result; it was subsequently reapplied twice, but he was obliged finally to ligature the artery, tying it gently in consequence of its diseased state; the man was well in ten days.

Mr. T. SMITH objected that this method of applying the bandage, so as to allow the current of blood to continue, was essentially different from the plan under discussion.

Mr. BARWELL added that on one occasion the flow was arrested for about one hour.

Mr. HERBERT PAGE had tried the bandage without success in a case apparently well suited for it, and in the hospital at the same time a case of Mr. Lane's was treated in the same way with a like result. The plug in the distal arteries, which had been thought to precede clotting in the aneurism, was, in his opinion, a later event, and followed its cure. He alluded to a case of Mr. Pemberton's, where this method of treatment had been followed by gangrene.

Mr. BRYANT related a case where the bandage was used for one hour, under the influence of morphia, by which time there was much consolidation; in two or three days the aneurism got worse, but the bandage under chloroform for three-quarters of an hour was followed by much improvement. It soon relapsed, and he then tied the artery; gangrene followed in a few days, which required amputation below the knee. In his opinion the bandage was responsible for the gangrene, and it constituted a serious, though perhaps not fatal, objection to its use.

Dr. MAHOMED considered the bandage was contra-indicated in cases of extensive arterial disease. He had found that when the bandage was placed on one arm the volume of the other was much increased, showing that a considerably increased distension of the rest of the vascular system resulted; where the cerebral arteries were diseased this might be dangerous, but this objection did not apply to the ligature.

Mr. GOULD alluded to two cases of aneurism treated in this way which he had examined; in both the clot in the aneurism was loose, that in the artery above and below firm and fibrous; he considered the coagulation in the aneurism was secondary, and he thought Mr. Bryant's case bore out this view; here the clot being soft was broken up by the stream, the arteries not being occluded, which led to thrombosis and gangrene beyond; this difference in the clot he attributed to the imperfect nutrition of the walls of the sac. He still thought those cases would be successful where the opening was large and the vessel healthy.

Mr. NORTON had tried the bandage without success in one case. There was extensive vascular disease, with double aortic murmur, and three aneurisms. The treatment, though it failed, had none of the disastrous results Dr. Mahomed predicted, though the case was just such a one as those referred to by Dr. Mahomed. He considered the risk due to distension of the vessels as the result of compression small indeed when compared with the risk of ligature where general vascular disease existed.

Mr. HEATH agreed with Mr. Barwell that a fusiform aneurism was not amenable to this treatment; and with Mr. Gould in his theory of the action of this bandage. In Mr. Smith's case, however, the general state of the vessels was very unfavourable, yet a rapid cure resulted. It was quite possible that in Mr. Bryant's the gangrene was a result of the ligature, and not of the bandage. In a patient of his in whom the bandage had been twice applied, and in whom the artery had been ligatured, once in the usual way, and once with antiseptic precautions, the result was of interest; the patient was strongly in favour of the antiseptic plan, from which he had suffered much less pain.

Mr. HUTCHINSON, in reply to the various speakers, said that he thought the plan of treatment under discussion a valuable addition to the means at our disposal. It seemed impossible to predicate as to the cases in which it was most likely to succeed, but it seemed to be a trial in nearly all. He could not admit that Mr. Bryant's case proved that any ill consequences were due to the bandage. It had simply not cured; the gangrene came on only after the ligature, and should be attributed to it, and not to the Esmarch. He believed that in different individuals very different degrees of aptitude for coagulation were displayed by the blood, and hence chiefly the explanation why some cases were cured easily and others with difficulty. The tendency to coagulation might be helped by insisting on abstinence from fluids, as was done in both his cases, and by giving drugs such as iodide of potassium, lead, and digitalis. Whilst fully admitting the great value of digital compression, he still thought that a trial should first be given to the bandage. He had had several very rapid cures by compression, but he did not recollect any case of aneurism of similar size in which the patient had suffered less during the treatment than the first of these which he had just related. If ether were used, not chloroform, he believed that no danger was encountered, and he felt sure that the anæsthetic made the treatment much less painful. He would strongly recommend that in all cases in which the bandage is tried arrangements to continue digital compression immediately afterwards should be made, and that great care should be taken to prevent the blood from passing into the tumour on release of the limb from the strap.

Dr. WHIPHAM read a case of

PERFORATION OF THE APPENDIX CÆCI AND CÆCUM—PYÆMIA—EMPYEMA—PARACENTESIS—CONTENTS OF AN ABSCESS LYING BENEATH THE LIVER EVACUATED.

A lad, æt. 18, after rowing one day in August, 1877, on the Thames, bathed in the river and took cold. Two days afterwards he was attacked with severe pain in the right and subsequently the left side, accompanied by diarrhœa. He sweated profusely at night, and soon became extremely weak. After a six weeks' illness he recovered perfectly. The illness for which he was admitted into St. George's Hospital commenced seven days previously, after exposure on a house-top for a whole day. In the evening he felt chilly, and was attacked with severe pain in the right side, and sweated profusely. Next day he resumed his work, and in the evening experienced pain in the right inguinal region. On the third day he discontinued work, as the pain had extended to the flank. From this time he became seriously ill; the bowels hitherto regular became much purged; he was troubled by cough and expectoration. On admission, the patient was very ill; had severe pain in the belly, more especially in the right inguinal and epigastric regions. About the midsternum was a rose coloured spot, not elevated, which disappeared on pressure. Diarrhœa was profuse, the motions being dark coloured. There was distinct evidence of fluid in the right chest. During the first week of his residence in hospital, the abdominal pain decreased; but no marked improvement in his condition occurred, and therefore on the ninth day, a small aspirator needle was introduced into the chest between the seventh and eighth ribs posteriorly, and some yellow pus withdrawn, and a tube introduced subsequently in the axillary line, through which pus of a reddish-brown colour and offensive escaped. Three days later an abscess made its appearance externally at the back of the chest, which was eventually opened, but no communication discovered between it and the pleural cavity. The patient failed rapidly after this, and died on the fortieth day after admission into hospital. At the post-mortem examination, it was found that the tube had been passed into an abscess which had formed beneath the liver, and that the right chest, save by the small exploratory puncture, had not been tapped. An abscess was found in the right iliac region and free, in the cavity lay a pin which had made its way through the cæcum and appendix cæci into the surrounding tissues. The interest of the case consists in the difficulty of diagnosis. 1st. As to whether the boy was suffering from typhoid fever or tuberculosis. 2nd. As to the evacuation of an abdominal abscess in place of the contents of the pleural cavity.

Mr. LAWSON remarked that the view he took of the pathology of this case was, that it was one of pyæmia, following the perforation by the pin.

Dr. CAYLEY asked if it was the experience of English practitioners that a herpetic rash on the lip at once excluded typhoid fever in the diagnosis of a doubtful case. This was the opinion prevalent in Germany.

Dr. SOUTHEY had had a case which illustrated the nature of this one; it was that of a man who had jaundice from suppurative hepatitis. On post-mortem an abscess was found round the appendix cæci, and a thrombus extending from it up the portal vein. On the same table was another case,

where perforation caused by a tin tack had led to abscess, with general pyæmia and empyema.

Mr. HULKE thought these cases of pyæmia following perforation of the intestine were not rare; he had seen one where empyema and general pyæmia followed the ulceration caused by impaction of damson stones.

Dr. TAYLOR thought that these cases were not always pyæmic; he had published a case where the abscess from perforation had itself perforated the diaphragm, and led to empyema and pneumonia, and there were other similar cases on record.

Dr. WHIPMAN quite agreed that this case was one of pyæmia, and had intended to insist on this point; the interest of his case was, he thought, the result of the tapping.

Dr. RADCLIFFE CROCKER showed a case of

SCLERODERMA

that is under Dr. Eustace Smith at the East London Hospital for Children. The patient was a girl, æt. 13, admitted into hospital on Aug. 22. The mother died of phthisis. Patient had acute rheumatism four years previously. Two weeks before admission she complained of rheumatic pains in her arms, which were rubbed with liniment, and the skin was then noticed to be hard. The induration spread over nearly the whole body, and on admission, the whole face appeared swollen, especially beneath the lower jaw, where glands were enlarged all round. There was a fixed expression, and the face was pale; on touching her the skin was found as hard as frozen fat; did not pit on the firmest pressure, and felt thickened and fixed to subjacent tissues, so that it was impossible to pinch up a fold. Similar induration affected the whole skin of the body, except the palms, soles, and eyelids. In the mouth the mucous membrane of the right cheek was affected, but not that of the left, nor the tongue; her mouth could be opened fairly without pain, but the tongue was protruded with difficulty. The induration was most marked on flexor surfaces, the skin being shortened, so that the limbs were more or less bent, and on the forearms had the appearance and feel of cicatricial bands across the joints, preventing extension beyond a right angle, but permitting some flexion. Forcible attempts at straightening produced pain. The abdominal walls were as rigid as in permanent tetanic spasm. There was no pigmentation. The lungs were healthy, but there was a faint peri-cardiac friction, and a mitral regurgitant murmur. The temperature was 101 deg., pulse 116, and resp. 20. On Aug. 27, the signs of pericarditis were more marked, but there was some diminution in the induration on the legs, and the tongue could not be protruded. On Sept. 11, pitting on pressure was noticed in the face, and on 27th, face was a little smaller, and more expression observable, but temperature went up to 105 deg., with renewal of pericarditis. On Oct. 28th, there was another attack of pericarditis, with a temperature of 104·5 deg., and it was not quite normal till Nov. 27. At present there is distinct diminution of induration over face, the skin can now be pinched up with some difficulty, the hardness is nearly gone over the upper part of the ears and back of the hands, and the fingers are quite restored. The feet and legs are also improved, except the front of the thighs. There is still pericardial friction, and an open systolic murmur. Noticeable features in the case were—the rapid onset, the process being complete in less than a fortnight, the almost universal diffusion of the induration, the association with acute rheumatism and cardiac disease, the repeated attacks of pericarditis, the high temperature, and œdema. The pyrexia was associated with the renewal of pericarditis, and possibly the caseous cervical glands were responsible for the œdema. Upwards of 100 of these cases are now on record since Thirial wrote upon it in 1845, in all of which the diagnosis is undoubted. Marked symptoms are—insidious commencement; induration and immobility of the skin widely diffused and most marked on the flexor surfaces, crippling the movements of the joints; absence of fever, except from complications; chronic course; general thickening in early stage, but no elevation above surrounding parts; non-fatality by itself, and tendency to improve or to undergo shrinking and produce atrophy of the parts beneath from pressure, while treatment exercises slight influence over it. Other common but not invariable features are—its tendency to attack the female sex, and begin either at the back of the neck or forearms, its occurrence in early or middle life, the frequent association of acute rheumatism either some time before or immediately preceding, or even accompanying the scleroderma, as in this case, with valvular heart disease sometimes dependant on the acute rheumatism, sometimes not. Pigmentation, especially near the sebaceous follicles which may precede or follow the induration and the occurrence of ivory-like patches. The histology consisted mainly in the increase of the connective elastic and involuntary muscular tissue in the corium, disappearance of the fat with increase of fibrous stroma. Groups of cells are always found in the deeper layers of the cutis and fatty tissue, especially in the neighbourhood of the sweat glands. The prognosis is good for life. The induration may entirely disappear, but more often some parts improve, while others do not. Even when it has undergone considerable contraction some increased mobility under the diligent employment of friction with oil and honies may sometimes be obtained.

Mr. HUTCHINSON considered the case one of great interest; the great distinction between this disease and Addison's cheloid was its universal character. He had never seen one before in such an early stage, but he had one under observation, in which improvement was taking place after the stage of contraction had set in. He had nothing to add to Dr. Crocker's summary.

Dr. GOWERS exhibited an

APPARATUS FOR THE CLINICAL ESTIMATION OF THE HÆMOGLOBULIN IN BLOOD,

which he believed to be as exact, simpler, and more convenient than any yet made. The colour of blood diluted with distilled water was taken as the index to the amount of hæmoglobulin, and the fact that for twelve or twenty-four hours the dilution undergoes no change, and that the deposit is colourless, shows that all the hæmoglobulin is rapidly dissolved out by the distilled water. As a standard, a dilution of one hundred times is taken, 20 cubic millimetres of normal blood in 2 cubic centimetres of water. The same volume of the blood to be tested is then diluted until its tint is the same as the standard, the degrees of dilution necessary for this indicate the relation the hæmoglobulin bears to that of normal blood taken as 100. Thus, if a dilution of fifty times gives the same tint as that of the normal blood diluted 100 times, the amount of hæmoglobulin is just 50 per cent. of the normal. The apparatus consists of (1) two tubes in a small stand, each tube of the same diameter. One contains the standard which for stability is glycerine and gelatine tinted with carmine and protocarmine to the exact tint of the dilution of normal blood 1 in 100. The other tube is graduated; 100 divisions=2 cubic centimetres, each degree therefore=20 cubic mm. A capillary tube holding 20 cubic mm., a bottle with pipette, stopper and a guarded needle, complete the apparatus. In use a drop or two of distilled water is placed at the bottom of the graduated tube, the 20 cubic mm. of blood are then measured and mixed with the drop of water, more water is then added until the tint is the same as that of the standard. The amount of water added, indicated by the numbers on the divisions shows the percentage of colour—*i.e.*, of hæmoglobulin, compared to the normal. A specimen of healthy blood was shown, in which the tint of the standard was only reached by 105 dilutions, and a specimen of blood from a case of anæmia, of which the same volume of blood gave the tint of the standard at 22 dilutions (22 per cent.) and at 30 dilutions the paler tint was distinct even by the gas light. The apparatus is made by Hawksley.

The Society then adjourned.

AT a meeting of the Anthropological Society last week, a paper was read by Dr. Muirhead on "Left-handedness." The human race, he observed, in general was right-handed. In right-handed people the right hand was found to be larger than the left, the converse being the case among those who were left-handed. The chairman (Mr. Evans), observed that we should not discover any satisfactory physiological reason for the difference between right-handed and left-handed people until a larger number of post-mortem examinations had been held on the latter.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 18, 1878.

THE TOMES-LUBBOCK DENTAL ACT.

WE have been favoured with a communication from Sir John Lubbock, in which he takes exception to the statement contained in our issue of November 27th, that it was "the desire of the gentlemen who prepared the Act that persons should be registered (as dentists) though perfectly ignorant of all these matters"—*i.e.*, the fitting of dentures, the stopping of teeth, and other elements of the dental specialty. Sir John Lubbock says we are "under an extraordinary misapprehension — the very opposite, indeed, being the wish (of its promoters) and the whole intention of the Bill." We do not presume to predicate the *intention* of any man or number of men, and *pro tanto* we apologise for the use of the words; but as regards the effect of the Act, and as regards the palpable tendency of the Act in this direction, there could not be a shadow of doubt. In the Bill as originally drafted, Sir John Lubbock admitted to registration as dentists all those who had been *bona fide* in the practice of dentistry, "either separately or in conjunction with surgery." This did not satisfy the prescribing druggists; and it will be found by reference to our columns that they "deputationed" Sir John Lubbock, and that he consented to amend (?) his Bill, by adding the words "or pharmacy" after surgery. The avowed intention and evident result of this change was to admit to the Dental Register all persons who practised dentistry behind a drug counter. Surely Sir John Lubbock must have been aware that persons practising dentistry, "in conjunction with pharmacy," would probably have no knowledge of the specialty. It would be as reasonable to annex those who might practise dentistry *bona fide* in conjunction with window-cleaning, and to express surprise that they were not as erudite as was intended. Perhaps we have misunderstood Sir John Lubbock and Mr. Tomes, and perhaps it was their purpose to register *bona fide* dentists even though they might be pharmaceutists. If so they committed a grievous mistake, for they demanded no evidence of *bona fides*, saving the declaration of the registree respecting himself.

Sir John Lubbock says: "The clause of which (we) complain merely protects existing rights, as is always the custom of Parliament; and without such a provision, it would have been impossible to pass any Bill." With the possibility or facility of passing the Bill we have nothing to do, nor do we admit that legislative ease should be purchased by subservience to powerful influences, when by such subservience great principles are sacrificed; but we do emphatically deny that it is "the custom of Parliament" to protect existing rights in the manner in which the customs of prescribing druggists have here been preserved. We assert, that there is no precedent for sweeping up all sorts of existing rights as this Bill has done.

When the Medical Act of '58 was passed it did not register all quacks who could say that they were *bona fide* in the practice of medicine. When the Pharmacy (Ireland) Act of 1875 became law, it did not annex every grocer-druggist in the country; on the contrary, every pharmaceutist, however long-established and well-known, had to pass an examination, and not a man of them was registered without it. We should be glad to know where Sir John Lubbock found the pattern for his Bill, for it would at least be useful to know what to avoid in legislation; and at present we have no model, save the Dental Practitioners Act, which Mr. Tomes induced the learned baronet to put his name to.

We fail to understand why the words "in conjunction with surgery" were inserted in the Bill, if it were not to ensure a special guarantee of professional knowledge; and if this were the reason, we must suppose that Sir John Lubbok and Mr. Tomes considered that counter-practice also conferred a special professional qualification. It is of their recognising drug-traders that we complain. If the learned baronet meant that candidates for registration should produce any evidence of knowledge in addition to this, he should have put it in his Bill, but he did nothing of the sort, but left it for every man to grant a diploma in dental surgery to himself, and then to register that diploma as a complete qualification.

THE CONTAGIOUS DISEASES ACTS AND THEIR WORKS.—III.

WE have now given as briefly as possible the circumstances which rendered necessary the enactment of the existing law for the repression of contagious diseases, and before offering any arguments in favour of their extension, we proceed to describe the method by which they are worked.

As the directly utilitarian purpose of these Acts had special reference to our Army and Navy, and as their effect could be tested with greater accuracy amongst a

population respecting whose comings and goings everything was known, the operation of the Acts is confined to the following stations, at which our troops are massed in considerable numbers :—

Aldershot, Canterbury, Chatham, Colchester, Dover, Gravesend, Maidstone, Plymouth and Devonport, Portsmouth, Sheerness, Shorncliffe, Southampton, Winchester, Windsor, Woolwich, The Curragh, Cork, Queenstown.

These stations are divided into districts, sometimes one or more constituting one district, as, for instance, Cork and Queenstown, and to each district are attached one or more examining and waiting rooms, a visiting or examining surgeon, and a number of police, set apart for that duty on account of their being of unimpeachable character, and married men. These are, in England, under the control of Mr. Harris of the Metropolitan Police, in Ireland of the Sub-Inspector of the district where the hospitals are situated.

To these stations are attached Lock Hospitals for the detention and cure of females suffering from venereal diseases, each of which is maintained wholly by Government, and is administered in accordance with the Acts, differing thus from the voluntary lock hospitals which exist in Dublin and elsewhere. Each district is also provided with one or more examining stations to which women may present themselves for examination ; and the hospitals are under the control of a chief medical officer and matron, a compounder, with nurses, cook, &c., and to each hospital are attached chaplains, with suitable accommodation for holding divine services. It is the duty of the Superintendent to keep under observation all women who are known to be prostitutes within the district as well as those who enter the district from the nearest large town, and those who are suspected of clandestine prostitution though not actually pursuing that method of livelihood. It may be conceived that the knowledge of these people which the Superintendent possesses is very complete, especially as the great majority of his constituency are well known and fully recognised—make no pretence of virtue, and submit themselves to the requirements of the Act without any hesitation.

For illustration, however, we will take the case of a woman who has come under observation for the first time, either having only just appeared in the district, or having only recently lapsed from a virtuous life. The police in their rounds note this woman, and report her presence to the Superintendent. She is kept under observation for a few days until circumstances are observed which strongly confirm the diagnosis of the police, yet their suspicion cannot be acted upon until it amounts almost to certainty, because the Superintendent knows that to take any step in reference to the woman will involve his proving her guilt before his superior officers. Having obtained what seems to him convincing evidence that she is engaged in habitual prostitution, the Superintendent accosts her on the first opportunity, tells her that she is strongly suspected, and asks her whether she is ready to sign a "Voluntary Submission," which runs in the following form :—

(H) VOLUNTARY SUBMISSION TO EXAMINATION
The Contagious Diseases Act, 1866.

I.....of.....in pursuance of the above-mentioned Act, by this submission voluntarily subject myself to a periodical Medical Examination by the Visiting Surgeon for.....for..... calendar months from the date hereof.

Dated this.....day of.....18....

Witness.....

Superintendent of Police for.....

In offering this paper for signature the Superintendent is bound to inform the woman of the nature of the document and of the examination, and to remind her that, should she sign it, she will be recognised as a regular prostitute. Being thus given the option, the woman may refuse or she may agree to sign. If she signs she repairs to the examining station as soon as possible, and is there examined, and, if found free of disease, is allowed to depart, being bound to return fortnightly for the next three months, and being thenceforward under the surveillance of the police.

But we will suppose that the woman indignantly repudiates and resents the suspicion against her. In that case she is allowed to go as she sees fit, and nothing further can be done unless under the operation of the penal clauses of the Acts. Should she return to the paths of virtue, or supposing that, possibly, the Superintendent has done her an injustice, she is entirely free from molestation, and the suspicions against her are nowhere recorded, saving in the memories of herself and the Superintendent. But, supposing that she persists in her method of life, it becomes necessary to restrain her from disseminating disease, and, for this purpose, to apply the penal clauses of the Acts. The police continue their observation of her until their suspicions are realised into proofs ; and it will readily be conceived how difficult it must be to produce evidence of an act to which there are no witnesses. The Superintendent knows that he must prove his case to the satisfaction, not only of his superior officer, but of the magistrates ; and he does not, therefore, venture upon making a charge until he can produce proof positive, amounting almost to actual detection in the act. Having obtained that proof, he must first report the exact circumstances to his officer, who examines the evidence before he gives permission to lodge formal information. That permission being given, the Superintendent makes his charge in the following form :—

THE information of....., under the Contagious Diseases Acts, 1866 to 1869, taken this ..... day of..... 187..., before the undersigned, one of Her Majesty's Justices of the Peace in and for the said..... of....., who says he has good cause to believe that..... ..... is a common prostitute, and is resident within the limits of a place to which the said Acts apply, that is to say, at....., in the ..... of.....

Taken and sworn before me the day and year first above mentioned.

(Signed) .....

Under this information the magistrate issues the following citation, which, together with a copy of the information, must be served upon the woman :—

TAKE NOTICE that an information, a copy whereof is subjoined hereto, has been laid before me, and that, in accordance with the provisions of the Acts therein mentioned, the truth of the statements therein contained will be inquired into before me, or some other Justice, at ....., on the ..... day

of ....., at ..... o'clock in the .....noon.

You are therefore to appear before me, or such other Justice, at that place and time, and to answer to what is stated in the said information.

You may appear yourself, or by any person on your behalf.

If you do not appear, you may be ordered, without further notice, to be subject to a periodical medical examination by the Visiting Surgeon, under the said Acts.

If you prefer it, you may, by a submission in writing, signed by you in the presence of the ....., and attested by him, subject yourself to such periodical examination.

If you do so before the time above appointed for your appearance, it will not be necessary for you to appear then before a Justice.

Dated this ..... day of .....
(Signed) .....
Justice of the Peace for .....

Upon this citation the woman may attend either in person or by attorney, and the case must be proved against her, just as a larceny, or other offence ; and lest, from the publicity of this hearing, an innocent person might suffer, it is expressly provided by Section 37 of the Act of '66, that the evidence shall be heard, and judgment delivered, with closed doors. Supposing that the charge of habitual prostitution is considered by the magistrates to have been fully proved, an order is then and there made for the woman to attend, at a given time, for examination ; upon which order she is bound to attend once a fortnight as long as she is in the district, and engaged in prostitution ; but she may at any time, under the 9th Section of the Act of '69, free herself from the necessity for so attending, by giving up her immoral life, or leaving the district. The order for examination having been made, the woman goes, herself, to the examining station ; but should she omit to do so, she may be arrested, and brought there by force. If, on being examined, she be found diseased, she is committed to the Lock Hospital for detention and cure, by authority of the following—

CERTIFICATE OF VISITING SURGEON.

In pursuance of the Contagious Diseases, Acts, 1866 to 1869, I hereby certify that I have this day examined ....., of ....., and that she is affected with a Contagious Disease within the meaning of those Acts ; and the certified Hospital in which she is to be placed, under the said Acts, is the ..... Hospital.

Dated this ..... day of ..... 18...
(Signed) .....
Visiting Surgeon for .....

This certificate is the authority for the woman's detention, and, therefore, one copy is served on her, a second handed to the Superintendent, and the third sent to the Medical Officer of the Hospital, as his order for her admission and treatment. There she is detained for three months, unless previously cured ; but, if still not well, the certificate may be renewed, under Section 24 of the Act of '66, for two further periods, of three months each. If cured before the nine months have elapsed, she is handed a discharge-paper, which certifies her free from disease ; but, lest she might make use of this certificate to ply her trade, it is, by virtue of the 8th Section of the Act of '69, taken from her as she leaves the hospital gate. If the case is refractory or incurable, and remains unrelieved at the end of the nine months, or if it be considered desirable to send her elsewhere for treatment, she may be discharged, being served with a notice that she is "still affected with a contagious disease," and may go where she pleases, so long as she does not return to her former life ; but should she do so, and then commence to spread the disease, she is liable, under Section 31 of the '66 Act, to imprisonment, with hard labour.

Finally, her improper detention in hospital is provided for by the 25th Section of the Act of 1866, which enables her to appeal to the magistrates at any time.

(To be continued.)

MR. RATHBONE'S BILL TO PREVENT DISQUALIFICATION BY MEDICAL RELIEF, AND ITS AMENDMENT.

The profession will cordially endorse the remarks which Mr. Rathbone made in moving the second reading of this Bill, which we print *in extenso* in another part of our issue. He said "its object was to provide that persons who went into hospitals to receive medical relief from infectious and contagious diseases should not thereby be disqualified from voting either in Parliamentary or municipal elections. The diseases to which the measure especially applied were typhus, scarlet fever, small-pox, and cholera ; and no one who had taken any part in the efforts which had been made to prevent the outbreak and limit the spread of such diseases could fail to recognise the importance of bringing them under the control of medical authorities who knew how to deal with them. It was very important to encourage people who were in situations where they could not be properly cared for, and were most liable to spread disease amongst their neighbours' to come under such control. We all know how difficult it was to overcome the prejudice of the working classes against going into hospitals, and the disqualification in regard to voting which at present attended the treatment of such cases in hospital, tended still further in that direction. Many instances might be mentioned, where a man who had been received into hospital suffering from a contagious disease, such as small-pox, was held by the revising barrister to have received parochial relief, and to be thereby disqualified as a voter. The bill before the House was intended to provide against such disqualification in cases where the placing of a man in hospital for the treatment of infectious or contagious disease was not mainly for his own good, perhaps, but for the safety of the public."

That no serious obstacles should be placed in the way of isolating cases of infectious diseases may be regarded as one of the fundamental principles of State Medicine. Now, independently of the electoral disqualification which has hitherto obtained in the case of persons being removed to hospitals for the treatment of infectious diseases, the very fact that such removal legally classed them with paupers receiving parochial relief, was in itself enough to deter anyone so circumstanced entering these hospitals if they could help it.

But if the Bill were passed in its present form it would establish a principle hitherto not entertained, and would operate most unjustly both towards the medical profession

and the tax payers. It is quite proper that persons sick of infectious disorders should be induced to come to hospital; but quite improper that they shall come there as paupers if they are capable of paying for maintenance and medical attendance. Many persons would not wish to come into hospital unless they paid such charges, and for those who would be content to do so, it would be a monstrous abuse if they were encouraged to saddle the ratepayers with expenses which they ought to bear themselves. In Ireland especially this objection would operate with special gravity, for in that division of the kingdom, unlike England and Scotland, the whole of the small farmers and petty shopkeepers and artisans are enabled to avail themselves of pauper medical relief, and do so in very many instances, because there is no definition of the word "poor" contained in the Irish law.

Should Mr. Rathbone's Bill become law, the result in Ireland would be that the whole of the lower middle classes would, on the occurrence of an epidemic, be billetted upon the ratepayers and the poor-law doctor, and would not pay a shilling towards the cost. We suggest that this difficulty might be easily met by adding to the Bill when in committee, such a proviso as the following:—"Provided always that such person or persons, if not a destitute or poor person within the meaning of the laws for the relief of the poor, shall have paid to such authority such reasonable charges for maintenance, medicines, medical attendance, and nursing, as may be fixed by said authority, by and with the approval of the Local Government Board."

Notes on Current Topics.

Death of the Princess Alice.

Mors atris circumvolat alis and, far and wide, casts a gloom which will not be very quickly dispelled, an universal sorrow has taken possession of men's hearts. All who revere an accomplished mind and a highly exemplary virtuous life, know that one has gone away whose place cannot well be filled; and every one feels as though, in the death of the Grand Duchess of Darmstadt, he had lost a sister or a friend. Nor can we, familiar as we are with pain and sorrow and death, help participating in the general sympathy which has been occasioned by the sad and untimely death of one whose many virtues will make her memory for ever dear. It is often said that the physician is so situated as to be naturally less subject to those emotions which most people feel in the presence of disease or death. But, after all, the physician is but human, and there are times when he feels, in addition to that sympathy which is common to all men, a painful consciousness of the impotency of his art, often, too, under circumstances in which success would have claimed for him the gratitude of a nation.

It is probable her devotion to her husband and children, and the length of time she was exposed to the infection, had so told upon her delicate frame as to render her less able to contend with the disease when it did overtake her, and it is to be regretted that she could not be persuaded to relinquish the perilous task she had undertaken before it was too late.

No doubt one effect of this sad calamity will be to direct the attention of the profession to the nature and treatment of diphtheria, and it certainly behoves us to do all in our power to throw more light upon a disease, the study and pathology of which are still involved in much obscurity. Even with regard to treatment fresh efforts to discover some remedies that could prevent or mitigate the complaint, might be not altogether unsuccessful. It has been said that a perfected diagnosis of pathology must be at the foundation of all future progress in medicine, but in our opinion there are many affections the knowledge of whose diagnosis and pathology is far in advance of what we know respecting their prevention and treatment. At all events, we shall, perhaps, best show our sympathy with those who were most nearly and dearly related to the late Grand Duchess by at once making some systematic inquiry into the causes, nature, and treatment of a disease which, whether it make its appearance in the cottage or in the palace, is so often fatal in its consequences.

The Weather.

We are in the midst of a severe winter, and as hygiene is the order of the day, we cannot be too particular in impressing upon the public certain facts which are too often disregarded. Few are aware of the killing powers of intense cold and great heat, even in this comparatively temperate climate. Those who have been in the habit, as we have, of watching the Returns of the Registrar-general, well know how quickly the death-rate rises during even a short continuance of cold weather. Now the fact that the increase in the mortality affects chiefly the young and the old, as well as those who are either suffering from, or are predisposed to affections of the chest and throat, indicates the class of people who should be especially careful to protect themselves against the inclemency of the weather. With regard to children, the system of "hardening" them, by allowing them to go thinly clad, and exposing them to all sorts of weather, is a delusion from which the minds of some parents are even now not altogether free. It is thought that if their chest is kept warm, there is no need of caring about their arms and legs. But that is a great mistake. In proportion as the upper and lower extremities are well clothed, will the circulation be kept up and determined to the surface of those parts, and in proportion to the quickness and equable distribution of the circulation, will be the protection against those internal congestions which are but the first stage of the most fatal diseases of infancy and childhood. The same observation holds good with respect to grown-up people, who are predisposed to pulmonary complaints. There is no exaggeration in saying that the mortality from these and other affections would be considerably diminished were people to avoid that "catching cold," of which they so often and so lightly speak; and it is a matter of surprise to us that this fact, of which most of us are aware, does not lead to more precautions being taken by those who are anxious about either their own health or that of others. To take care that the body is thoroughly warm and well-clothed *just before* going out in very wet or very cold weather—to keep up the circulation and warmth of the body rather by exercise of some kind, than by sitting over great fires or in over-heated rooms—to be sure that

the temperature of the sleeping apartments is not ever so many degrees below that of the sitting room—these are three golden maxims, attention to which would prevent thousands from catching that "chill" or "cold," to the results of which so many valuable lives have been prematurely sacrificed.

Dr. Richardson on Moderate Drinking.

A LECTURE was delivered in Exeter Hall on Saturday afternoon by Dr. Richardson "On Moderate Drinking, For and Against," from scientific points of view. Dr. Richardson observed that science spoke emphatically by her best speakers on matters of faet relating to the use of strong drinks. Moreover, her utterances in that respect were very urgent against strong drinks. Science told us that when one or two disguises were removed as to wine that it is mere dirty water, sixteen bottles or cups, or any other equal measure of water pure and simple from the clouds and earth to one pure bottle or cup of a burning fiery fluid, which has been called ardent spirit, or spirit of wine, or alcohol, with some little colouring matter, in certain cases a little acid, in other cases a little sugar, and still other cases a little cinder stuff. A dozen of champagne, bought at a cost of £5 10s., consisted when it was all measured out, of three hundred ounces, or fifteen pints of fluid, of which fluid thirteen pints and a half were pure water, the rest ardent spirit, with a little carbonic acid, some colouring matter like burnt sugrr, a light flavouring ether in almost infinitesimal proportion, and a trace of cinder stuff. Science, looking on dispassionately, records merely the facts. Science says all the members of the spirit family are, unless judiciously and usefully used, inimical to life. They produce drowsiness, sleep, death. The effect of alcohol was not to bank up, but to bank out the vital fire. In all great crises the clear mind of him who is free from alcoholic taint is a mind in which dependence is most readily placed. Through all stages of life all men can live without this something—it forms no part of the body of man or of any animal; it compares with no natural form or standard of food; it supplies no means of warmth in the body, but reduces the natural warmth. Under every conceivable condition of heat, of cold, of pressure, it reduces, under all prolonged and trying effects, both the mental and physical power. A person drinking wine or other stimulant always starts in the way ttha leads through four stages to an easily reliable destination. Stage one is that gentle stimulation called moderate excitement of gentle stimulation. Stage two is elevation, whatever that might mean; but he was satisfied it was not elevation of character. Stage three is confusion of mind, action, and deed. Stage four is a complete concatenation of circumstances, all the stages perfectly matured, the journey completed, with the traveller lying down, absolutely prostrated in body and mind. The destination is reached, and found to be a human body, dead drunk and incapable. Science proves from hard facts that even those who are moderate live less long lives than those who abstain altogether. Science, though she admits a possible excuse for moderate drinking, does not favour it. Out of every hundred persons taken to Colney Hatch Asylum in one year, forty were taken from insanity directly or indirectly produced by alcohol.

Boy Smoking.

A RECENT issue of *Chambers' Journal* has done good service in drawing attention to the evils resulting from smoking in early youth. What those evils are we need scarcely tell the medical reader. It appears that the German Government has seriously taken the matter in hand, as smoking has been practised in great excess by the youth of that country, so that it has been considered to have damaged their constitution, and incapacitated them for the defence of their country. In certain towns in Germany, the police have had orders to forbid all lads under sixteen years of age to smoke in the streets, and to punish the offence by fine or imprisonment. Moreover, a Belgian physician has found, during a journey of observation and inquiry, made at the request of the Belgian Government, that the too general and excessive use of tobacco is the main cause of colour blindness, an affection which is occasioning increasing anxiety both in Belgium and Germany, from its influence upon railway and other accidents, and also upon military inefficiency. This is not the first time we have noticed this subject, for, in our opinion, the evil might be greatly moderated, were the profession to impress upon parents the importance of their peremptorily forbidding their sons' smoking until they had reached a certain age.

The Prescribing Druggists.

IT is truly gratifying to find that, although nominally victors in the late legal contest with the doctors, the chemists and druggists have the good sense to see clearly that counter-prescribing in any and every form is contrary to law, and cannot be defended. We derive this satisfactory assurance from a leader in the *Chemist and Druggist*, which journal was asked by a correspondent to state directly and honestly the condition in which the controversy now stands. The editor says :—

The only difficulty about the task is the somewhat paradoxical one that it is too easy. "The legal position of counter-practice as of late set forth," has to be summarised in these few words—counter-practice has no legal position whatever.

This is the view first taken by Baron Bramwell, secondly by the judge of the Nottingham County Court, and most recently by Baron Pollock. All these authorities agree in ruling that Section 28, which we supposed protected the business of chemists and druggists to the extent to which it was carried before 1815, protects it only in respect of buying, compounding, preparing, dispensing, and vending drugs. Anyone—not chemists and druggists only—anyone going beyond these limits, and advising or prescribing for a human disease, never mind for how simple a complaint, never mind whether with a view to profit or not (this is according to Baron Pollock's interpretation), is thereby acting and practising as an apothecary, and is liable to £20 penalty if the Apothecaries' Society please to prosecute.

Baron Cleasby seemed to hold a different opinion, but he gave no judgment. Mr. Justice Field in the Wiggins trial, gave so much weight to the evidence of chemists who had been in the business before 1815, that he submitted the question to the jury whether Wiggins had or had not exceeded the limits defined by their testimony. But he expressly reserved as a legal point the question whether Section 28 permitted prescribing in any degree.

The verdict in the recent Shepperley trial in favour of the defendant was the expression of the jury's opinion concerning the facts of the case submitted to them. It did

not and could not affect the interpretation of the law as laid down by the eminent judge who directed them.

It is somewhat paradoxical, with this statement before us, that we find a couple of pages further on a lengthened debate in the Council of the English Pharmaceutical Society upon a motion that a money grant should be made toward the cost of defending the counter-prescribers, and furthermore—the motion having been defeated—a requisition for the calling of a general meeting of the Society to compel the Council to make the grant. "Counter-practice has no legal position whatever," and yet the money of the pharmaceutists is to be voted to sustain an admittedly unlawful practice, and a foolish effort to drive a coach and four through the law.

The Study of Vaccination in Ireland.

We understand that the Council of the Royal College of Surgeons has adopted a resolution that after the 1st of August, 1879, "no candidate for Letters Testimonial shall be admitted to examination without producing a certificate that he has attended for one month at the Cow-pock Institution, or some other institution to be approved of by the Council, or under the instruction of a Public Vaccinator specially recognised by the College for this purpose, and that he is practically acquainted with vaccination."

The Council has done well in adopting this resolution, for it has by doing so placed the College on a level in this respect with the College of Surgeons of England, and has ensured that none of its licentiates shall enter practice without the needful knowledge of this most necessary subject. Heretofore the student has had no opportunity even of seeing the operation of vaccination, much less studying the maturation of the vesicle or the collateral fever, or learning the methods of collecting vaccine lymph, and usually he was obliged to acquire this information upon the person of his own patients. It will be observed that public vaccinators throughout Ireland are in the position to instruct students and to give the necessary certificates, but it will be necessary for them to procure the special recognition of the College beforehand, and to produce satisfactory evidence that they have the means of affording *bonâ fide* instruction.

Effects of Perfume on Health.

We learn that an Italian professor has recently made some very agreeable medicinal researches resulting in the discovery that vegetable perfumes exercise a positively healthy influence on the atmosphere, converting its oxygen into ozone, and thus increasing its oxidising influence. The essences found to develop the largest quantity of ozone are those of cherry, laurel, clover, lavender, mint, juniper, lemon, fennel, and bergamot; those that give it in smaller quantity are anise, nutmeg, and thyme. The flowers of the narcissus, hyacinth, mignonette, heliotrope, and lily of the valley develop ozone in closed vessels. Flowers destitute of perfume do not develop it, and those which have but slight perfume develop it in small quantities. Reasoning from these facts, the professor recommends the cultivation of flowers in marshy districts, and in all places infested with animal emanations, on account of the powerful oxidising influence of ozone.

The Mortality of Dublin

Reached within the week ending December 7, the frightful total of 37·2 per 1,000; Edinburgh showed a ratio of 22·2; Glasgow of 25·6; and London (though it included in its week's registry 389 deaths of persons drowned in the *Princess Alice*), had an apparent mortality of 29·4 per 1,000. The enormous excess of the Dublin death-rate was attributed this week to affections of the respiratory organs arising from cold, but it is inexplicable that we never hear of a death-rate of 37· per 1,000 in any English city, no matter how inclement the weather may be. The small-pox also is prevalent in Dublin, and has completed its twelfth month of existence, and is not decreasing. Truly, the Dublin citizens have cause to thank the Public Health Committee of the Corporation who are the fathers of much of this terrible mortality.

A Fatal Prescription.

A somewhat singular, at the same time a very serious, instance of the danger to which medical men are liable in hastily writing a prescription, is given in the last number of the *New York Medical Record*. A woman died recently in a small town of Thuringia, of an overdose of opium, which was administered on a physician's prescription. In prescribing laudanum he had neglected to put the sign "gtt." beside the figure "15," and the druggist's apprentice had put up 15 grammes (nearly half an ounce) instead of 15 drops. The physician, the druggist, and the apprentice were indicted for having caused the death of the woman by negligence, and the first was condemned to one month, the second to two months, and the third to three months' imprisonment.

It is gratifying to hear that Dr. Quain has been re-elected the Crown representative at the General Medical Council. No one who has heard Dr. Quain speak at the meetings of the Council could fail to notice the judgment and discrimination which he brought to bear upon all subjects submitted to consideration. Dr. Quain has especially taken a most active part in the development of the conjoint scheme, and the Medical Bill recently submitted to Parliament, and as these subjects will probably be reconsidered at no distant date, his services could be ill spared at a time when so many important questions are engaging the attention of the profession.

There is a stir in some of the hospitals on account of the extra cost in appliances necessitated by the antiseptic system of surgery. Guy's Hospital, the Glasgow Royal Infirmary, and others, have found it a serious item in expenses, and are discussing what best to do under the circumstances. Certain is it that, where generally employed, the cost per bed has considerably increased, and this will be noticed by the different Hospital Sunday Fund managers when apportioning their awards.

Dr. Colahan, who has held the Chair of Practice of Medicine in the Queen's College, Galway, since the foundation of the University, has recently obtained leave of absence, and Dr. Lynham has been appointed his *locum tenens*.

THE latest weekly returns from the principal foreign cities, gives the following rates—Calcutta 42, Bombay 33, Madras 44; Paris 24; Geneva 30; Brussels 26; Amsterdam 24, Rotterdam 23, The Hague 40; Stockholm 22; St. Petersburgh 39; Berlin 25, Hamburg 29, Breslau 29, Munich 28; Vienna 27, Buda-Pesth 39; Rome 21, Naples 25, Turin 31, Venice 26; Alexandrir 31; Brooklyn 21, and Philadelphia 17 per 1,000 of the population. Small-pox caused 37 deaths in St. Petersburgh.

THE mortality in London last week would appear to be alarming, were one not to take into consideration that 389 of the deaths returned were those who perished by the unfortunate collision of the *Princess Alice* steamer; deducting these, the deaths were actually 138 below the average. Exclusive of these the deaths in London were 23 per 1,000 of the population, in Edinburgh 22, Glasgow 26, and Dublin 37, the highest rate recorded in any part of the United Kingdom.

THE cold has had a most marked effect on the mortality of the United Kingdom during the past week. The death-rate usually registered in the large towns is 14 or 15 as the lowest, and about 28 the highest; last week the lowest reached was at Nottingham, 21 per 1,000, whilst rates of 30 and upwards were reached in Manchester, Birmingham, Sheffield, Liverpool, Plymouth, Wolverhampton, and Dublin.

AT the Pass Examination for the Licentiate-Diploma of the Royal College of Physicians on Friday last, no less than ten candidates out of twenty-two who presented themselves failed to satisfy the Court; this fact, taken in conjunction with the failure of the whole eight candidates who went up for the last Primary, is presumptive evidence that the standard of examination is higher, or that the candidates are less competent than formerly.

THE total number of paupers in the metropolis at the end of the first week in December was 82,176, of whom 42,351 were in workhouses, and 39,825 received outdoor relief. Compared with the corresponding week in 1877 these figures show an increase of 190, but as compared with 1876 and 1875 they show a decrease of 631 and 4,060 respectively.

THE Weights and Measures Act comes into force on January 1, 1 79. Apothecaries and chemists should see that their labels and handbills are not infringing this Act. Eight ounces of cod-liver oil, for instance, must not be called half-a-pint.

BY command of Her Majesty the Queen, a parcel of cast linen, very valuable for surgical purposes, has been presented for the benefit of the patients of the London Hospital, and University College Hospital.

WE are glad to learn that owing to the continued ill-health of Dr. J. Baxter Langley, the Home Secretary has released him, under medical advice, from undergoing the remaining few months of his sentence in prison.

Special Articles.

DR. ALFRED CARPENTER'S CRITICISM OF SIR JAMES PAGET'S VIEWS ON THE ALCOHOL QUESTION.

"IN conclusion, I may say that there is not an argument in the whole of Sir James Paget's paper which is based upon a solid foundation, or which can incontestably prove that any benefit flows from the daily use of alcohol by those who are in moderate health." Such is Dr. Carpenter's dauntless commentary on Sir James's paper. But in making such a bold asseveration respecting the arguments of a man of Sir James's standing and abilities, Dr. Carpenter lays himself open to criticism which will not be found at all favourable to his usually good judgment. In fact, so weak is the reply which Dr. Carpenter recently contributed to the columns of the *Church of England Temperance Chronicle* that we do not hesitate to say there is not a counter-argument in the whole of Dr. Carpenter's paper which is logically sound, or which shows that any grave exception can be taken to the opinions which Sir James Paget has expressed on the subject. Dr. Carpenter's exertions in the cause of temperance have been great and laudable, and we regret that he has made such a poor attempt to controvert the arguments of this eminent pathologist.

In the first place, Dr. Carpenter complains that no definition of the word "temperance" is given in the paper under consideration; but that is quite unnecessary, inasmuch as everybody knows what is meant by temperance as contra-distinguished from intemperance on the one hand, and total abstinence on the other. Temperance is one of those terms to which every one attaches about the same meaning, although few may be able to define it; and, therefore, Sir James Paget did not "decline the task" because of its difficulty, but because of its superfluousness. Who, for instance, in writing for or against such passions as "anger," "grief," "love," &c., would be expected first of all to give a definition of terms with which we are all familiar almost from our cradle? Again, because inmates of prisons are generally healthy, and are by regulation, total abstainers, notwithstanding they are taken from a class of people who are addicted to drinking habits, *therefore*, we are told total abstinence is *universally* beneficial. But what is good for a drunkard is not necessarily good for a man of temperate habits, especially when the two parties are very differently situated. Sir James, therefore, did not "try to explain a fact away" which told against his views, but merely explained the improper and illogical use that had been made of that fact by the total abstainers. "Sir James does not quite like the evidence which physiology affords, and thinks that we must not trust too much to it until experience shows us that its teachings are true." The insinuation conveyed in this sentence is both personal and unjust; for Sir James Paget would be the last man to disallow the weight of evidence which he conscientiously believed to be reliable. We all know that all the supposed facts of physiology are not reliable. Were physiology, like mathematics, an exact science, the case would be different; but what is thought to be perfectly true to-day, may to-morrow be proved a fallacy; what experiment has at present done experiment may undo at some future time. Ever changing, ever contradictory are both physiological observations, and the inductions drawn from them. Therefore, experience must be allowed to have its say in the matter. Now, Dr. Carpenter merely appeals to his own experience and to that of those who agree with his views of the subject. The writer of the article in the *Contemporary* appeals to the universal experience of people living in all countries and at all times. Which reasoning is the sounder of the two we will leave the reader to judge.

With regard to another argument adduced in favour of

temperance as against total abstinence, Sir James is represented to say that the beliefs of people and their readiness to fall in with custom is a proof that the use of alcoholic drinks is not a bad custom. To which Dr. Carpenter answers that "he (Sir James) might argue that the custom of the Chinese to torture their female children so that they might have small feet was a good one on the same grounds; or that duelling was sure to show by its results who was in the right." Nothing of the kind. Dr. Carpenter first misrepresents Sir James's argument, and then gives a very weak reply to his own version of it. Nothing could be more guardedly and more precisely expressed than the sentences which contain the inferences that may fairly be drawn from custom; and we regret that we cannot find room to quote the whole passage. There it is argued that as the use of alcohol has been for centuries the custom of a large majority of civilised nations, as there appears to be a natural disposition among adult men to drink, and as, moreover, "in a general view of the natural tastes of all creatures for foods and drinks, we see that tastes are guides to good and not to evil," there must be a *presumption, in the absence of any clear evidence to the contrary*, that such a natural taste has its purpose rather for good than for evil. And to prevent any misconception of his arguments the writer adds: "There may be an exception in our own case in relation to alcoholic drinks; there may have been a universal fallacy in the minds of even reasonable, virtuous, and self-denying people, who have believed that in the moderate use of wine or beer they gratified a natural and useful desire; but the evidence of such a mistake ought to be very clear."

We pass over one or two equally illogical strictures of Dr. Carpenter to notice what he regards as "the weakest part of Sir James's paper," and what we regard as the weakest part of Dr. Carpenter's reply. We refer to the argument based on the hereditary evil that would presumedly have accumulated in a succession of generations had moderate drinking been as injurious as it has been represented to be. To this Dr. Carpenter replies, that "we must bear in mind that the children born to drunkards after drunken habits have been contracted are, as a class, known to be short-lived; that drinking habits tend to blot families out of existence; and, therefore, to assume that every man most probably has had a diseased or intemperate man among his immediate ancestors is to forget the tendency of families to die out, and the productive power of a single pair." Now, really "any fifth-form boy" could tell Dr. Carpenter that this is no answer at all. Sir James made no such assumption as that above-stated. He assumed, and most warrantably, that the present generation was both immediately and remotely descended from ancestors who have been accustomed to *moderate* drinking. The question is not between drunkenness and total abstinence, but between temperance and total abstinence; and even Dr. Carpenter will not venture to say that moderate indulgence in alcoholic liquors has a tendency to blot families out of existence. Yet Sir James is asked to compare the number of children born during a certain period of 100 drunkards with the number born of 100 teetotallers! Truly the reasoning is so absurd that there is no other epithet by which it may be fitly designated.

On the whole, the paper in which Dr. Carpenter has attempted to demolish the argument of Sir James Paget is itself a very objectionable one, and is in striking contrast with the calm, temperate tone, and cautious logical reasoning of that in which the eminent surgeon has unfolded his views on the subject. The discussion of this "alcohol question" is, we hear, continued in the current number of the *Contemporary Review*, but it may be doubted whether the cause of temperance, as against total abstinence, can be more rationally and more temperately defended than it has been in the paper which Dr. Carpenter has so unsuccessfully attacked.

METROPOLITAN HOSPITAL SUNDAY FUND.

THE annual General Meeting of the Metropolitan Hospital Sunday Fund was held on Tuesday week, in the Egyptian Hall of the Mansion House. The Right Hon. the Lord Mayor, Sir Charles Whetham, the President of the Fund, occupied the chair, and was supported by an influential body of clergy and laity deeply interested in the success of the movement. The Lord Mayor opened the business of the meeting by briefly expressing a cordial desire to assist the Fund in every way the Council may deem to be necessary; trusting the collection under his presidency might prove larger than that of his predecessor.

Alderman Sir Sidney Waterlow, Bart., M.P., expressed sorrow on finding that the collection had not been so large as he expected, but which he thought was entirely due to the commercial depression, the unfavourable state of the weather, and the late date of the Sunday fixed upon. He submitted to the meeting an addition to Rule 12, for the purpose of enabling the Distribution Committee to set aside one per cent. of the total amount collected for the purchase of surgical appliances. He justly denounced the system of compelling poor patients to beg throughout this vast metropolis for a number of letters before they could hope to obtain what was urgently needed after discharge from hospital treatment, and without which, in numberless cases, it was quite impossible for them to seek for any kind of employment. Sir Sidney said that it was proposed, as a substitute for this clumsy mocking of charity, to ask the medical officers of the several hospitals to certify as to the need of a surgical appliance, and upon their recommendation the Secretary of the Hospital Sunday Fund would be at once empowered, without delay or loss of time to the patient, to pay the cost price of the instrument. The Council were anxious to make trial of a system which it was trusted would be a boon to the afflicted poor, and possibly, Surgical Aid Societies might ultimately be convinced that the sending of a one-legged man or woman stumping over London begging for letters, was an unnecessary refinement of cruelty.

Bishop Claughton proposed that Sunday, the 15th of June, be fixed upon for Hospital Sunday of 1879; he earnestly pleaded for the co-operation of all ministers of religion within the metropolitan area in this most excellent cause of charity. The value and necessity for having a fixed day in the year for Hospital Sunday was discussed, but owing to the movable nature of Trinity Sunday, as well as that of the Bishop of London's Fund, this was thought to be scarcely possible.

The Committee, with one or two additions, were unanimously re-elected, and a cordial vote of thanks given to them for their past services. A vote of thanks to the Lord Mayor brought the business of the meeting to a close.

It should be observed that the Secretary's office has been removed from the Mansion House to a convenient spot close by—"The National Safe Deposit Building," 1 Queen Victoria Street, E.C.

Correspondence.

"ANTI-VIVISECTOR'S TACTICS."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the MEDICAL PRESS AND CIRCULAR of the 4th inst. you have inserted a letter from Arthur F. Astley. I do not wish to waste your space in replying to that letter, but, as it is certain to be read by many of my medical brethren, I wish, with your permission, to correct a mis-statement of Mr. Astley's. Mr. Astley refers you to a letter, which, he states, "is an answer to one by Dr. Grimshaw." Mr. Astley did write a letter to *Saunders' Irish Daily News* in which he had adopted a printer's error (which had been corrected in *Saunder's*) and quotes it as a statement of mine. He certainly honours me

by mentioning my name in his letter, but, Sir, there is nothing of the nature of an answer to a letter of mine, or anything I ever wrote, in Mr. Astley's letter. I cannot think Mr. Astley could have been ignorant that he was mis-quoting me, and if he was ignorant his ignorance was utterly inexcusable.

I do not know how many Jesses there may be, but a Mr. G. R. Jesse, a retired railway engineer, who professes to be the Honorary Secretary of the Society for the Abolition of Vivisection, was examined before the Royal Commission on Vivisection, and in being examined by Mr. Erichsen, failed utterly to prove that experiments on animals were performed in hospitals. This same Mr. Jesse was afterwards brought before the Superior Courts in London by the Society for the Abolition of Vivisection in order to make him disgorge the funds of the Society. The Court issued an order in accordance with the application (see Holt *v.* Jesse, before Vice-Chancellor Malins, "Law Reports, Chancery Division," vol. iii., 1876, p. 177).

If the Mr. Jesse referred to by Mr. Astley is the same as the person who appeared before the Royal Commission and the English Law Courts, it is well that your readers should be aware of the facts before they form an opinion as to the value of his evidence.

Yours faithfully,

T. W. GRIMSHAW.

13 Molesworth Street, Dublin.

SOCIETY FOR TOTAL ABOLITION OF VIVISECTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am obliged to you for the MEDICAL PRESS AND CIRCULAR which arrived this day, and brought to my notice an assertion made therein by a Mr. Arthur F. Astley.

Any person who asserts that I originated, published, or countenanced the statement said to have been made by "an Accomplished Physiologist and M.D.", asserts what is totally untrue.

The Society gave evidence before the Royal Commission. It has no connection with people who degrade the cause by sensational paragraphs, revolting placards, and dragging it through the mire in *The Police News*.

Ever open to argue the question with physiologists, we have long since reprobated morbid exhibitions, or attempts to inflame the minds of the uneducated and the vulgar.

I am, Sir,

Your obedient servant,

GEORGE R. JESSE.

Honorary Secretary and Treasurer, Society Total Abolition, &c., Vivisection.

Henbury, near Maclesfield, Cheshire,
December 9, 1878.

THE CHARING CROSS HOSPITAL AND ITS NURSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a leading article of the 11th on the "Hospital Sunday and Saturday Funds," page 482, you intimate that Charing Cross Hospital is under the domination of its nurses. This is perfectly true. Ever since the Sisterhood of St. John's succeeded in gaining a footing into the hospital, their object has apparently been to get everything into their hands and to exercise paramount jurisdiction in every department of the institution. The consequence is, as might have been expected, a considerable increase in expenditure per bed, and a too frequent conflict of opinion between the Lady Superior and the executive, as well as the servants. An old housekeeper was soon sent to the right about, and a sixth part of the accommodation of the hospital fitted up at a considerable cost, and devoted to the St. John's House nurses. Who next will have to succumb to St. John's House I am unable to predict, but only a few weeks ago one of ths ladies in charge thought fit to refuse to receive a patient sent in by a governor, and certified as a fit and proper case for the hospital by one of the medical officers. This high-handed attempt to override the jurisdiction of the medical officers would in all probability never have been made had not the Lady Superior been quite sure of the support of a member of Council who is in every way identified with St. John's House, and has succeeded in foisting this sisterhood upon the hospital at, as you, Sir, and the Saturday Fund Council have pointed out, a cost of "one-fifth of its income." Can this be defended on any grounds, or is it a just expenditure of public funds?

I remain, Sir, yours, &c.,

A WELL-WISHER TO THE HOSPITAL.

December 12, 1878.

Medico-Parliamentary.

THE DISQUALIFICATION BY MEDICAL RELIEF BILL.

A BILL to remove Disqualification by Medical Relief for Infectious or Contagious Disease (Bill 22), introduced by Mr. Rathbone, Sir John Kennaway, Sir Charles Dilke, and Mr. Ritchie.

Be it enacted, &c.:

1. *From and after the passing of this Act* no person shall be deemed to be disqualified to be registered as a voter, or to vote at any election of a member or members to serve in Parliament for any county or borough, by reason only that he or any member of his family, or any person whom he is liable to maintain, has before or after the passing of this Act received medical treatment or relief for any infectious or contagious disease as an in-patient or out-patient of any hospital, infirmary, or dispensary established or maintained by any sanitary authority or poor-law authority, or at which he has been so treated or relieved by the order or with the sanction of any such authority, or the medical officer thereof.

Mr. RATHBONE in moving the second reading on Thursday last, said it was of public advantage that persons suffering from infectious diseases should be sent to hospitals; but it would be both impolitic and unjust to say that a man should sacrifice his political life because his children, suffering from small-pox, were sent to an hospital. He was not astonished, under all the circumstances, that both the boards of guardians and the vestries had taken up the case.

Mr. GREGORY did not oppose the second reading, but thought that its provisions would require careful consideration in committee, seeing that to some extent it involved an alteration of the Act for the representation of the people.

Mr. O'SHAUGHNESSY supported the Bill. It was merely to persons who received relief only in case of infectious or contagious disease that it was intended by the Bill to preserve the franchise. In his constituency the Bill would be a boon, for there the economical course approved by the member for Liverpool had been adopted, and the authorities had concentrated most of their hospital accommodation within the administration of the union.

Mr. SALT, on the part of the Government, acknowledged the importance of the object of the Bill, that it was desirable not to alter lightly the principles upon which the administration of the poor law was based. The question was how far the law was to be relaxed. It was already relaxed in the case of education and vaccination. It was now proposed to relax it also in the case of medical relief afforded in the hospitals. He did not believe that the reluctance to go into the hospitals arose from the fear of losing the franchise, but the difficulty was rather in persuading parents to part with their children. So far as the Bill was concerned it professed to deal with a very small and simple point, but he was apprehensive that it might be found to open a far wider question. He assented to the second reading of the Bill on the understanding that the Government were not to be fettered in their action in regard to the future stages of the measure.

The bill was then read a second time.

AMENDMENT OF THE MEDICAL ACT.

ON Monday, in answer to Mr. A. Mills, Lord G. HAMILTON stated that he hoped to be able to bring in a measure this Session to amend the Medical Act of 1858. The constitution of the Medical Council was a question of some difficulty and importance, and her Majesty's Govern-

ment did not think it right to legislate thereon until they had received every information.

Medical News.

Royal College of Physicians of London.—The following gentlemen having passed the necessary examinations were duly admitted Licentiates on December 16 :—

Courtenay, John Hoysted, 35 Richmond Terr., Clapham.
Dennys, George William Patrick, 24 Claremont Square, N.
Gill, John Wallis, St. Bartholomew's Hospital, E.C.
Hallsworth, Francis Arthur, 17 Claremont Square, N.
Leak, Hector, Royal Infirmary, Manchester.
Le Cronier, Hardwick, St. Heliers, Jersey.
McCausland, A. Stanley, 11 Gloster Place, Lancaster Gate.
Messum, Gordon Bonnington Willie, Guy's Hospital, S.E.
Morley, Edward John, 29 Merrick Square, S.E.
Shann, William Arthur, 42 Halsey Street, S.W.
Wickers, Henry Adolphus, Charing Cross Hospital, W.C.

Royal College of Surgeons of England.—The following members having passed the required examination, were duly admitted Fellows of the College at a meeting of the Council held on Thursday last.

Atkinson, Richard, B.A. Cantab., Carlisle ; diploma of membership dated April, 1876.
Brown, John, M.D. Aberdeen, Leven Terrace, Edinburgh. (not a member.)
Cumming, Hugh Gordon, L.R.C.P. Ed., Exeter ; January 1875.
Eve, Frederic Saml., L.R.C.P., Stanford-le-Hope, Essex ; August, 1876.
Makins, Geo. Henry, L.S.A., Walton-on-Thames ; July, 1875.
Moullin, Chas. W. M., M.B. Oxon., Porchester Terrace ; August, 1876.
Potter, Henry Percy, L.S.A., Hove Villas, Brighton ; April, 1875.
Pye, Walter, Sackville Street ; July, 1876.
Treves, Frederick, L.S.A., Wirksworth, Derbyshire ; April, 1875.

Seven other candidates failed to reach the required standard, and were referred for twelve months' further professional study.

Sanitary Institute of Great Britain.—His Grace the Duke of Northumberland presided at a special meeting of the members of this Institute on Thursday last, in the rooms of the Society of Arts. The meeting was held for the purpose of considering the basis of the constitution of the Institute, on a proposition that a charter of incorporation should be obtained ; that fellows should be elected by ballot by the Council, and should include scientific men of eminence ; that all persons who had passed the examination and received the certificate for local surveyor from the Institute should by virtue of having so passed become members of the Institute upon the payment of £5 5s. ; and that persons of either sex interested in the advancement of sanitary science should be entitled to be enrolled as subscribers on payment of £1 1s. After considerable discussion, Dr. Richardson proposed that the basis of the constitution be adopted, which, after some verbal alterations, was carried. It was also agreed that the Council be requested to obtain as early as possible on behalf of the Institute a charter of incorporation.

NOTICES TO CORRESPONDENTS.

X. Y. Z.—A number of letters for this gentleman who advertised under these initials are lying at the Dublin Office of this journal, 3 Molesworth Street.

Liebig's Extract.—In the case of Phillips *v.* The Liebig Company, tried last week in the Common Pleas Division in London, it was sworn by one of the witnesses that about 600 men were employed at the works in South America, and that a bullock was killed, boned, skinned, and put into the boiling pot *in about three minutes.*

Dr. Tuckey.—We are awaiting return of your proofs.

Reasons why People are not Teetotallers. — One man drinks because his doctor has ordered him ; a second, because his doctor ordered him not to drink, and he dislikes dictation ; a third takes a glass because he is wet ; a fourth, because he is dry ; a fifth, because he has a cold ; a sixth, the heat has made him thirsty ; a seventh, because he feels a sinking ; an eighth suffers from indigestion and feels something rising, &c., &c., on the principle, we presume, that any excuse is better than none. Probably, the reason that will be oftener advanced during the next few days will be because it is Christmas time ; whilst the real reason why people drink is because they like it.

A CURE FOR HYDROPHOBIA.

To the Editor of the Medical Press and Circular.

Sir,—It may interest some of your readers to know that I have discovered an easy, prompt, and very efficient permanent cure for hydrophobia, adapted both to man and animals. I shall be happy to attend to any such cases.

Apologising for trespassing on your valuable space,
I am, Sir, yours very respectfully (per Dr. S. G.),
G. R. de Stefano.

77 and 78 Palmerston Buildings, Old Broad Street,
London, E.C., Dec. 14, 1878.

Dr. Bryden, Uffculme, is thanked.

A Candidate.—We have not yet received notice of the next examination for the Army Medical Department. It is usually held about the middle of February.

The Obstetrical Society of London announces that the next Quarterly Examination for Midwives will be held on January 8.

An Author.—In our next.

Dr. Williams.—It looks simple on paper, but in practice it has been anything but satisfactory.

A Scribe.—See last Saturday's *Athenæum.*

Decline in the Consumption of Tobacco.—The December leaflet of the Anti-Tobacco Society has discovered, to its satisfaction of course, that the imposition of a farthing per oz. duty has this year caused a considerable falling off in the Custom's revenue from tobacco. Its statistics prove that in the first nine months of the present year, 750,000 lbs. less of unmanufactured tobacco were cleared in bond than in the corresponding period of 1877. To make statistics reliable, however, we may add that, notwithstanding the deficiency in 1878, it is still in excess of 1876 by 300,000 lbs., evidence that the imposition of a farthing duty has no influence whatever upon the consumption of tobacco, any more than it has on any other article of general use.

The Ulster Medical Society will meet on Tuesday next, at 8 o'clock, at the Royal Hospital, Belfast, when Dr. Whittle will open the debate upon the "Milk-feeding of Infants;" Dr. Harkin will reply. Dr. Riddell will read a communication on "Croton Chloral."

VACANCIES.

Ballycastle Union, Cushendale Dispensary.—Medical Officer. Salary, £120. Election, Dec. 27.
Brighton Hospital for Women and Children.—Honorary Surgeon. Applications to the Secretary before Jan. 3.
Bristol General Hospital.—House Surgeon. Salary, £100. Assistant House Surgeon. Salary, £50, with board in each case. Applications before Jan. 8 to the Secretary.
Croom Union, Kilkelly Dispensary.—Medical Officer. Salary, £100, with fees, &c. Election, Dec. 27.
Croom Union, Adare Dispensary.—Medical Officer. Salary, £120, with fees, &c. Election, Dec. 30.
Devizes Union.—Medical Officer of Health. Salary, £80. Applications to the Clerk of the Union before Dec. 23.
Great Northern Hospital, London.—Ophthalmic Surgeon. Honorary. Applications to the Secretary before Jan. 6.
Metropolitan Asylum District.—Assistant Medical Officer for the Caterham Asylum. Salary commencing at £120, with board. Applications to the Manager, Norfolk Street, Strand, W.C., by Dec. 10.
Risbridge Union.—Medical Officer. Salary, £50, with extra fees. Applications to the Clerk of the Union, Haverhill, Risbridge, by Dec. 19.
Stamford Infirmary.—House Surgeon. Salary, £100, with board. Applications to the Chairman, Board Room, Stamford, by Dec. 31.
University of Edinburgh.—Additional Examiners in the Departments of Botany and Medical Jurisprudence. Full particulars on application to the Secretary to Council.

APPOINTMENTS.

Anthony, J., L.R.C.P.Ed., Medical Officer and Public Vaccinator for the Southern District of the Lancaster Union.
Atkinson, Dr. J., Assistant to the Resident Superintendent of the Sligo District Lunatic Asylum.
Bell, Mr. H. S., Lecturer on Toxicology at the Sheffield School of Medicine.

Deaths.

Browne.—Nov. 16, at Bandon, co. Cork, Charles James Browne, M.B., aged 26.
Davies.—Dec. 11, at his residence, Hayley Road, J. Birt Davies, F.R.C.P., late Coroner for Birmingham, aged 80.
Greaves.—Nov. 30, at Great Easton, Leicestershire, Thos. L. Greaves, L.S.A.L., aged 74.
Montgomerie.—Nov. 29, at Ayr, James Montgomerie, F.R.C.S.Ed., aged 68.
Muller.—Dec. 1, at Carlton Road, Paddington, Frederick S. Muller, M.R.C.S.E., aged 70.
Shaw.—Dec. 4, Henry Edwin Farnell Shaw, M.R.C.S.E., of Sutton Coldfield, agen 68.
Smallman.—Dec. 7, at Wigan, Richard S. Smallman, A.B., M.B.T.C.D., L.R.C.S.I., aged 34.
Wallace.—Nov. 30, at The Mumbles, near Swansea, John Wallace, late Staff-Surgeon R.N., aged 55.
Watts.—Nov. 25, at Bird-in-Bush Road, Peckham, Septimus Watts, M.R.C.S.E., aged 82.
Waylen.—Dec. 6, at Mount Hall, Great Horkesley, William Waylen, F.R.C.S.E., aged 78.

INSPECTORIAL DUTIES OF MEDICAL OFFICERS OF HEALTH IN IRELAND.

THE medical officer of health of a provincial district has recently addressed to the Local Government Board the following queries :—

1. When a notice has been served by the Executive Sanitary Officer for the removal of a nuisance, is it my duty, or that of the sub-sanitary officer, to visit the place again to see whether the notice has been complied with ?

2. As by sec. 108, inspection of the district "from time to time" has been made obligatory on the sanitary authority, I am particularly anxious to know on whom it will devolve to make the inspection. Lest it should be considered that it ought to be a part of the duty of the medical officer of health, I beg respectfully to submit that my district has an area of about 45 square miles, that there are about 600 houses in it, a large proportion of which are situated off the high roads, and many of them are down long lanes, or in bogs, where they can only be reached on foot. I believe that an average of not more than thirty houses could be inspected in one day, involving travelling on car and on foot at least 15 miles, so that it would require twenty days at least to inspect the district, and I should travel at least 300 miles.

Farther, I think it will be considered that mere inspection of nuisances does not fall within the province of a medical officer of health. I would, therefore, respectfully suggest the appointment of a man in each district, such as the porter of the dispensary, or a pensioner, who would go on foot throughout it all, and visit every house in it. I have no doubt that the whole district would be gone over by a man in that class of life for £4 or £5. One inspection in the year would be sufficient, and the medical officer of health should be held responsible for the visitation being efficient and complete.

At present the two relieving officers are sub-sanitary officers for the whole union, except the township of ——— ———; but it is manifest they could not inspect an area of about 350 square miles unless they gave a large portion of the year to the work, and, of course, received much larger salaries than they have now.

The reply of the Local Government Board to these inquiries, strikes us as being very important. It says :—

"The provision of the 11th sec. of the Public Health Act, 1878, as to the assignment of duties for officers of health was contained in the Act of 1874, and complied with by the general orders at that time issued, and it is not in contemplation to frame any others. With regard, however, to the specific points referred to, I am to state that the duty of seeing that the orders of the sanitary authority are complied with, rests with the Executive Sanitary Officer who, in practice, generally avails himself of the assistance of the sanitary sub-officers in ascertaining the facts. As regards the inspectors required by the sect. 108 of the Public Health Act of 1878, the Local Government Board have no doubt that the sanitary authority will themselves select the person to whom they think proper to entrust the duty referred to."

The 11th section of the Act runs as follows :—

"Every medical officer of a dispensary district shall be a sanitary officer for such district, or for such part thereof as he shall personally be in charge of under the title of medical officer of health, with such additional salary as the sanitary authority thereof may determine with the approval of the Local Government Board; and every sanitary authority, whether urban or rural, shall appoint such other sanitary officers, including a medical superintendent officer of health, when deemed necessary, as the Local Government Board shall in each case direct, with such salaries or additional salaries as the said sanitary authority shall determine, with the approval of the Local Government Board; and the said Board shall assign to the dispensary medical officers, and to the other sanitary officers, if any, and to the medical superintendent officer of health, if such an officer be appointed for the sanitary district, their respective duties and functions in the discovery or inspection or removal of nuisances, in the supply of pure water, in the making or repairing of sewers and drains, or in generally superintending the execution of the sanitary laws within the district."

The concluding words of the section expressly state that the duties of the officers under the Act are to be restricted to, 1. Nuisances. 2. Pure water. 3. Sewers and drains. 4. General superintendence.

But the general order which the Local Government Board issued for the purpose of defining the duties of the medical officer of health, goes much further than this. It says :—

"We do hereby direct that every sanitary officer and sub-officer of the union shall, on receiving directions from the executive sanitary officer, *attend and assist in all proceedings* in which his attendance or assistance may be required."

Thus the order imposes upon the health officer every conceivable function which his board of guardians may choose to place upon him. It seems, from their letter, that the Local Government Board do not intend to modify this order, and that they continue to require from their sanitary officers a variety of duties which are not authorised by the Act of Parliament.

The 108th section, which is referred to as dealing with the question of inspection, is as follows :—

"It shall be the duty of every sanitary authority to cause to be made from time to time inspection of their district with a view to ascertain what nuisances exist calling for abatement under the powers of this Act, and to enforce the provisions of this Act in order to abate the same."

This clause provides for local inspection under the sanitary authority, but what about central inspection by the Local Government Board itself? We know that the Local Government Board admits itself to be entirely at sea respecting the doings or the omissions of any sanitary authority. Apparently, it does not mean to provide for the central supervision, without which the Act has proved, and must continue to prove, abortive. It will strike everyone as somewhat ridiculous to lay upon sanitary authorities a number of important functions, and then to take no step to ascertain whether or not those functions are fulfiled.

THE DENTISTS ACT.

AN ACT TO AMEND THE LAW RELATING TO DENTAL PRACTITIONERS, 41 & 42 VICT., CH. 33.

[JULY 22, 1878.]

(Continued from our last).

9. *Registration of Foreign Dentist.*—Where a person who is not a British subject, or who has practised for more than ten years elsewhere than in the U. K., or in the case of persons practising in the U. K. at the time of the passing of this Act for not less than ten years either in the U. K. or elsewhere, shows that he obtained some recognised certificate (as hereinafter defined) granted in a foreign country, and that he is of good character, and either continues to hold such certificate, or has not been deprived thereof for any cause which disqualifies him for being registered under this Act, such person shall upon payment of the registration fee be entitled, without examination in the U. K., to be registered as a foreign dentist in the dentists register.

10. *Recognised Certificates.*—The certificate granted in a British possession or in a foreign country, which is to be

deemed such a recognised certificate as is required for the purposes of this Act, shall be such certificate, diploma, membership, degree, licence, letters, testimonial, or other title, status, or document as may be recognised for the time being by the General Council as entitling the holder thereof to practise dentistry or dental surgery in such possession or country, and as furnishing sufficient guarantees of the possession of the requisite knowledge and skill for the efficient practice of dentistry or dental surgery.

If a person is refused registration as a colonial dentist or as a foreign dentist, the general registrar shall, if required by him, state in writing the reason for such refusal, and if such reason be that the certificate held or obtained by him is not such a recognised certificate as above defined, such person may appeal to the Privy Council, and the Privy Council, after hearing the General Council, may dismiss the appeal or may order the General Council to recognise such certificate, and such order shall be duly obeyed.

11. *Contents and Form of Register.*

12. *Correction of Dentists Register.*—This clause is the same in effect as sec. 14 of the Medical Act.

13. *Erasing Name of Practitioner convicted of Crime, &c.*—The General Council shall cause to be erased from the dentists register any entry which has been incorrectly or fraudulently made.

Where a person registered in the dentists register has, either before or after the passing of this Act, and either before or after he is so registered, been convicted either in Her Majesty's dominions or elsewhere of an offence which, if committed in England, would be a felony or misdemeanor, or been guilty of any infamous or disgraceful conduct in a professional respect, that person shall be liable to have his name erased from the register.

The General Council may, and upon the application of any of the medical authorities shall, cause inquiry to be made into the case of a person alleged to be liable to have his name erased under this section, and, on proof of such conviction or of such infamous or disgraceful conduct, shall cause the name of such person to be erased from the register :

Provided that the name of a person shall not be erased under this section on account of his adopting or refraining from adopting the practice of any particular theory of dentistry or dental surgery, nor on account of a conviction for a political offence out of Her Majesty's dominions, nor on account of a conviction for an offence which, though within the provisions of this section, does not, either from the trivial nature of the offence or from the circumstances under which it was committed, disqualify a person for practising dentistry.

Any name erased from the register in pursuance of this section shall also be erased from the list of licentiates in dental surgery or dentistry of the medical authority of which such person is a licentiate.

14. *Restoration of Name to Register.*

15. *Committee of General Council for purpose of Erasure from and Restoration to the Register.*

16. *Fees.*—There shall be payable in respect of the registration of any person who, before the 1st of January, 1879, applies to be registered under this Act, a fee not exceeding two pounds ; and in respect of the registration of any person who after that day applies to be registered, a fee not exceeding five pounds.

17. *Orders of General Council.*—The General Council may make, alter, and revoke orders and regulations.

Examinations.

18. *Examinations.*—Notwithstanding anything in any Act, charter, or other document, it shall be lawful for any of the medical authorities who have power for the time being to grant surgical degrees, from time to time to hold examitions for the purpose of testing the fitness of persons to practise dentistry or dental surgery who may be desirous of being so examined, and to grant certificates of such fitness ; and any person who obtains such a certificate from any of those colleges or bodies shall be a licentiate in dental surgery or dentistry of such college or body, and his name shall be entere on a list of such licentiates to be kept by such college or body.

Each of the said colleges or bodies shall admit to the examinations h ld by them respectively under this section any person desirous of being examined who has attained the age of twenty-one years, and has complied with the regulations in force (if any) as to education of such college or body.

19. *Board of Examiners.*—Subject to the provisions hereinafter contained with reference to a medical board, the council or other the governing body of R. C. S. of Edinburgh, and of the F. P. S. of Glasgow, and of the R. C. S. in Ireland, and of any university in the U. K., may from time to time appoint a board of examiners for the purpose of conducting the examinations and granting the certificates herein-before mentioned.

Each of such boards shall consist of not less than six members, one half of whom at least shall be persons registered under this Act, and such registration shall be deemed the only qualification necessary for the membership of such board.

The persons so appointed shall continue in office for such period, and shall conduct the examinations in such manner, and shall grant certificates in such form, as such council or other governing body may from time to time, by bye-laws or regulations, respectively direct.

A casual vacancy in any such board of examiners may be filled by the council or other governing body which appointed such board, but the person so appointed shall be qualified as the person in whose stead he is appointed was qualified, and shall hold office for such time only as the person in whose stead he is appointed would have held office.

20. *Fees for Examination.*—Such reasonable fees shall be paid for the certificates to be granted under this Act by the respective boards of examiners, as the council or other the governing body of each of those colleges or bodies may from time to time, by bye-laws or regulations, respectively direct.

(*To be continued.*)

ADULTERATED MILK.

At the meeting of the Irvinestown Guardians, a letter was read from the Local Government Board, pointing out that the result of analysis of milk made by Dr. Cameron showed an adulteration of 90 per cent. in sweet milk, and 100 per cent. in butter milk, and suggesting that proceedings should be taken against the contractor. A division being taken, it was, however, resolved by six to four that no action should be taken in the matter.

The ratepayers, therefore have been paying 5d. per gallon for bad water, the contract being 7¾d. per gallon.

The *Fermanagh Reporter* says :—"The refusal of the Irvinestown Board of Guardians to take action in the matter of the adulterated milk seems wholly inexplicable and indefensible. The poor creatures who are compelled by a variety of circumstances to seek the cold charity of the workhouse receive scarcely any change in diet, and as this institution is becoming every year more and more an hospital for the aged and infirm, it is absolutely essential that the food with which the inmates are supplied should be of the *best quality*. Such being the case, it seems strange that when an outrageous adulteration of food—(for milk is food drinkable)—takes place to the extent of 90 and 100 per cent., that the elected representatives of the people shelter and protect such a gross violation of all law, human and divine. Not only are the ratepayers paying for what they do not receive, but the paupers receive an insufficient amount of food. As the matter stands at present, the inactivity of the guardians appears extraordinary, but we trust it is not yet too late to act decisively and properly in the matter.

SLIGO DISTRICT LUNATIC ASYLUM.

The election of an assistant medical officer for the Sligo District Lunatic Asylum took place on Wednesday. Colonel Cooper occupied the chair. There were two applications, one being from Dr. M'Evoy, of Dublin ; and the other from Dr. Atkinson, of Dalkey, near Dublin. Dr. M'Evoy did not appear to support his application ; and, therefore, Dr. Atkinson was elected without opposition.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 25, 1878.

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A COURSE OF

Clinical Lectures

ON THE

PATHOLOGICAL ANATOMY OF THE LUNGS.

By Professor CHARCOT,

Physician to the Salpêtrière Hospital, Paris; Member of the Academy of Medicine of France; Fellow of the Clinical Society of London, &c.

(*Continued from page* 492.)

IV. The Pulmonary Epithelium.

I PROPOSE to-day to consider the *epithelial layer*, or *endothelial* as it is sometimes called, which in the normal state invests the whole extent of the cavity of the respiratory canaliculi and which, as I told you in our last lecture, plays a very important part in the pathological anatomy of the pulmonary parenchyma. You will not, I hope, find superfluous the minute details upon which we are about to enter with regard to this point, when I tell you that the lesions of these elements which are so delicate that in normal anatomy their very existence has been contested, occupy in reality and very often the first rank in anatomo-pathological conditions. These lesions, in fact, predominate one may say, without fear of exaggeration, in the history of some of the commonest and best recognised inflammations of the lung, with which it behoves us consequently to be well acquainted. Such are, for example, *acute*, *subacute*, or *chronic broncho-pneumonias*, either *tuberculous* or *non-tuberculous*, the principal affections in the large chapter of pulmonary pathology. Now, how will it be possible to appreciate properly the various phases of the morbid process in the affections which we have just enumerated, if we are not previously armed with solid knowledge respecting their physiological conditions?

I. In all animals provided with pulmonary organs there exists on the surface of the respiratory cavities, a cellular investment which represents the epithelium of the bronchial walls, and is in continuity with it. This fact is doubted by nobody. It has long been known also that in man in the fœtal state and in the new-born this investment is also seen, and that its presence may be made evident by very simple means. The point which has remained doubtful even to the present time is the presence of the epithelial layer of which it is composed in man at all periods of life. Barely fifteen years ago a skilful anatomist, Professor Zenker, announced that he had not been able to obtain evidence of the existence of the pulmonary epithelium in a man who had been executed, examined for this purpose only an hour after decapitation, that is to say, in particularly favourable conditions for this kind of study. Now agreement has almost been come to on this subject, and the existence of the alveolar epithelial investment at all periods of life in healthy man is very generally acknowledged, some difference of opinion only being held with respect to the secondary details of minute anatomy.

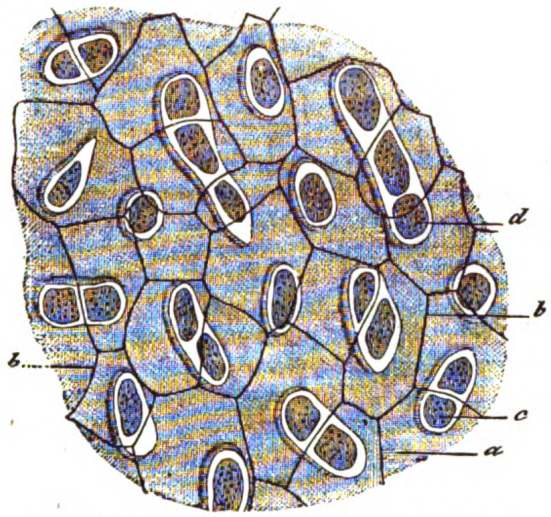
II. Before proceeding to the description of the pulmonary epithelium in man, it is customary to give a brief sketch of its disposition in animals where the study is more easy. I shall conform to this usage, which gives me the benefit of the advantages of the comparative method. I place before you some figures annexed to a work celebrated in this respect, that of Etlenz, a pupil of Eberth. (*a*) To these two authors is due the first regular indisputable demonstration of the pulmonary epithelium. The results which they have obtained are due to the application of the method of impregnation with silver used, as you know, with great success by Messrs. Recklinghausen and His in the study of the endothelium of serous membranes and of blood vessels and lymphatics.

A. In the triton the lung has a very simple structure, and represents in some sort a pulmonary alveolus in a mammal. Properly magnified after the necessary preparation the wall of this respiratory cavity examined on its internal surface, shows the following details (fig. 7).

(*a*) Wurzt. Verhandl. 1864. Bd. 5, 1—2, Heft., p. 66.

You see first the meshes of the capillary network which is spread on the surface of the connective coat. This network forms spaces which are seen clear in the midst of red tracts formed by the vessels full of blood or of injected matter. In each of these spaces is seen one or more rounded nuclei; these are the nuclei of the pulmonary epithelial cells. They are never met with on the actual wall of the vessels, they always occupy the spaces. The silver staining, as you see, shows black lines whose junction forms polygonal figures (*b*). These lines are seen both on the spaces and on the capillaries. You understand that they show the limit of the various epithelial cells, the silver staining having the effect of darkening

FIG. 7.



Pulmonary Epithelium of the Triton (*Trito cristatus*).

a. Capillaries. *b*. Borders of the epithelial cells. *c*. Nuclei of the epithelial cells. *d*. A nucleus which seems to belong to two cells. (After Etlenz.)

the cement which unites these cells with one another. Each of them is represented by a thin transparent lamella which, by their union, form a very delicate membrane. It is possible to detach this membrane from the subjacent parts, and to make it evident that the nuclei only form on the surface a kind of relief, which is found only on the deep or adherent surface, and never on the surface which looks towards the alveolar cavity. It is easy to ascertain by the examination of a section made perpendicular to the long axis of the alveolus that the nuclei are lodged in the inter-capillary fossa, whilst the plates of protoplasm cover the capillaries (fig. 8). This disposition, I say in anticipation, gives you a fair idea of that which

FIG. 8.

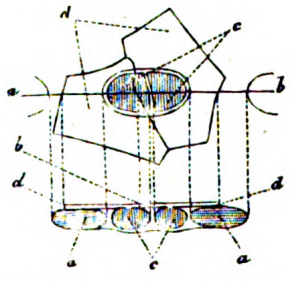


Diagram of a Perpendicular Section of a Capillary Mesh in the Triton. The section is made in the direction of the line *a*—*b*.

a a. Capillaries. *c*. Nuclei. *d*. Flattened epithelial cells.

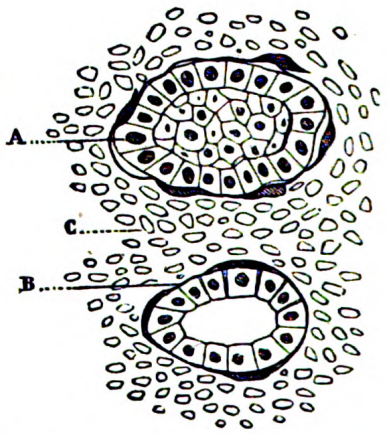
exists in the human race. In the frog the disposition is essentially the same; it is only necessary to remark that in the latter the nuclei have a tendency to be situated at the angles or on the edge of the cells, whilst in the triton they usually occupy the central part. The pulmonary epithelial investment when it possesses the characters which have just been pointed out may be called *continuous* and *uniform*. It is continuous because the adjacent cells touch each other without intermediate lacunæ; it is uniform because all the cells are formed on the same model (Vollstandig und gluchmassig).

B. We now come to some slightly different dispositions. In reptiles the investment is equally *continuous* or *complete*, but a peculiarity is observed which is often found in animals of a higher order. Here the alveolar walls are still occupied by complete cells, that is to say possessing a more or less granular protoplasm and a nucleus; but in the intervals between the fossæ and on the fossæ themselves may be seen the contours of plates or clear cells of a variable size, and for the most part not possessing a nucleus. These plates result from the fusion of a certain number of cells which at the same time lose their individuality and their nucleus. In such a case we say that the epithelial investment is *continuous* and *polymorphous*.

We now come quickly to the superior animals, for comparative anatomy is to us not an end, but a means. We find in adult mammals, the cat amongst others, the continuous but polymorphous epithelial investment which we have just described. In the fœtal state, on the contrary, in this animal as in all mammals the epithelium is uniform.

III. This is enough respecting animals; we must now consider man, the special object of our studies. In the first place we shall examine the fœtal state, the epoch of life when the epithelial investment may always be brought into view by very simple processes. I place before you a drawing representing a transverse section of the blind extremity of an ultimate bronchial tube in a fœtus of three months (fig. 9).

FIG. 9.



Culs-de-sac of the Bronchial Tubes in a Three Months Fœtus.

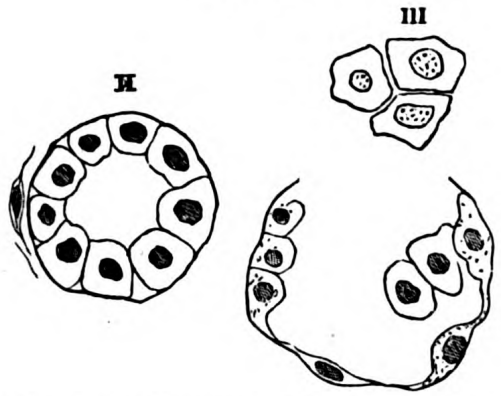
A. Epithelium. B. Limiting membrane. C. Embryonic tissue.

The disposition here is very simple: a regular border of cells forming a single layer longer than they are broad, belonging consequently clearly to the cylindrical type, and possessing a well marked spheroidal nucleus, lines the wall of the cavity throughout its whole extent. Very recently, a fœtus of seven months which had breathed perhaps for two hours, was placed at my disposal. I will show you, in a few words, the very interesting peculiarities which the examination of this child's lung offered. The alveoli were all lined as in the preceding case by a complete epithelium. Only in respect to the constitution of this latter, it is important to make a distinction.

1. Some relatively very narrow (fig. 10, II), had preserved what I shall call the fœtal character, that is to say

the cells were as long as they were broad. 2. In other larger more distended alveoli (fig. 10, III) the cells of the epithelium had undergone a sort of flattening, so that

Fig. 10.



Epithelium of the Pulmonary Alveoli in a Seven Months Fœtus which had breathed two hours.

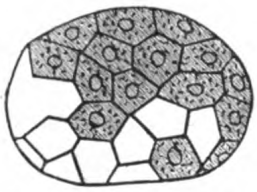
II. Non-distended alveoli, remaining in the fœtal state. III. Distended alveolus; most of the epithelial cells have undergone a more or less marked flattening.

in transverse sections they appeared as fusiform cells, possessing a well-marked nucleus, and when the eye looked at the front of the alveolar wall, as polygonal cells. 3. Lastly, some alveoli were observed in a condition which it is allowable to call intermediate.

In a portion of the cavity the investment was still composed of cuboid cells, whilst on others contiguous to the preceding, the cells had undergone a very manifest flattening.

This flattening of the epithelial cells is the rule in the fœtus at term which has breathed even for only a few hours. The following are the characters of the epithelial investment in the new born (fig. 11).

Fig. 11.



Epithelial Investment of the Pulmonary Alveoli in the Newborn. (After Schultze and Henle.)

The epithelium is continuous, composed for the most part of polygonal cells with a central spherical nucleus, and a granualar protoplasm. Its outlines are visible without preparation, or are easily shown by the action of either nitrate of silver or of osmium. But in all likelihood, on account of the fusion of some neighbouring cells, it is interrupted here and there by clear plates of a greater or less size, on which the nuclei may remain visible or may be completely effaced. It may then be defined as an epithelium continuous, but polymorphous. Generally, the cells with protoplasm are most seen in the inter-capillary meshes, and *per contra* the plates without nuclei cover the vessels.

Is the flattening of the epithelial cell which begins to show itself at a certain period of fœtal life, and is complete in the new-born, the mechanical consequence of the dilatation which the respiratory cavities undergo, either during their development, or by their distension with atmospheric air? I should not like to be certain of it, although the opinion has recently been put forward by M. Kuttner. In order to establish it this author gives the result of the examination of the lungs of nineteen fœtuses (human and animal). M. Kuttner injected the lungs while still warm with gelatine, and examined them under the microscope. This enabled him to see that in the alveoli, where the liquid had penetrated, the epithelium was flattened, whilst in those which had not been distended the cells preserved their cubic form. One result obtained by M. Kuttner in his researches, and which appears to be better demonstrated than the preceding, is that in adult animals, the dog amongst others, the epithelial cells in the respiratory cavities are much larger and much flatter when they are situated in a region near to the base of the alveolar cavities. To return, the cells situated on the sharp edges which bound the orifices of these alveoli, especially in the part called *alveolar canals*, approach in their morphological characters the squamous cells which line the internal surface of the terminal bronchiole. The following are the respective dimensions of the cells taken at various points of the respiratory canaliculi of an adult dog :—

Epithelium of the the terminal bronchioles,	0·009 m.
Epithelium of the folds of the alveolar walls,	0·013 m.
Epithelium of the base of the alveolus,	0·050 m.

I have obtained results similar to these in the case of the guinea-pig.

IV. We have now arrived at the point whence we may show how it is possible to detect the existence of the pulmonary epithelial lining in the human race in the normal state during extra-uterine life, and whence we can besides enable you to distinguish its characters. In certain pathological cases nothing is more simple, as you will soon see. This is, without doubt, an argument in favour of the reality of this investment. One might also argue that it would be strange that man alone in this respect should be an exception to all other mammals. But these considerations are not convincing arguments, the difficulties in the way are principally due to the fact that methods which are applied with success in animals, that of impregnation with silver for example, are inapplicable in the case of man, because in him anatomical investigation can only be made twenty-four or forty-eight hours after death, except under special conditions which have not yet been utilised. Now the employment of the methods in question is only followed by satisfactory results in fresh animals whilst the tissues retain a certain amount of vitality. These, then, are the most summary processes which up to the present time have been brought into use. The lungs are hardened in alcohol and cut into thin slices. Here a peculiar difficulty presents itself: the epithelial layer, whose existence is supposed, must be cut twice before it is brought under the object-glass of the microscope, and it is easy to comprehend that the thin filaments which must result from this double section will often be detached from the preparation by the manipulations which necessarily precede the examination. It may be added that the capillary vessels which ramify on the orifices of the septa, frequently present, when they are not injected and the eye sees them in profile, the appearance of fusiform cells furnished with an elongated nucleus. This is a cause of error that M. Zenker has not failed to make known. In order to avoid it Colberg took the precaution to inject the vessels with a coloured substance before cutting the lung into thin slices. In preparations thus made with success we find the following appearances :—A thin lamella composed of cells of a fusiform shape joined to each other at their edges, forms an investment over the whole extent of the wall of the alveolus passing above the capillary vessels. At the level of the small cellular expansions are seen nuclei spherical or slightly oval, and surrounded by some shining granulations which are found in their vicinity in the midst of the protoplasm. Sometimes the investing membrane is folded on itself in the cavity of the alveolus. It may happen that this membrane is seen from the front, and if in such a case we have had the precaution to use carmine, the following peculiarities will be observed. Here and there on this membrane are seen nuclei, or the vestiges of nuclei, often semi-lunar, strongly refracting the light, whose rounded contour is completed by a simi-

lar semi-circular line of fine granulations (fig. 12). The divisions which separate the cells one from another are not visible, but we shall see that they appear under the influence of slight irritation. Such are the facts brought in evidence of the existence of an epithelial investment on the surface of the respiratory canaliculi in man in the normal state. We may, from these data, affirm that there exists a complete continuous investment covering the vessels themselves; but it is difficult to decide with the

FIG. 12.

After Rindfleisch, 4th Ed., p. 136.

assistance of these very imperfect methods of study whether this epithelium is composed of uniform cells all having nuclei or vestiges of nuclei. We shall soon see that the facts of pathology plead in favour of the uniformity of the cells of the pulmonary epithelial investment. Nevertheless, before proceeding to the pathological facts there are two points which we cannot avoid touching upon: 1. If we judge by morphological characters the flattened cells joined one to another with rudimentary nuclei, have, doubtless, but an obscure vitality. They acquire, as we shall have occasion to show, a sort of revivescence under the influence of irritation. The researches of Muller and Ludwig, confirmed by those of Pfluger, Strasburg, and Wolfberg, tend to establish the fact that the tissue of the lung in the performance of the chemical acts of respiration plays the part of a gland. It would have a specific action on the exhalation of carbonic acid, by virtue of which that acid would be, properly speaking, secreted. If this were true, it would be necessary in all probability to attribute this function to the pulmonary epithelium. The presence of this epithelium at the surface of the lung is always sufficient to prove that the immediate contact of the inspired air with the wall of the capillary vessels of the lung is not a necessary condition for the regular performance of respiratory acts. 2. The other point to which I will call your attention is the following: Composed of a single layer of flat cells, joined one to another by a kind of cement, the pulmonary epithelium in the adult may be somewhat confused morphologically with the endothelium which covers the serous membranes, and the walls of lymphatics and blood vessels, and whose common characteristic, as you know, is, that it is developed in the embryo at the expense of the middle leaf of the blastoderm; whilst the external and internal leaves give origin to the cellular investments having many layers, such as the epidermic investment, or to investments of one or more layers composed of soft and thick cells: to this last category belong the investment of the gastro-intestinal mucous membrane, and of the bronchial walls. Now the investing cells of the respiratory canaliculi, like those which line the bronchi, originate in the internal leaf. There is then in this organisation a remarkable anomaly, since according to its embryogenic point of origin, and its continuity with the bronchial mucous membrane, the pulmonary epithelium may be considered as a true epithelium, whilst from a morphological point of view it resembles endotheliums. We can only point out this difficulty in passing, as its solution belongs to philosophical anatomy, and we must limit ourselves to the declaration that practically, in pathological conditions, the pulmonary epithelium behaves itself as much like the endotheliums developed at the expense of the middle blastodermic leaf, as like epitheliums properly so-called, This assertion it will not be difficult to justify in our next lecture, the first part of which will be devoted to a rapid sketch of the principal modifications which the pulmonary epithelium may undergo under the influence of pathological causes.

(To be continued.)

Original Communications.

CLINICAL REPORT OF SEVEN HUNDRED AND FIFTY-TWO CASES OF FORCEPS DELIVERY IN HOSPITAL PRACTICE. (a)

By GEORGE JOHNSTON, M.D., F.K.Q.C.P.,
Ex-Master of the Dublin Lying-in Hospital.

I WISH to lay before you a *resumé* of the results of the practice which was adopted during the seven years of my mastership of the Rotunda Lying-in Hospital, from November, 1868, to November, 1875; but before doing so, in illustration of my views on this subject, I beg leave to refer to the observations made on the subject in my Clinical Report for 1872.

Why, I then asked, should we permit a fellow-creature to undergo hours of torture when we have the means of

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sequent upon the long pressure of the head on the soft parts, the tendency to inflammation, and sloughing of the vagina, or the danger of rupture of the uterus—not to speak of the poisonous miasm that emanates from an inflammatory state of the passages, the result of tedious labour, and which is one of the fertile causes of puerperal fever and all its direful effects, attributed by some to the influence of being confined in a large maternity, and not to its proper source, *i.e.*, the labour being allowed to continue till inflammatory symptoms appear, and the patient worn out by the fruitless efforts of the labour pains and the evils consequent therefrom?

During the seven years of my mastership it was deemed prudent to employ the forceps in 752 cases out of 7,862, total delivered, exclusive of abortions—average, 1 in $10\frac{1}{2}$—554 of which were primaparæ and 198 pliuriparæ.

Of the total 752 deliveries with the forceps, 446 male and 306 female children were delivered. Of the 446 male children, 409 were born alive, and 37 were dead at birth, 7 of which were putrid, and therefore not counted; the average being 1 in $14\frac{5}{6}$. Of the 409 male children born alive, 372 lived and 37 died, or 1 in $11\frac{2}{37}$. Of the 306 female children, 289 were born alive, 17 were dead at birth, 1 of which was putrid; thus 16 are to be accounted for, or 1 in $19\frac{1}{8}$. Of the 289 born alive, 266 lived and 23 died, or 1 in $12\frac{12}{23}$.

The total number of children saved were:—

Male .	372
Female .	266
	638

Total number of children dead at birth:—

Male .	31,	7 of which were putrid.
Female .	17,	1 „ was putrid.
	54,	8

Total number died:—

Male .	37
Female .	23
	70

Children born alive, 698; dead at birth, 54, 8 of which were putrid, thus leaving 46, or 1 in $16\frac{1}{3}$; died, 60, 1 in $11\frac{33}{60}$.

Mothers recovered, 694; died, 58; or nearly 1 in 14. (*a*)

DELIVERY BY THE FORCEPS BEFORE THE OS UTERI IS FULLY DILATED.

In speaking of this proceeding I consider it necessary in the first place to state that, although in such cases the os uteri was dilated only to the extent mentioned it, nevertheless, *must be dilatible—i.e.*, capable of further expansion. Should it be rigid, the usual means for relaxing it must be adopted previous to attempting to operate. But before going further, I must here caution the practitioner, that this operation (as in any case where the forceps is used to aid delivery) is not without danger in unskilful hands, by whom it should never be attempted; but if performed by those who have thoroughly acquired that great delicacy of touch, so essentially necessary in the obstetrician, and who have had sufficient experience in the use of the forceps—in their hands, when properly and carefully employed, it is perfectly safe and its use justifiable (not in any manner injuring the soft parts), for it not only in a great measure secures the safety of the mother, but tends to the preservation of the life of the child. The former, by obviating the danger produced by prolonged pressure of the fœtal head on the maternal soft parts, and all its evil consequences, and the latter, by preventing interference with the placental circulation endangering the life of the child, particularly in cases of early rupture of the membranes.

From March 21st, 1869—when the first case occurred—till November 5th, 1875, out of the 752 cases delivered with the forceps, as already mentioned, there were 169 cases where delivery was thus effected.

For the purpose of giving a clear and precise idea of the amount of dilatation of the os uteri at the time of operation, it is assumed that four inches is the greatest diameter of expansion of the os, or what is called "fully dilated"—*i.e.*, at the time the head is passing through it.

This four inches is divided into five parts.

This division, we consider, gives a more accurate idea of the extent of expansion than the ordinary designation of the degrees—viz., sixpence, one shilling, half-a-crown, or crown piece.

It will be seen that there were 59 cases *where the os uteri was two-fifths dilated*, 44 being primiparæ and 15 pluriparæ.

Of the 44 primiparæ, the *cause of interference* was in 36 instances early rupture of the membranes; in 4, the head pressed on the expanded though undilated cervix, particularly the anterior lip, although the membranes were entire, the liquor amnii remaining above the head of the fœtus; in 1, prolapse of the funis (the child, a girl, lived); in 2, convulsions (children both male, and dead); in 1, disproportion.

Results to Mothers among Primiparæ.—38 mothers recovered and 6 died, of whom 2 were cases of convulsions, both brought to hospital comatose, having had several fits before admission.

1 was a case of gastro-enteritis, from which she was suffering for a week before being admitted.

1 was a case of sloughing, attributed to too frequent examination.

1 was a case of peritonitis; patient fretting; suspected seduction.

1 was a case of great distress of mind from seduction.

At the post-mortem of these 6 cases, *in none* was the os uteri found to be more fissured than is usually observed after first deliveries.

Of the 15 *pluriparæ* the cause of interference was in 6 instances from early rupture of the membranes; in 4, from pressure of the fœtal head on the cervix; in 1, from prolapse of the funis; in 1, from placenta prævia; in 2, from deformity (projection of the sacral-promontory); in 1, from acute laryngitis, where tracheotomy had to be performed and labour induced.

Position of the Head in the Pelvis.—In 9 instances the head was above the brim; in 3, in the brim; in 3, in the cavity.

Result to Children.—7 male children were born and 8 female. Of the 7 male, 3 lived and four were still-born, 1 of which was putrid. Of the still-born, 1 was a case of prolapse of the funis; 1 where the waters had escaped 63 hours, besides which there was projection of the sacral-promontory; 1, a case of acute laryngitis in the seventh month, mentioned above. Of the 8 female children, 7 lived, and 1 died in 17 hours in a case of placenta prævia—7th month, 16th pregnancy.

Result to Mothers.—All recovered.

There were 71 cases *where the os uteri was three-fifths dilated*, 53 being primiparæ and 18 pluriparæ. In the 53 primiparæ, the cause of interference was in 39 instances the membranes had ruptured and the waters escaped at the commencement of labour; in 10, the head pressed on the cervix, the membranes unbroken; in 1, malposition of the head; in 1, prolapse of the funis; in 1, convulsions; in 1, disproportion.

Position of the Head.—In 4 instances the head was above the brim at the time of operation; in 26, in the brim; in 23, in the cavity.

Results to Children of Primiparæ where the Os Uteri was three-fifths dilated.—27 male children were born and 26 female. Of the former, 23 lived; 4 were still-born; 3 being cases where the membranes had ruptured early; 1 where the head pressed on the anterior lip. Of the 26 female children, 22 were born alive and lived, and 4 died, 2 of which were overlain; 1 child (9 lbs. 4 oz.) died the fourth day in a case suffering from bronchitis before ad-

(*a*) In four reliable tables of forceps statistics, I find that out of 581 deliveries, there were 70 deaths; average, 1 in $9\frac{1}{2}$.

admission, early rupture of membranes; and 1 child (4 lbs.) premature.

Result to Mothers.—51 recovered; 2 died—1, a case of gastritis, from which she was suffering for some time previous to her coming in; 1, a case of uterine diphtheritis, died on third day.

In none of these cases at post-mortem examination was there seen any injury to the os uteri beyond the ordinary fissuring that would take place in first labours.

Of the 18 pluriparæ, the cause of interference was in 4 instances early rupture of the membranes; in 3, the anterior lip was pressed on by the head; in 2, malposition of the head; in 2, prolapse of the funis; in 1, accidental hæmorrhage; in 1, disproportion; in 3, deformity; in 1, extreme nervousness; in 1, great debility, a case of phthisis.

Position of the Head when the forceps were applied.—In 2 instances it was over the brim; in 10, in the brim, in 6, in the cavity.

Result to Children.—12 male children were born and 6 female. Of the former, 10 were born alive, 2 of which died; 1 weighed 5 lbs. 14 oz., premature, eighth month, died in 15 hours; 1 weighed 4 lbs. 12 oz., seventh month, in the case of phthisis; 2 were dead born; 1, 9 lbs. 3 oz., face presentation; 1, 6 lbs. 6 oz., prolapse of funis. Of the 6 female, 5 lived; 1 was dead at birth, seven months, weighed 6 lbs. 12 oz., in the case of acute laryngitis.

Result to Mothers.—All recovered.

Where the os uteri was four-fifths dilated the forceps was had recourse to in 39 cases, 26 being primiparæ and 13 pluriparæ.

Of the 26 *primiparæ, the cause of interference was* in 18 cases early rupture of the membranes; in 7, the head pressed on the cervix; in 1, convulsions—brought in comatose.

Position of the Head in the Pelvis.—In 3 instances it was above the brim; in 8, in the brim; in 15, in the cavity.

Result to Children.—19 male and 7 female children were delivered. Of the 19 male, 18 were alive and 1 dead—had been a long time in labour, under care outside; 16 lived and 2 died, in both of which the membranes had ruptured early—1 35 hours, and 1 26 hours previously. Of the 7 female, all were born alive, but 5 lived and 2 died. Of the 2 who died, 1 was a case of convulsions, at seven months, died in 8 hours, the mother having had several fits before admission; 1 was where the head pressed on the cervix.

Result to Mother.—25 recovered; 1 died—admitted perfectly comatose, having had four fits of eclampsia before being brought to hospital.

Of the 13 pluriparæ, *the case of interference* was in 7 instances early rupture of the membranes; in 2, pressure of the head on the cervix; in 1, convulsions, her second child; in 2, accidental hæmorrhage; in 1, projection of the sacral-promontory.

Position of the head in the pelvis at the time of the application of the forceps.—In 1 case it was above the brim; in 2 cases in the brim; in 10 cases in the cavity.

Result to Children.—8 males and 5 females were born. Of the 8 males, 7 lived and 1 was putrid at birth. Of the 5 females, 2 lived and 3 were dead-born, 2 being cases of accidental hæmorrhage; 1 a case of early rupture of membranes.

Result to Mothers.—All recovered.

Thus the total number of *primiparæ* delivered was 123.

The instrument we at first employed was the straight form which at the time was generally used in Dublin, both short and long, according as the head was low down or high in the pelvis; but on very many occasions, particularly in the latter instances, finding them fail, as they slipped from off the head when it was above the brim, or if it was at all impacted, we eventually had recourse to Barnes' double-curved, which we have ever since found most satisfactory, being equally easy of introduction, and when applied grasping the fœtal head so firmly, as that we hardly ever fail to deliver with them.

In no instance did the patient sustain any injury of the uterus or vagina from the instrument, either by the passing of the blades or in the process of extraction; laceration of the perinæum sometimes did occur, but not to any serious extent, nor was it attributable to the forceps, as from the precautions always taken in removing the blades, as soon as the head descended so low that the occiput was brought under the arch of the pubis, and the forehead to bulge the perinæum, we avoided the occurrence of such an accident.

Chloroform was employed in 537 cases of forceps deliveries, in most of which it was pushed to full anæsthesia, and always with satisfactory results—the patients recovering sensibility in a few minutes after its withdrawal—and no unpleasant consequences occurring. We always took the precaution, previous to its administration, of giving a full dose of ergot of rye, in order to guard against post-partum hæmorrhage.

The length of time occupied in the delivery of the head varied from seven or ten minutes to, in one case, three-quarters of an hour.

There were 2 cases of sloughing, both primiparæ, the first where there was early rupture of the membranes, the head pressing on the cervix; the usual remedies to relax the os and excite uterine action proving unavailing, delivery of a boy, living, was assisted by the forceps; she died suddenly third day after. Post-mortem examination showed complete separation of the cervix from the body of the uterus. This was the case which first induced me to adopt this practice.

The second was a case of sloughing of the vagina, caused by the too frequent examination of the patient; 26 hours in labour; the os two-fifths dilated when delivery was effected of a boy, weighing 8 lbs. 6 oz., lived; mother died on 13th day. Post-mortem examination—os not more fissured than after ordinary labour.

There were 6 cases of sloughing of the perinæum, which occurred to patients in bad health, attributed to distress of mind, being victims of seduction; 3 recovered.

There was no instance where we were obliged to alter the position of the blades after having been applied.

The reasons we considered it necessary to employ the forceps were, as will be seen by the table, when convulsions set in, cases of accidental or unavoidable hæmorrhage, prolapse of the funis, extreme weakness, or in cases where there was no advance although uterine action was frequent, and threatening injury to the soft parts, particularly where the waters had escaped at the commencement of labour, or the life of a child was endangered. We did not allow the labour to be prolonged so far as to produce any of the symptoms indicative of vaginal inflammation, considering it safer to interfere before such should appear.

In the after treatment of almost every case we took the precaution of having the vagina syringed regularly, twice or three times a day, with an antiseptic solution.

There never was any serious injury inflicted on the head of the child by the blades of the forceps; sometimes a slight abrasion on the head occurred, and occasionally we had facial paralysis, but in all cases it passed off in a few days.

From the foregoing statistics, I think it amply proved that the practice I have recommended is, not alone safe and justifiable, but also is a great preservation of the lives of both mothers and children.

THE IRISH VACCINATION SYSTEM: ITS FRUITS, &c.

By THOMAS P. TUCKEY, M.B. T.C.D.,
Castletownroche.

THERE is no doubt but that there is a very considerable decrease in the supply of vaccine lymph attainable by the medical officers of Poor-law districts in Ireland. The

causes of this are various, and I purpose in this paper to give an enumeration of them, and to suggest, as far as I can, a remedy for them. Every year there is, it appears to me, an increasing unwillingness in the responsible persons to bring the children on the eighth day, and when they do bring them a reluctance to allow the lymph to be taken from the arm of the child. The reasons for this are various : First and foremost stands the idea that it is injurious to the child. Poor people, farmers, and indeed the higher classes, imagine that it inflames the arm to take the "pock." The pernicious habit adopted by some practitioners, of squeezing the arm, so as to get as much vaccine lymph as possible, actually tends to fix some truth to this idea, and also the manner in which the ivory points are rubbed into the vesicle to a certain extent injure the part. Since I have adopted the plan of using capillary tubes the mothers are much less reluctant, and even praise the small amount of irritation that the arm is subjected to, the children often calmly sleeping during the operation. Another cause of the unwillingness of parents to give the lymph is that they are reluctant to let their children's blood mingle with others. This is most remarkable among the farmers, and absurd as it may appear, there is a great reluctance among people of that class to allow the poor people's children to be vaccinated off their children's arms. No one knows (except a medical man used to the farmer class of Ireland) how proud they are in their way, and what an intense dislike they have to giving the "pock" to any but their own class, or those above them. How anxiously they watch for a child to be brought in who is a farmer's child, and how they inquire into the history, and how they inspect the infant who is to supply the lymph for their child. There is also a great defect, in my humble opinion, in the law, which does not compel the responsible persons to *have their children vaccinated before they are six months old.* Now, in the first place, children are hardly ever brought in until teething has commenced ; numbers neglect to bring their children in until they are compelled by the relieving officer, and between one delay and another teething has commenced, and in many cases has far advanced, before the children are vaccinated. The vaccine fever superimposed to the tooth irritation renders the child really ill, and thus a ready excuse is afforded for shirking that part of the law which orders the child to be brought on the eighth day. One can hardly blame the mother for not bringing in her little one, who is obviously ill, and thus a valuable supply of lymph is lost, which would be easily obtained were the law that the child should be vaccinated (as they are in England), before it is four months old. Another chief reason of the difficulty of obtaining lymph is the generally totally inadequate fines inflicted on defaulters by the magistrates ; when they can be got to fine at all, sixpence is a general penalty inflicted—at least in my experience. Let us review the law as it now stands :—It is not compulsory for a mother to bring in her child until it is six months old ; in mountainous districts, from which the very best lymph can be procured, on account of the long distance and the general dislike to vaccination, they never come until the six months have expired, and then they come in batches, nearly all the children of a townland coming at the same time, the mothers coming in together, partly for company, and partly for the sake of getting a "lift" from such mothers of the children as possess carts. Now a number coming thus from a long distance hardly ever return on the eighth day, or indeed until they are set down as failing to do so, and warned by the relieving officer. Thus a quantity of valuable lymph is lost, and an increasing difficulty is found in obtaining the necessary supply. Were the law changed, so that every three months the fathers of the children were made liable to prosecution, a wholesome dread of the law would be kept up, and in the end such shirking of the law would be abolished. Better still, were the public vaccinator, on default, allowed the power of prosecuting *at once*, instead of being compelled, as now, to wait until the end of six months, such evading of the law would very soon be put a stop to. Besides, the six months' law is injurious to the physiological character of the lymph ; when children are allowed to run for six months without vaccination, they are liable to be attacked with measles, chicken-pox, and scarlet fever ; nay, I have seen undoubted typhus fever in twins of five months old, which they actually gave to the rest of a numerous family. "The records of the London Fever Hospital show that it (typhus fever) may occur at every age, from one month to 84 years."—(Murchison, "Treatise on Continued Fevers.") Now, though there is no reason to believe that the continued or exanthematous fevers influence the quality of lymph taken from those who have been the subjects of such diseases, still there is no doubt but that it is more safe to take lymph from the arms of children whose systems have not been modified by any such serious complaints. Now, as it is impossible to gather from the mothers or other persons bringing up the children if they have had such complaints—for they generally hide it if they have had—if the three months' law had no other advantage, it would be a sufficient cause for shortening the period.

Here, again, is another defect in the six months' law : a child is born in December ; under the present system the responsible person cannot be brought up as a defaulter until the following June. The labouring classes are always changing about from one district to another. This change of residence generally takes place on the 25th day of March ; therefore, when the defaulters' list is sent in several families have left the district in which the child was born, and are traced with difficulty—if at all. Thus many children escape vaccination for two and three years, and should small-pox break out, I need not state what a focus of disease is produced by a family who are yearly increasing, and escaping the vaccination laws by an annual change of residence. Another reason for the frequency of evasion of the vaccination laws, as they now stand, is that mothers and fathers, when unwilling or too lazy to bring their children, bring forward the excuse that they are ill. Now I am not aware that it is necessary for the medical officer to see the child, but he generally takes the statement of the father, or other responsible person, of the child's illness as sufficient grounds for giving a certificate of the child not being in a fit state for inoculation. I am afraid I must make the statement, unpleasant as it is, that my countrymen of the lower orders are not proverbial for truthfulness, and do not stick at a trifle to attain their own ends. Armed thus with a certificate of unfitness for vaccination, *which has no limit*, they defy all authority and break the law with impunity. It is impossible for the already overtaxed medical officers to hunt up children thus stated to be in ill-health, and some remedy must be sought for before this error can be rectified.

The payment for vaccination is also totally inadequate. One shilling for a successful operation is not a brilliant reward, and were the rate per head raised to that of England, medical officers would be stimulated to enforce the law more strenuously than they do at present. Now were the rate here raised to two shillings or half-a-crown per head, I would suggest a plan which I am sure would work well in bringing in a surplus quantity of lymph, which could be sent to the Local Government Board for distribution. Let every person bringing an infant to the dispensary he charged the sum of one shillling, such money to be given back when the child is produced on the eighth day. At the present rate of wages for the poor there is not much fear they would leave the shilling in the hands of the medical officer ; of course, with the farming class it must be different. It may be asked what would be done with the shillings left by those who did not return—should the public vaccinator be allowed to pocket them? By no means : with every return of defaulters punished according to my suggestion every three months, a list of those not coming back on the eighth day would of course be furnished, corresponding to the money left in the public vaccinator's hands ; the money should be given up to the clerk of the union, to

be applied to any purpose that the Local Government Board might determine; and there is no fear, were the rate of payment for successful vaccination increased, that any public vaccinator, however unscrupulous, would forfeit two shillings for the sake of pocketing one. Of course it is obvious that those failing to come back on the day prescribed by law would be duly warned; and bringing the children to show the cicatrix, such children would be duly entered, or failing doing so would be prosecuted, and ultimately the larger sum would find its way into the pocket of the vaccinator. (*a*)

Now as regards the new appointment about to be made of collector of vaccine lymph, I need not say that such a position will be sure to bring odium along with it. Like every other situation of a public character, which requires a conscientious discharge of duty, the holder will be brought into unpleasant collision with the public, and what is worse in the case of medical officers—with their clients. Knowing as I do the unwillingness of farmers to bring in their children, the collector of lymph will be often compelled to summon his clients, and thus alienate them in the capacity of patients. It ought, therefore, be made worth the while of those who may be appointed, to dispense with such aid of a pecuniary character as private patients afford to the scanty purse of the dispensary doctor. Indeed, it would be better, could it be possible (although, indeed, there are great difficulties in the way), to appoint collectors at a fixed salary to collect lymph and supervise the working of the Vaccination Act in a certain number of districts, and thus save the odium which will certainly accrue to those appointed by the Local Government Board to collect lymph, and who will incur ever increasing dislike if it leaks out that they are collecting lymph for the sake of getting money. The Irish farmer has a reluctancy to giving his child's "blood" to his neighbours; what will he do when he knows that the medical man is making money of it? The loss to the dispensary doctors could easily be made up in those districts over which the collector was appointed, by increasing the registration fee. I am sure that several medical men would be glad to accept the appointment of collector at a very moderate salary, to be perhaps afterwards combined with that of inspector under the Public Health Act, if not debarred from private practice when not interfering with his public duties. The dispensary doctor, hurried as he is, worried at a dispensary by numerous cases, tired at night after his day's labour, has not the time to inquire, as he should do, into the history and examine the children from whom he is to take lymph, which is afterwards to be supplied to numerous dispensaries; and the necessary writing also will be an extra tax on that time which is even now so much taken up. I would, in conclusion, suggest that the lymph be sent to the Local Government Board in capillary tubes by those appointed to collect it, but that it be redistributed *on points*. The reasons for this are, one capillary tube, if well filled, will charge several points, and thus instead of getting two tubes, as the medical officer now receives on application, and which may have to be broken on two different days *for one child each day*, the rest of the vaccine going for nothing, the medical officer will receive several points, and thus will not be left at the mercy (which he is at present) of two points, both of whom may fail to come back at the eighth day.

One word more and I have done. Let those appointed to collect lymph get PICKED CAPILLARY TUBES, and not as now a bundle of tubes some of which *are* capillary tubes, but the rest only useful to drink sherry coblers through. There is nothing more vexatious than when an operator is in a hurry, to pitch on one of those big tubes, and find that the lymph will either not rise at all, or only one globule so to speak, when the tube has to be cast aside as not sufficiently charged, and time and so much lymph are thus lost together.

(*a*) I do not mean for a moment by the above that I believe that any of my brother dispensary doctors would act so unbecomingly, but the world is very censorious, and such an arrangement would place them above any suspicion of acting unworthily.

Special Articles.

WITH THE FINGOES.

[FROM OUR SPECIAL CORRESPONDENT.]

WHEN I undertook to send you some account of the medical aspect of the Kaffir war, it was with the idea that I should have some cases of military surgery to communicate. This idea has been doomed to prove fallacious, for when we arrived, the war had resolved itself into a hunt, in which there was but little bloodshed on either side.

Landing at East London we proceeded by train to King Williams Town. This place has a population of between 4,000 and 5,000 inhabitants, and presents a busy and enterprising appearance. Its sanitary condition, however, can only be described as disgusting. Its water-supply is extremely insufficient. This is, perhaps, in this country of droughts, unavoidable; but the same excuse cannot be advanced to palliate the truly horrible condition of its privies and latrines. These consist, for the most part, of cesspits placed close to the dwellings, which are only emptied when they are so full that it is perfectly unavoidable. I speak no exaggeration when I tell you that their state in a large hotel, in which we stayed, was such as would have created astonishment in the most unsanitary village that could be found in England. The result of this is, that people often, rather than make use of them, repair to the neighbouring "veldt," and I found the rocks of the then nearly stagnant Buffalo River, from which I understand much of the drinking-water of the town is drawn, bore plain evidences of this preference. With such a state of things it is not wonderful that typhoid fever has been extremely prevalent among the troops, especially those quartered in the town.

After wasting some days there awaiting transport, I was despatched to a station in the Transkei, were I found myself in charge of some irregular infantry, mounted police, and 300 Fingoes. The latter are, apparently, heirs to but one of the ills of the flesh—stomach-ache; for medically speaking, I never found one complain of anything else. I believe these dyspeptic attacks were caused by their habit of gorging themselves with the offal thrown aside by the butcher. A gentle purgative always appeared to set them right.

While on the subject of the Fingoes, I may mention their utter callousness to pain. They never even winced on examining bullet-wounds (they were continually shooting themselves or each other by accident); and one old fellow, the whole of whose back was burnt to the 2nd and 3rd degrees, never moved a muscle during the dressing, and three or four days after came and asked to be given some work to do as he had lost all his clothes in the fire that had destroyed his hut.

Amongst the Europeans short attacks of simple continued fever were very common; nor was this wonderful, considering the ditch-water we were drinking.

There was a very good spring about half a mile from the camp, but it was only just as we were ordered away that, by persevering "written recommendations," I succeeded in getting arrangements made for it being supplied to the troops, the Sub-Inspector, F.A.M.P. in command, remarking that he "would not give a halfpenny for water that had no taste in it." The slaughter oxen were wretchedly thin, and were so infested with echinococcus that it was impossible to examine a ration without finding several cysts. To condemn the meat was useless, for all were alike, and I was obliged to content myself with warn-

ing everybody of the danger of eating the meat unless thoroughly cooked. The efficiency of this was shown by the fact that there were but few cases of tape-worm among the infantry who had proper camp-kettles, while the mounted police, who were only provided with "patroltins," were affected nearly to a man.

Turpentine proved almost useless, and, running short of male fern, I was constrained to try the native remedies, and found the juice of a solanaceous plant—whose name I am unacquainted with—acted very well, indeed. It is popularly called the "poison apple," and is much used as a vermifuge by the natives, who are much troubled with worms.

Another extremely common and very troublesome malady is, the "Transkeian scab," or veldt-sore, which is, I believe, identical with the "Natal boil." This is a curious skin disease which appears almost solely in persons who have been for a length of time "on the veldt," *i.e.*, bivouacking in the open or lying in tents, and is, I believe, due to the want of fresh vegetable and fatty foods, to which such such persons are necessarily subjected. It appears as a small vesicle or pustule, or patch of vesicles, beneath which is a broad, inflamed, and indurated patch of skin. The vesicle bursts and leaves a small ulcer, which spreads and forms an indolent, but very painful, sore. The commonest sites are the hands, feet, and legs, but I have seen them covering the whole body. Once formed, the sore spreads, and may reach the size of a halfpenny, or even a five-shilling piece. The outline is usually irregular, with an ash-coloured, and usually but little excavated base, and is surrounded by a ring of indurated dull-red skin. Occasionally, however, the true skin is deeply involved, or even penetrated. The sore exhibits but little disposition to heal, and occasionally moves in a serpiginous manner. The popular saying is, that they get worse for three weeks, remain bad for three weeks, and take three weeks to heal, and, unless carefully attended to, they will take at least that time, if not longer. Often as one heals others break out in their place, but they have a tendency to come out as a distinct eruption. After healing, a more or less permanent brown stain is left.

The disease does not appear to be contagious. Constitutional treatment has but little effect, but by careful dressing with a mild astringent lotion, they may be got to heal in two or three weeks. I find that by drawing a ring of nitrate of silver round each sore its progress is stopped, and if taken in a very early stage the induration will fade away without the formation of any sore whatever.

This disease is much more common among Europeans than amongst the natives, and many of its subjects were otherwise in good health.

After a month on this station I was recalled to head-quarters, whence, after a short time, I was despatched to my present station, about which I hope to write in a future letter.

It is said of Dr. Birt Davies, who was coroner for Birmingham for thirty-six years, from 1839 to 1875, whose death we announced in our last, that he held every inquest in the borough during his term of office, and never had occasion, from ill-health or absence, to appoint a deputy. He was in his 80th year.

The death-rates last week in the principal cities and large towns of the United Kingdom, were, per 1,000 of the population—Edinburgh 19, Portsmouth 19, Newcastle-on-Tyne 20, Hull 21, Brighton 22, Norwich 23, Leicester 24, London 25, Sunderland 25, Nottingham 26, Plymouth 28, Sheffield 28, Oldham 29, Glasgow 30, Birmingham 31, Leeds 31, Salford 33, Bradford 34, Bristol 35, Wolverhampton 35, Manchester 35, and the highest rates 38 in Dublin and Liverpool.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 25, 1878.

CONDITION OF THE THAMES.

MESSRS. THOMAS AND WIGNER'S REPORT.

From one or two "Notes" that have appeared in these columns with respect to the freedom or not of the Thames from sewage contamination, our readers are aware that two important reports have been already published on the subject—one by Capt. Calver presented to the Thames Conservancy, and the other by Sir J. Bazalgette and Messrs. Keates and Dupré at the request of the Metropolitan Board of Works. The one now under consideration is the result of an investigation made by Messrs. H. O. Thomas, A.I.C.E., and G.W.Wigner, F.C.S., for the Woolwich Local Board of Health. In conducting this inquiry, Mr. Wigner had in view the following questions:—1. Is the river contaminated with sewage? 2. If so, is the sewage contamination so great as to be injurious to Woolwich? 3. Is it probable that the condition of the river on the night when the *Princess Alice* foundered was so bad that the loss of life was increased by it in any way? 4. If this contamination exists, is it due to the sewage from the metropolitan out-falls? It can scarcely be proved that the river has been found sufficiently impure to be injurious to the inhabitants of Woolwich, nor can Mr. Wigner say positively that the unfortunate passengers in the *Princess Alice* were absolutely poisoned by the contaminated state of the water. We shall, therefore, confine our remarks to the first and fourth of the above questions. In the first place, Mr. Wigner concludes, from his investigation into the matter, that the river is contaminated with sewage, although the extent or degree of this contamination differs considerably

at various points. As sewage, when diluted with sea-water, gives off more offensive effluvia than when diluted with fresh river water, we may premise that the samples taken showed a large admixture of salt water. At Billingsgate, the proportion of sea-water was about 10 per cent. of the total volume; at Limehouse Reach, more than 20 per cent.; and at the wreck, about 35 per cent. It was, moreover, found that in almost every case the water at the deeper part of the river contains a much larger proportion of salt than the water at the surface. This would seem to indicate that the sea-water flows upwards along the bottom of the river, leaving the land-water and sewage to pass nearer to the surface. At all events, this fact, if corroborated by further observation, is an important one, inasmuch as "by the heaviest water running at the bottom with the flood-tide, the lighter portion of the sewage deposit may be kept from quickly subsiding so as to be carried up stream by the incoming flood-tide, and thus to increase the pollution of the upper reaches." With regard to sewage contamination, we are told that all the samples obtained were turbid and offensive in appearance. All of them had a more or less offensive smell. The smell of those taken at Billingsgate was slight; of those taken off Woolwich Pier, most objectionable; of those taken at the wreck, still worse—the surface-water of the latter having a most offensive smell. In the samples taken midway between the out-falls, the characteristic smell of sewage was quite apparent.

The amount of organic matter dissolved by the water was variable. Off Billingsgate there were only 30 to 35 grs. per gall., but the surface sample from Limehouse Reach showed 516 grs. per gall.—*i.e.*, more than 1 oz. per gall. of matter capable of putrefying. The purely nitrogenous constituents were also sufficient to indicate considerable sewage contamination; while a microscopical examination of the different samples pointed to the same conclusion. In the Billingsgate sample there was, in addition to a large number of infusoria and diatoms, unmistakable evidence of sewage pollution, for Mr. Wigner found in a single drop of the sediment from the water, one distinct piece of partially decomposed muscular fibre, with fragments of the husk of wheat, hairs, and cotton fibre. In fine, Mr. Wigner considers that the results of his investigation afford the most conclusive evidence that the whole of the river from Billingsgate to Jenning Tree Point was, on the 14th October last, greatly contaminated with sewage. It may also be contended that this contamination is caused by the sewage from the Metropolitan out-falls. For, considering that sewage matter does work up streams a distance of some miles, and assuming that the population, whose sewage passes through the North Woolwich Sewer, is not more than about one thousandth of the population whose sewage passes from the Barking and and Crossness outfalls, it may be concluded that $\frac{999}{1000}$ of the contamination was due to the larger out-falls, and only one thousandth to the North Woolwich outfall.

Thus it will be seen that the results of Mr. Wigner's analyses tally closely with the unfavourable report which sometime back was given of the state of the Thames by Capt. Calver, while they are opposed to the more favourable opinion which has, on more than one occasion, been expressed by Sir J. Bazalgette and Messrs. Keates and Dupré. The samples which were examined last January by the analyst last mentioned, and which were mainly relied upon by the Metropolitan Board as proofs of the pure state of the river, were taken when the river had, for a month prior to that date, been in flood, the water-level at Teddington then standing from 3 feet to 5 feet above the standard summer level. "The effect of this enormous discharge," observes Capt. Calver, "was, of course, to substitute *pure for impure* water throughout the whole length of the Thames from Teddington to the sea." In following out the investigations of the Woolwich Local Board of Health, Messrs. Thomas and Wigner took care to avoid this source of fallacy, and collected their samples at a time when the water at Teddington Lock stood only at 1 foot over the mean summer level. However much, therefore, the Metropolitan Board of Works may evade the legitimate inferences that may be drawn from a careful examination of the river water and a dispassionate view of the whole question, it must now be admitted that the Thames is contaminated with sewage matter to an extent that cannot be disregarded at a time when so much attention is being given to the pollution of rivers. It has been recently stated that the Metropolitan Board of Works is not the only party responsible for the evil complained of, and whose duty it will be to remove the grounds of discontent to which the attention of the public has been recently drawn. Be this as it may, it is to be hoped that, notwithstanding the money that has already been spent upon the sewage out-falls at Barking and Crossness, some Imperial measures will, ere long, be taken to make the condition of the Thames more in harmony with the great interests involved, and more in accordance with the demands of modern sanitation.

THE SANITATION OF DUBLIN.

ABROGATION OF THE OFFICE OF MEDICAL OFFICER OF HEALTH.

THOSE of the profession who have noted the progress of sanitation in Dublin through the occasional records of fact and statements of opinion in the MEDICAL PRESS, are aware—

1. That Dublin is, without competitor, the filthiest and most miasmatous city of any size and position in the United Kingdom.

2. That the death-rate of Dublin and its suburbs is at the present moment 38·0 per 1,000, and the mortality of the city itself 30 per cent. worse than that of the most stinking slums of London or Glasgow.

3. That this condition of things is—to a greater or less extent—permanent.

4. That the poor of the city are lodged in horrible old ramshackle houses, often without fit privies, or ash-pits, or water supply; but making up in stench and grime for the lack of whitewash and window-glass.

5. That the Public Health Committee of the Corporation, under whose auspices these things are done, has been officered by a Superintendent Medical Officer and a Medical Officer of Health, and a number of ex-policemen and other subordinates, constituting altogether a *coterie*, attached by a common bond of helpless inactivity

and utter incapacity, to administer the functions imposed upon them.

6. That when the Public Health Act became law the Medical Officers of Health provided by the Act were, practically, set aside, and the old staff kept in office at the cost of a heavy expense to the citizens, and complete stagnation in the sanitation of the city.

7. That, with the exception of a feeble and spasmodic attempt to carry out the Artizans' Dwellings Act, the Public Health Committee has done almost nothing to remedy the unequalled fatality within their city, and—continuing to patronise the tenement farmers who squeeze monstrous rents out of the tumble-down dwellings of the poor—has at length, in consequence of a difficulty of finance, actually thrown up the sponge, and admitted its inability to continue even the nominal sanitary work which it has been doing.

With these facts before them, it is unnecessary for us to tell our readers that Dublin—of all cities in the world—most needs an active, energetic, well-educated medical officer of health, devoted to his sanitary work and to nothing else, and well paid for performing the Herculean task of redeeming the city from its ill name, and saving the lives of the poorer citizens who are now dying in scores from the most obvious dirt and neglect. To those who live within communication distance of the city, this need of a good officer to do that which a lazy Committee will not do, has been ringing in their ears for too many years to be forgotten.

Will it be believed that it is at this juncture—with 60 deaths a week over the usual excessive average—with small-pox rampant—with dirt triumphant—that the Public Health Committee selects to perpetrate one of its worst jobs?

Can it be credited that that committee has proposed to leave the city without any medical officer of health at all? to pension off the present Superintendent Medical Officer at £120 a year for life? and to put his duties upon the remaining Medical Officer of Health, with a considerable increase of salary. We have said that, if this proposition be carried the City of Dublin will be, to all intents and purposes, unprovided with any supervising health officer, and we justify the statement by asserting that it is notorious that the medical officer of health who is to take the additional duty of superintendent medical officer is hardly able, by superhuman energy, to keep abreast of his present multitudinous employments. In addition to his appointment of medical officer of health, he holds that of public analyst to the city, and, we believe, to 28 out of the 32 counties in Ireland. He is a professor of chemistry in charge of a large laboratory, and bound to lecture and demonstrate in chemistry and physics, winter and summer, to a large class. He is, moreover, a busy author, and steeped to his throat in other medico-chemical work.

We have the greatest respect for this gentleman, and the greatest admiration for his energy; but we assert that it is physically impossible for him to begin to attempt to do justice to the sanitation of the city, and that it would be a monstrous and disreputable transaction to add that charge to his already over-burthensome cares.

We cannot permit the sanitation of the City of Dublin to sink still deeper into the quagmire in which, for so many years, it has been, and we feel bound to protest with all the emphasis of which we are capable against the proposal to rob the city of its only active sanitary officer. There is not a town of any respectability in the United Kingdom which is not provided with a medical officer of health, well paid for the special duty of working the sanitary department, and if a change is to be made in Dublin it should be the appointment of a thoroughly competent hygienist, young in years, able in body, active in mind, and engaged in no other pursuit. One such officer would be worth a dozen committees, or a host of subordinates, and we certainly look to the Dublin Sanitary Association, and every other organisation which labours for the good of the city, to put forth all their efforts to prevent the perpetration of this outrageous act.

SANITATION IN SOUTH AFRICA.

Many years have elapsed since British colonists established themselves in that part of South Africa which is now called British Caffraria, and which forms a part of the large province known as Cape Colony. From that time they have been repeatedly and successfully engaged in repelling the irruptions of the neighbouring Caffres. They have succeeded in resisting the attempt of the British Government to make their settlement a penal colony. They have established order and civilisation in parts which were before in a state of barbarism and the seat of petty warfare among the aboriginal tribes. But there is one thing which they do not appear to have accomplished. They have not been able, or have not thought proper, to introduce into their towns those sanitary arrangements which are considered indispensable to the health of a community, and which are now generally adopted by urban populations in all civilised countries. A reference to the interesting letter from our correspondent at the Cape, and which will be found in another part of our columns, shows that one of the chief South African towns is, from a sanitary point of view, in a condition that is scarcely conceivable of one of the dirtiest towns in the middle ages. King William's Town has a population of between 4,000 and 5,000 inhabitants. It is situated on a small river not very far from the sea; it is of sufficient importance to be marked in the smallest atlasses that are published; while to the immigrant, it is said to present a busy and enterprising appearance. Yet it will be seen from our correspondent's letter that its sanitary condition is so bad that it can only be described by him as "disgusting." Its water-supply is extremely bad in quality and very insufficient, much of it being drawn from the Buffalo River, which, at certain seasons of the year, is almost in a stagnant state. Worse still is the condition of its privies and latrines. "These consist for the most part of cesspits placed close to the dwellings, which are only emptied when they are so full that the removal of the filth is perfectly unavoidable. I do not exaggerate when I say that their state in a large hotel, in which we stayed, was such as would have excited astonishment in the most unsanitary village that could be found in England. The result of this is, that people often

rather than make use of them, repair to the neighbouring 'veldt,' and I found the rocks of the then stagnant river bore plain evidences of this preference." With such a state of things, it is not wonderful that typhoid fever has been extremely prevalent among the troops, especially those quartered in the town. It would, we should say, be very strange if zymotic diseases were, under the above circumstances, ever absent from this part of the Cape. Indeed, as will be seen, amongst the Europeans short attacks of simple continued fever were very common, which our informant very naturally attributes to the "ditch-water" they were drinking.

That an English colonial town should show such a thorough disregard of common cleanliness, to say nothing of the most ordinary sanitary measures adopted in all civilised towns, is almost inconceivable. This town is in constant communication with a country where for years public sanitation has monopolised a large share of the consideration of both its Government and its people. Through the medium of the press, the local authorities of King William's Town can be well informed respecting the most approved and novel sanitary contrivances in the building of houses, in the construction of sewers, in the best means of obtaining a supply of pure water, &c.; while not far off there are medical practitioners to whom they can apply for assistance or advice were they determined to do all in their power to secure the health of the inhabitants. As a rule, a colonial town, whose founders have recently emigrated from a civilised country like England, should be rather remarkable for its good than for its bad sanitation. Not only have the young colonists the advantage of being able to draw upon the experience and the resources of the mother country, but they have, we may say, a *tabula rasa* to work upon, and have often a more favourable opportunity of making their sanitary arrangements more perfect than would be possible in towns that have been built a considerable time. Land is comparatively cheap. There is plenty of room for them to make their streets as wide, their houses as large, their surroundings as airy as they please. They have no overcrowding to contend with, no old mansions to knock down, or to patch up and remodel as best they can. All old errors of construction can be avoided—all new improvements can be readily carried out.

If, however, the inhabitants of a place like King William's Town are so callous with regard to the requirements of public sanitation, that is no reason why troops, who are sent among them for their own safety and protection, should have their health jeopardised through the filthy state of the place in which they have been quartered. It is to us a matter of surprise that the home Government do not, in sanitary matters, put a little more pressure upon the local authorities of those places to which British troops are from time to time despatched. In that case not only would our troops, but the inhabitants themselves, reap the advantage of any sanitary improvements which were made on the representation of the home Government, as the latter would naturally fall into habits which they found to be so conducive to the health and comfort of those who practised them. But independent of the health of our colonies or military stations, so far as that rests with the local authorities, we are constantly reminded that sufficient precautions are not taken to maintain the health of troops that are sent away from home, and that those who are responsible for the health of our soldiers do not always take into account the sanitary condition of the place to which they are sent and the many adverse influences to which they may be exposed. This is the more necessary, considering the obstacles that are often thrown in the way of obtaining that which is within comparatively easy reach, or of doing that which may be easily accomplished. "There was," says our correspondent, "a good spring about half a mile from the camp, but it was only just as we were ordered away that by persevering 'written recommendations,' I succeeded in getting arrangements made for it being supplied to the troops." And yet this was not a place like Cyprus, of which we have only just taken possession, but a place with which we have been long in constant communication, and to which our troops have been repeatedly sent. We trust, therefore, that, instead of any of our colonies being far behind in all questions relating to public health, they will, ere long, be found emulating this country in the perfection of their sanitary arrangements, and that it will be next to impossible to read such an account as that given in the letter of our correspondent "with the Fingoes."

Notes on Current Topics.

Mr. Rathbone's Medical Relief Voting Disqualification Bill.

We referred last week to the second reading of this Bill, and to the great injustice its passing would inflict upon poor-law medical officers, especially in Ireland, where a large section of the smaller farmers and shopkeepers, and most artisans, are enabled to obtain gratuitous medical relief, and are only deterred from doing so by the disabilities which attach to pauperism. On this aspect of the question Mr. Rathbone argues as follows:—

"It may be said that a man who has been disqualified by having received medical relief might be reinstated in the possession of his electoral rights in the event of his afterwards repaying the expense of his having been compelled to go to the hospital. This sounds very reasonable, but, at the same time, it is not practicable. The matter was dealt with very fully by the guardians of the Kensington District. When a man is struck down with fever, everything falls behindhand when he is put in the hospital. He is a respectable man, let us suppose, and his family are able to obtain credit; well, when he comes out of the hospital he finds that he is in debt, and is unable to pay what he owes at the moment. It might be a matter of great difficulty for him to pay what he owed, although it might be said that, theoretically, he ought to do it. He has an argument against it. He may say: 'If you had allowed me to be attended during my illness at home, I could have had my club doctor and have managed to pay any expenses incurred, and have provided what was necessary for my family. But you put me and my child into an expensive hospital, and require me to pay for six weeks eight shillings or nine

shillings a week, when my wages are not more than twenty shillings.' And I am sorry to say that the great bulk of our labouring classes do not average that. When you ask him to pay that for himself, or pay for his child, he may say: 'Why, I would rather run the risk of keeping my children at home. If you put my child in the hospital for the public safety, it is only fair that the public should pay the expenses.'"

We have no sympathy whatever with the working man who spends every shilling of—for him—an ample income; never has a sixpence laid by for emergency; and when he or his family sicken, ask that the public should pay the expense. It is no answer whatever to say that the public should pay because it is for the public safety that the patient is sent to hospital. No member of the community is absolved from his responsibility to protect his neighbours from a danger of which he is himself the origin. The law compels gunpowder factors to build suitable magazines, obliges lodging-house keeepers to disinfect, holds the owners of rabid dogs responsible for their custody, and, in all ways, recognises the owner of a common danger as liable to keep his neighbourhood clear of it. It is quite right that every person should be forced to adopt precaution, if he will not do so; but also quite right that he should bear the expense of doing so. It is an extraordinary proposal that persons should be served as paupers in the matter of sickness, and yet treated as men of means in all other affairs It is evident that an effort will be needed to throw out Mr. Rathbone's Bill if it be not materially modified.

The Temperance Public House Movement.

A few days ago the Earl of Aberdeen opened, on behalf of the subscribers, the Nine Elms Coffee and Reading Rooms, an institution situated near to the South-Western Railway goods station in Wandsworth Road, and intended for the use of the working people in the neighbourhood. The establishment is new and commodious, having a handsome outward appearance, and inside rooms conveniently disposed and tastefully, though plainly furnished. The coffee-house enters immediately from the street. Here tea and coffee and various descriptions of substantial eatables can be had at very moderate rates. Over this apartment is placed the reading-room, where smoking may also be indulged in. The cost of the whole building is between £4,000 and £5,000. The institution, however, is started on a commercial basis, and, if freed from debt at the beginning, it will no doubt not only pay its way, but may eventually prove a commercial success. No one can be more aware than members of the medical profession of the beneficial influence that these coffee-taverns are likely to have upon the public health, to say nothing of their effect upon the morals and prosperity of the people. The establishment of these places of innocent refreshment and recreation is a far more practical way of dealing with the evil of intemperance than all the preaching, and writing, and lecturing "On Alcohol" and "Total Abstinence." If these temperance public houses are multiplied throughout the length and breadth of the United Kingdom we shall soon see a great alteration for the better in the health, morals, and social prosperity of the working classes. Medical men will not so often have to administer remedies to constitutions that have been hopelessly ruined by alcoholic indulgences. The wards of our hospitals will be less crowded with those patients whose diseases have originated in, or are seriously aggravated by, their intemperate habits. In virtue of the law of demand and supply the number of public-houses, beer-shops, and "gin-palaces" will decrease in proportion as the counter attractions and salutary temptations of the coffee-taverns increase; while one of the cardinal precepts of personal hygiene, one of the essential conditions of health and longevity—temperance—will be practised throughout the land by that very class of people upon whose moral and physical well-being the greatness of a nation mostly depends.

The Russian Government and the St. Petersburg Medical Students.

Although deprecating the intermeddling of medical students with political matters, we cannot but sympathise with the students of the St. Petersburg colleges in respect of their recent treatment by the Russian Government. It appears that the Prefect of Police had promised to bring an answer to the petition calling attention to the oppression of the students, and requesting the liberation of their colleagues arrested at the university town of Charkoff. Instead of any reply being vouchsafed them, the St. Petersburg colleges were surrounded by 2,000 gensdarmes and Cossacks, and 200 arrests were made. The Cossacks used their whips, and several students were injured. The drawbridge over the Neva was removed to prevent a body of 1,000 students from crossing to the south side of the river. As late as the 19th inst. the agitation among the students continued. The lecture halls are closed, and fresh disturbance are expected. The fact is, liberal ideas generally prevail among all students, both lay and medical, at home and abroad; and it is in consequence of their love of freedom, their hatred of oppression, and their aspirations after more liberal and constitutional institutions than are to be found in their native country, that the Russian students have found themselves engaged in such an unequal and hopeless contest with the government authorities. Unfortunately, like most young patriots who are possessed of more valour than discretion, the medical students of St. Petersburg have not perhaps taken the best means of asserting their rights, or of receiving the attention, and appeasing the despotic wrath, of a government like "Holy Russia." When, however, the time comes that that country is blessed with a more liberal and constitutional government, and a more widespread freedom of thought and action, the medical students of St. Petersburg will be remembered as having protested in their day against a system of tyranny and oppression from which even the followers of a peaceful profession could not be exempt.

The Parkes Museum of Hygiene.

We have received a letter from the Executive Committee, in which they draw attention to the objects, present state, and prospects of this museum, and solicit further support both from the profession and the general public. As about twelve months ago we gave a full description of the museum, we need only now remind the reader that it has been recently established for diffusing among all classes

a practical knowledge of hygiene; that it contains objects plans, and models, relating to life-protection, dietetics, clothing, engineering, architecture, and everything that has a bearing upon Hygiene. In order that the museum may become a great central institution for the instruction of the public, an endowment is absolutely necessary to meet the working expenses, especially as it may at some future time be advisable to erect a separate building for its reception. The Executive Committee therefore appeal for pecuniary assistance to all those who are interested in the hygienic education of the people and the advancement of sanitary science, not only money but also books, pamphlets, statistical tables, maps, plans, models, apparatus, specimens, &c., illustrating, or suggesting improvements in, any branch of hygiene, will be very acceptable to the committee. Her Majesty the Queen has just contributed £50 to the fund; while the Council of University College have temporarily placed at the disposal of the committee a large room (of 3,500 square feet), together with a second room for the purposes of the library. The founders of this excellent and much needed museum are anxious to make it a national rather than a mere local institution, and consequently they are not only doing all they can to make it widely known and appreciated, but are taking steps to throw the whole collection open to the public. To have, however, a fine museum of any kind is one thing, to make good use of it and to make it the means of instructing the public on those subjects of which its contents are a practical illustration, is quite another matter. Accordingly, it is the intention of the committee to give a series of demonstrations of the construction and practical application of the more important sanitary apparatus contained in the museum.

Professor Corfield will shortly give a series of lectures on the subject of house drainage, and we need scarcely remark that not only the public but also most members of our profession will be rewarded by availing themselves of the advantages which are afforded by the museum and the demonstrations given in connection with it. We feel certain that this praiseworthy undertaking will have, in the future, a marked influence upon the public health, for in proportion as the public become educated in respect of sanitary subjects, they will be sensitive of any insanitary conditions to which they may be exposed, and at the same time better acquainted with the best means of removing or of obviating them. We trust, therefore, that the appeal of the Executive Committee will be liberally responded to, and that our professional brethren will not be behind hand in doing all they can to promote the success and to add to the resources of the Parkes Museum of Hygiene.

Small-pox at Greenwich.

It appears that small-pox is prevalent in the Greenwich district. One hundred and eighty pauper cases have been reported during the last few days. The authorities, however, are dealing with the epidemic in a prompt and exemplary manner. The Greenwich Board of Guardians have refused to allow any visitors into the Union Infirmary during the continuance of the disease, and the Board of Works have ordered a circular to be sent to the undertakers urging upon them the necessity, where death occurs in private cases, to get the body removed to the mortuary as soon as possible. There can be no doubt that these are just the means that should be adopted to prevent the spread of an epidemic, for in a disease like small-pox, the contagium of which is so virulent and far reaching, too great care cannot be taken to keep visitors and even relatives away from the infected. It is only by boards of guardians, district local boards, medical officers of health, and medical men adopting the strictest hygienic precautions, that an outbreak of small-pox can be kept within a comparatively limited area.

The Cost of the General Medical Council.

The money which the medical profession has expended upon the Council, with little or no beneficial result, has been tabulated by he *Lancet*. The following table gives the income of the Council from the commencement:—

Date.	Fees.	Dividends.	Total.
	£ s. d.	£ s. d.	£ s. d.
1859	34511 10 0	—	34511 10 0
1860	3204 10 0	749 11 0	3954 1 0
1861	4017 15 0	755 3 7	4772 18 7
1862	3787 15 0	768 17 1	4556 12 1
1863	4386 15 0	752 19 2	5139 14 2
1864	4520 10 0	761 3 9	5281 13 9
1865	3614 5 0	787 17 9	4402 2 9
1866	3653 5 0	784 6 9	4437 11 9
1867	3815 5 0	773 9 5	4588 14 5
1868	4087 10 0	747 5 0	4834 15 0
1869	3631 5 0	773 11 7	4404 16 7
1870	4130 15 0	811 2 10	4941 17 10
1871	3620 15 0	801 4 6	4421 19 6
1872	5033 5 0	800 19 0	5834 4 0
1873	4249 0 0	852 10 7	5101 10 7
1874	4532 0 0	885 14 3	5417 14 3
1875	4718 10 0	882 8 2	5600 18 2
1876	5143 0 0	874 13 9	6017 13 9
1877	4814 0 0	876 13 8	5690 13 8
	109,471 10 0	14,439 11 10	123,911 1 10

It appears from the above table, the materials of which will be seen in the Annual Register, that the Medical Council has received in nineteen years the goodly sum of £123,911 1s. 10d., roughly about £6,500 a year. This has come out of the pockets of the medical practitioners of the country before they had the chance of putting a fee into their pockets. Sir Dominic Corrigan puts it very well when he says it is a monstrous injustice that all the payments should be made by the practitioners of the country, and all the representation be enjoyed by the bodies in Schedule A, which pay nothing.

The Adulteration Act.

We noted recently that there was imminent danger of this Act being rendered nugatory by a decision of the Lord Chief Justice Coleridge, that no prosecution could be maintained against an adulterator in respect of goods bought by an Inspector, inasmuch as he could not be said to be prejudiced by the sale. We observe that the Local Government Board for England, in reply to an inquiry from the Chief Constable of Cumberland, have intimated their views on the question whether an Inspector purchasing goods for the purpose of analysis could be legally prejudiced. They evidently consider that the opinion attributed to the Lord Chief Justice in favour of the adulterator is not a sound one; and it appears that his expressions, as reported in the papers, do not appear in the

authorised Law Reports. It is, therefore, probable that the technical defence thus apparently established will be abandoned.

We venture to suggest that even if the decision of the Lord Chief Justice were maintained, it might be met by paying the Inspector an annual sum, which should include the purchase of samples, and permit him to appropriate to his own use samples not needed for analysis. Under such arrangement he would be clearly "prejudiced" if served with a fraudulent article.

Popular Prophylaxis of Yellow Fever.

THE American journals have referred to three systems for the cure of yellow fever. First, a Mr. Hard, of Florida, supposes that discharges of artillery in infected places during the night, when the germs are in the air, arrest the fever, and he himself engages to stop it in any town in forty-eight hours. He considers that the sulphurous acid developed by combustion of gunpowder is an important means of purifying the air, and he advises burning about a teaspoonful of powder in all occupied rooms where yellow fever prevails. Next, a captain of a merchant vessel reports that he visited Cuba when it was wasted by the fever, and that his men escaped, though they had no other preservative than a large quantity of guano in the ship. The guano seems to have warded off the disease. Lastly, it is said that Dr. Humboldt, nephew of the eminent naturalist, has, in his practice at Havana, found the poison of the scorpion a remedy against yellow fever. Of 2,478 men of the garrison inoculated with this poison, only 676 were attacked, and of this number only sixteen died.

Health of Kensington.

IN Dr. T. Orme Dudfield's last monthly report, he states that 330 births (viz., males 170, and females 160), and 210 deaths (viz., males 100, and females 110) were registered in the four weeks ended Nov. 9th. After making due allowance for increase of population, the births were 44, and the deaths 12, below the average numbers in the corresponding weeks in the last ten years. The deaths were equal to an annual rate of 17·6 per 1,000 persons living, the rate in the whole metropolis being 21·1 per 1,000. The average rate in the parish and the metropolis respectively, in the last ten years, was 18·8 and 22·6 per 1,000. The deaths in Kensington include 84 of children under five years of age; 52 under one year old. Fifty-five persons died at 60 years of age and upwards. The deaths from the principal diseases of the zymotic class were 20 (10 below the corrected decennial average), viz: measles 3, scarlet fever 3, diphtheria 1, whooping cough 7, enteric fever 1, and diarrhœa 5. The diseases of the respiratory organs caused 76 deaths, including phthisis 31, bronchitis 30, and pneumonia 12. Heart disease was the cause of 22 deaths; and 9 deaths of children below the age of five years were due to the scrofulous or tubercular diseases.

Thames Water and the Plumstead Vestry.

IF the Metropolitan Board of Works do not soon take some measures to rectify the condition of the Thames with regard to sewage contamination it will not be for want of representations made to them on the subject. At a meeting of the Plumstead Vestry Mr. Kimber urged upon the members the necessity of pressing upon the Board to proceed with the working out the scheme for utilising the metropolitan sewage. When, in the summer, the wind was in a northerly direction a horrible effluvia, he said, came across the river, whilst an outbreak of diphtheria at present prevailing among children at Shooter's Hill was, in his opinion, the result of a contaminated atmosphere. The chairman concurred in the importance of the river being cleansed, and a resolution urging the Metropolitan Board to give this subject immediate attention was carried.

The Conjoint Scheme of Examination.

MR. HANCOCK proposed at the last meeting of the Council of the London College of Surgeons, "That until the medical authorities in Scotland and Ireland respectively shall have agreed to establish Conjoint Boards in those divisions of the United Kingdom, it is not expedient for this College to take further steps towards the voluntary establishment of a Conjoint Board in England." The following amendment, moved by Sir James Paget and seconded by Mr. Marshall, was put as a substantive motion, and carried:—"That the President be requested to call an extraordinary meeting of the Council, for the consideration of the position of the College in relation to the institution of Conjoint Examining Boards as soon after the re-assembling of Parliament as he shall think fit."

The Sale of Food and Drugs Act.

IT is announced that a Bill has been prepared by Mr. Anderson, M.P., Mr. P. A. Taylor, M.P., and Mr. Whitwell, M.P., to amend the Sale of Food and Drugs Act, 1877, by providing that in the cases of prosecutions for the sale of adulterated articles it shall be no defence to allege that the purchaser having bought only for analysis, was not prejudiced by such sale. The same Bill also proposes to allow the reduction of spirits to the extent of 25 per cent. under proof for brandy, whisky, and rum, and 30 per cent. under proof for gin.

THE death of Byron's last medical attendant, Dr. Millingen, of Pera, will recall memories of a thrilling and eventful history to many in the profession, who, perhaps, participated in the unending discussions that followed on the death of Greece's devoted lover. Fortunately for the present generation, says the *Students' Journal*, the depletive treatment of febrile diseases finds us supporters among the enlightened of our age, but there is a melancholy interest in recalling for a moment the disastrous consequences that so invariably attended on a once common, but now exploded method, of procedure.

LAST week's *London Gazette* contained an Order in Council relative to typhoid fever among swine. Henceforth, throughout Great Britain the order provides that typhoid fever of swine shall be deemed to be a disease for the purposes of the Contagious Diseases (Animals) Act. All swine affected with the fever are to be slaughtered,

and out of the local rate the owner thereof, by way of compensation for every head of swine so slaughtered, is to receive one-half of its value immediately before it became so affected, but the compensation in any case is not to exceed forty shillings.

A VALUABLE appointment will be vacant in the spring of 1879 by the resignation of Dr. Carpenter, F.R.S., whose name has been associated with the University of London almost from its incorporation in 1836. The post of registrar thereto is one needing considerable application, tact, and judgment, and the duties of the office increase each year with the fame of the institution. The salary attached is £800, increasing each year £25 till the maximum of £1,000 is reached. Dr. Carpenter in retiring will carry with him the universal esteem of all who had the pleasure of his acquaintance, whether officially or non-officially.

IN the principal foreign cities, the rates of mortality, according to the most recent weekly returns, were—in Calcutta 44, Bombay 32, Madras 45; Paris 24; Geneva 24; Brussels 23; Amsterdam 22, Rotterdam 19, The Hague 29; Copenhagen 23; St. Petersburgh 35; Berlin 24, Hamburg 28, Dresden 23, Breslau 26, Munich 30; Vienna 28, Buda-Pesth 31; Naples 23, Turin 31, Venice 29; Alexandria 40; New York 22, Brooklyn 21, Philadelphia 18, and Baltimore 18.

SMALL-POX caused 17 deaths in London and 8 in Dublin last week, no other deaths from this disease are reported. Scarlet fever has materially declined during the last fortnight. It is still somewhat fatal in Liverpool, Birmingham, Sunderland, and Oldham. Diphtheria caused 14 deaths in London and 4 in Birmingham. There was a slight increase in the mortality from diseases of the respiratory organs throughout the country, chiefly through the severe weather.

Mr. MORRANT BAKER, F.R.C.S., of St. Bartholomew's Hospital, and Mr. Walter Rivington, F.R.C.S., of the London Hospital, have been elected to the Board of Examiners in Anatomy and Physiology, at the Royal College of Surgeons of England, *vice* Messrs. Savory and Wagstaffe, resigned. These appointments will be peculiarly popular, especially amongst students, with whom they are decided favourites.

THE appointments in the University of Aberdeen to the vacant Chairs of Zoology and Materia Medica have at length been made—Dr. Davidson to the chair of Materia Medica, and Dr. Ewart to the chair of Zoology. Professor Alleyne Nicholson was thought to possess the best chance for the latter chair, and considerable dissatisfaction exists in some quarters at the result.

OF the 46 deaths in London last week from violence the large proportion of 43 were from negligence. In the large Public Institutions 329 deaths were recorded, or 19 per cent. of the total deaths in the metropolis; of these 212 occurred in workhouse establishments, 111 in hospitals, and 6 in lunatic asylums. The London Fever Hospital contained more than 100 patients on Saturday last.

Literature.

ORGANIC PHILOSOPHY; OR, MAN'S TRUE PLACE IN NATURE. (a)

THERE is much difference of opinion as to man's true place in nature, but there can be only one opinion as to the true place in literature of this work, offered in explanation of the problem. We have endeavoured to wade through it, and to evolve some coherent conception of the object of the author from his 449 pages of printed matter; but we have failed. Dr. Doherty has succeeded in rendering more obscure, and difficult of comprehension, the problem he has attempted to solve, by surrounding it with a farrago of symbols, definitions, new terms, coined words, divisions and sub-divisions, all put forward with the ostensible aim of simplifying investigation. If the author had intended to mystify his readers, he could not have chosen a better plan than the one he has adopted. Shakespeare tells us that there was "method in the madness" of Hamlet; but using almost the same words, we must say there is "madness in the method," advocated by the author. A short extract will afford us a glimpse of the peculiar humour of Dr. Doherty, and of his style. Speaking of the endowments of men and women, he tells us "that exceptional aptitudes give us a kind of clue to innate diversities of endowment in human nature, more or less analogous to vocational and structural diversities of form and function in animal nature; and we may indicate certain parallels of animal characteristics as caricatures of human characteristics of differential proportionalities of organs and faculties." He selects as types the swallow, apteryx, ostrich, and wild goose, and thus continues :—"

"We need not attempt to define the category of wide-mouthed human *gobe-mouches*, strong in the wing and weak in the leg, always flying in the invisible air of imagination, nor the small-brained and strong-legged *positivists*, always on the solid ground of visible and practical reality; nor the well-endowed *wild-goose*, able to roam freely at great heights and flights of imagination, dive to some extent in the waters of science and philosophy, waddle safely and firmly on the ground of common sense and practical reality. The wildest *known goose* of this description, was the poet *Shakespeare*, who rose to the greatest heights of imagination, dived to profound depths of philosophy, and retired from business as a theatrical manager, with a fortune realised in less than thirty years of theatrical enterprise" (page 218).

We need not criticise the above passages, but we may say that we could have made much worse selections even than the foregoing.

Dr. Doherty, we must, in justice say, has evidently read a great deal, but we are afraid he has not digested it well. With every disposition to be lenient, we must in the interest of the buyers of books be honest and candid, and necessarily severe.

There are few subjects at the present day more interesting than the evolutionary theory, and works published in connection with it, for or against, are read and purchased with avidity. We have consequently a surfeit of books, good, indifferent, and bad, and readers are often sadly disappointed in their purchases. This work is produced in an exceptional manner as regards type, binding, paper, and other attractions, due to the mechanical skill of the printer or publisher. This is the only merit the book has.

FORMS FOR THE TAKING OF THROAT AND AURAL CASES. (b)

THESE very excellent Forms are a worthy supplement to the exhaustive treatise ("The Throat and its Diseases") which has lately appeared by the same author.

In it we were particularly struck by the systematic grouping of the various elements in the etiology and

(a) "Organic Philosophy; or, Man's True Place in Nature." Volume V. Organic Method. By Hugh Doherty, Esq., M.D. London: Trübner & Co., Ludgate Hill.

(b) "Forms for the Taking of Throat and Aural Cases, with drawings and outlines of Fauces, Posterior Nares, Larynx, and Membrana Tympani." By Lennox Browne, F.R.C.S.Ed., Senior Surgeon, Central London Throat and Ear Hospital. London: Baillière, Tindall, and Cox.

symptomatology of throat affections, on the practical differentiation of which, in a great degree, depends our correct diagnosis, and consequently treatment. The fact must be acknowledged that this exact method of clinical examination, by a process of exclusion, is not so much followed either in hospital or private practice, as an accurate analysis of any ambiguous case necessitates. We are prone to satisfy ourselves with rather slovenly methods. This leads often to carelessness in the examination of a diseased part, and frequently, the critical symptom on which hinges the recognition of the disease, and the recovery of the patient, is overlooked. In the investigation of aural and throat cases this exactitude is absolutely essential. A true conclusion cannot be arrived at unless we proceed, step by step, from every surrounding circumstance, in the history and life of the patient, to the exact existing physical sign. This can only be effected by cautious grouping of the symptoms in the order of their importance and sequence, apart from the careful noting of abnormal signs. It is for these reasons that we welcome the "Forms" of Mr. Lennox Browne. They are accompanied by a *Differential Table of Signs and Symptoms of the Principal Laryngeal Affections*, which has already appeared in his work. With the "Aural Forms" is a brief and practical introduction to the examination of an aural case which, to a beginner, will afford ready and valuable hints. The outlines for drawings of abnormal conditions of the larynx and membrana tympani, are an excellent addition; indeed, for teaching purposes and demonstration, they are indispensable. The "Forms" are to be had in a convenient volume, twenty-five of each, at a nominal cost, thus securing a neat and permanent record of fifty cases.

Literary Notes and Gossip.

THAT deservedly-popular "System of Medicine," edited by Dr. Russell Reynolds, F.R.S., is now complete, by the issue yesterday of the fifth and concluding volume. This is devoted to Local Diseases, comprising: Organs of Circulation; the Blood-Glandular System; the Urinary Organs; Diseases of the Female Reproductive Organs, and of the Cutaneous System; with a very copious general index.

* * *

THAT compilations often do better than original works, is amply attested in the success which Ringer's "Handbook of Therapeutics" has met with. Last week was published a seventh edition of this book, which is now a favourite text-book, the aggregate editions having gone off in about as many years. The last edition does not differ much from its predecessors, except that the author has added chapters on the Tongue, Pulse, Skin, and Temperature, and a compilation of unpublished notes by Dr. Murrell, on Nitro-Glycerine. The book is undoubtedly a good one, and we wish the same success may attend this as former editions.

* * *

WE have heard of *learned* reviews of works from a preface, table of contents, and even from a title page. Some cunning people are said to have the power of seeing through a brick wall, and in like manner we suppose the literary scribe has the faculty of weighing in his keenly-balanced mind the merits and demerits of the book whose edges he has scorned to cut. We hold it, that a reviewer should dive into and examine each chapter, not necessarily to read each page, but sufficiently to found an impartial judgment thereupon, or that he should honestly state in his criticism, that from what he has learned from the title page, or the preface, the book is so and so.

* * *

SPEAKING of Reviews, reminds us of the rapidity with which certain editions seem to go off; in one or two instances almost before one edition has been received for review—certainly before we have had time to look into it, another edition, and yet another is announced. Nothing pleases a medical journalist more than to observe an intelligent appreciation of the labours of authors; but we most strongly deprecate the foisting upon a too credulous public, editions which consist of 50 or 100 copies of a book. We have in our mind at the present moment, the fact of a medical author having run up editions of his book to something between thirty and forty in a very short space of time, and who arrived at this wonderful success, by printing another edition on every hundred copies. We shall mention names if this goes on.

* * *

ALCOHOL is, undoubtedly, the hobby-horse of the day. Scarcely a journal or magazine appears in which some one, especially members of our own profession, has not something to say on the question. Not that that *something* is necessarily new—on the contrary, the present controversy merely repeats itself on most points, as any one acquainted with the literature of the subject can testify. Still there have been some common-sense views expressed by writers on both sides, which if they tend to the lessening of the monster evil of intemperance, the original or pirated essays of the past few months will have achieved a great work.

* * *

To Dr. Alfred Carpenter and Dr. Richardson undoubtedly belong much of the honour in having stimulated by their writings and lectures the present movement. Few who heard can have forgotten the stirring and thoughtful oration of the former, and the discussion which followed at the Medical Society of London in the spring of this year, and which appeared two days later in our own columns. Dr. Richardson's writings and lectures throughout the country on the same side are too well-known to need repetition. Then followed Sir James Paget, Dr. Brunton, Dr. Bernays, and Dr. Godwin Timms (the latter's papers have, by-the-bye, just been reprinted in pamphlet form). This month, in the *Contemporary Review*, Sir Wm. Gull, Drs. Murchison, Moxon, and Wilks, make their bow, and it is understood that Sir Hy. Thompson, Drs. Risdon Bennett, Quain, and Radcliffe, and Mr. Brudenell Carter will appear in print in January.

* * *

THE Anglo-German medical journal which was announced to appear two months since, has not yet put forth its claims to professional favour, except on prospectuses. Perhaps its promoters slept over our advice, and in the face of recent failures in medical journalism, wisely declined to embark in a more serious loss than that of a ream of circulars: if so, we congratulate them on their wisdom. An Anglo-French journal, entitled, *La Semaine Francaise*, has, however, made its appearance. Although not a medical, this periodical is very well done, and will be highly appreciated by those who care to keep themselves *au courant* with the social, political, and religious life of the Continent. It is printed in the French language, though published in London, and is altogether superior to similar journals published in France, if we except the *Revue des Deux Mondes*.

* * *

ON Thursday last Mr. F. Harrison delivered an interesting lecture at the London Institution, on "The Misuse of Books:" the views enunciated we cordially endorse. Undoubtedly many persons occupy a large part of their lives in buying books without having any intention of reading them. Others think books specially valuable because they are unique. One of the most useful parts of reading is to know what to avoid. The enormous multiplication of modern books is not favourable to the reading of the best; and there never was a time when the difficulties in the way of making efficient use of books were greater than they are to-day. Fortunately, the mania for reading old and out-of-the-way books, simply because they are such, is not now quite so fashionable as it was. A book which is beautiful in itself is of much greater value than one which is simply rare; at the same time it must be admitted that nine-tenths of the literature of to-day is not equal to that of some of the old writers, whilst much of it is simply unacknowledged copy.

* * *

Messrs. SILVERLOCK'S *Medical Practitioner's Visiting Lists for the New Year* are now ready. There are four varieties in all, each differing but slightly from the others, having its special advantages according to the particular requirements of different individual practitioners. For a medical man who sees on an average about sixty separate families a week, Silverlock's "Medical Practitioner's Visiting List" is perhaps the best. For one who sees either less or more than that number, the arrangements of the dates would render this form inconvenient, and the one to be preferred is Silverlock's "Perennial Medical Practitioner's Day Book and Visiting List suggested by Dr. Rugg." Of the two other forms, one, the oblong edition, opens in the long direction. It contains a variety of information, such as treatment of the apparently drowned, antidotes for poisons, and treatment to be adopted, doses of

drugs, metric measures, &c. The fourth, "The Medical Practitioner's Visiting List and Diary," is useful for the practitioner whose practice would range to above thirty different families a week, and whose other engagements and appointments, apart from practice, might be numerous.

Correspondence.

THE HOSPITAL SATURDAY FUND AND FINANCE COMMITTEES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The desire expressed by the Council of the Hospital Saturday Fund that Finance Committees should be attached to all the medical charities that participate in the awards it grants, seems to me to be open to serious objections. Two principal reasons, however, should, I think, be very seriously taken into considerat on before the action this body of gentlemen has recommended is put into practice.

1st. Take any large general hospital, with a board limited in numbers, and composed of governors who eagerly watch every detail, not only of finance, but of each department of the hospital. Here, if this board were split up into committees of some five or six members to each, a large amount of interest would be lost to the general executive of the establishment, which has been found to work so well. The only exceptional times when special committees of the kind in question would in my opinion be desirable, are during the erection of a new wing, or in making radical changes involving large outlays, when committees *ad hoc* should be constituted. At institutions with their boards or committees *open to all governors and subscribers*, as at St. George's Hospital, no doubt a finance and other separate committees of some 12 or more members to each are necessary ; but at the same time these bodies must be composed of a sufficient number of members to avoid any chance of a small quorum being able to hole-and-corner their business.

2nd. At lesser institutions, and at dispensaries, owing to their purely local character, I consider permanent small committees, such as finance committees would become, highly objectionable. Take, for instance, the Hospital for Diseases of the Throat, in Golden Square, with a finance committee of 4 members, among whom are relatives of the medical superintendent, headed by his brother the hon. secretary of the Hospital Saturday Fund. It is not difficult to understand that supposing the whole of this small family party has, as a committee, to be unanimous in all their actions, a desired end of this kind is easily obtainable. If only a quorum of three has to be unanimous, so much the easier ; but if the majority out of a quorum of three can carry resolutions, only think how easy it becomes for the medical superintendent to get his own brother to pull the wires. At dispensaries—which are the medical charities of certain neighbourhoods, and very often of certain parishes—how easy would it be for some leading and active churchwarden elected on a finance committee, to do almost entirely as he liked with other folks' coin? No. Let us rather see the responsible boards and committees, in full meetings specially summoned for the purpose, and at which meetings the quorum is increased rather than reduced, managing the finances of their institutions.

The Distribution Committee of the Hospital Sunday Fund at the Mansion House would, I am convinced, have long ago recommended the introduction of finance committees had those gentlemen not been fully aware of the possible evils they would thereby encourage. Far better it seems to me is their action in allowing each medical institution to be conducted as the several bodies each find best suited to their own business and then in the event of these arrangements not appearing to be satisfactory, to invite the executive of any hospital or dispensary to send a deputation to explain matters.

I remain, sir, yours, &c.,

AN EX-HOSPITAL OFFICIAL.

December 16th, 1878.

VACCINATION AND RE-VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The answer of your nameless correspondent in your issue of the 11th inst. to a query of mine in your issue of the 27th November, is to my mind anything but satisfactory, though I feel grateful for his courtesy.

He says, "to use matter from a re-vaccination is certainly not sound practice." Then again he says, "If re-vaccination means the vaccinating of a person in whom the operation has been previously successfully performed, it would in such a case be decidedly wrong to use the lymph resulting from the second vaccination."

The above answers are very clear and satisfactory, but the good is quite taken from them by the following, when he says, "if a person who has not been vaccinated for many years be re-vaccinated, he being in exceptionally good health at the time, another individual might be *both successfully and harmlessly* vaccinated from him." Now I wish to know whether it is the "many years" or the good health that purifies the lymph in this case, and renders it *sound practice* to use it? Also, if bad health interferes with the *character* of the vesicle? I would also wish to know if your correspondent holds that the greater the number of years between primary and re-vaccination, the more will the vesicle, and the course of same—re-vaccination—resemble the primary operation? or, in other words, that the effects of the *primary successful* vaccination after "many years" are *entirely* eliminated from the system. I have had very fair experience of re-vaccination—and of course I mean by the term, vaccinating a person in whom the operation has been previously *successfully* performed—in persons from six to sixty years of age, this year, and I can truly say I have not had a single case that would warrant me in calling the resulting matter other than *spurious;* and I imagine the presence of such matter is clear evidence of the primary operation having been successful. Of course, it is understood that the lymph used should be of the finest description, and *always* from the arm of an infant.

I venture to say that a re-vaccination that goes through all the stages *exactly* of a primary one—well-formed vesicles, pearly colour, fully developed, *not* sooner than the 8th or 9th day, &c.—that that is strong presumptive evidence of the primary operation *not* having been successfully performed.

If my theory be at all correct, I cannot see how matter from a re-vaccination can be used at any time successfully and harmlessly for vaccinating.

I am, sir, yours, &c.,

IVORY POINT.

ON VACCINATION AND THE PRESENT STATE OF THE LAW WITH REFERENCE THERETO.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I read with pleasure in a recent issue a circular from the Local Government Board, which was addressed to certain selected dispensary practitioners on the supply of vaccine lymph in capillary tubes to the Cow Pock Institution, stating that the Board had it under consideration to give a higher rate of remuneration for each properly-filled tube, which would be an inducement to dispensary practitioners, the former offer of sixpence per tube being totally inadequate. I am sure every dispensary practitioner would be glad to send supplies, and am confident if a higher rate of remuneration were offered, many would avail themselves of the opportunity, but there are in some parts of Ireland difficulties in the way, Practitioners in the South and North may have very little difficulty in obtaining lymph from the children whom they vaccinate, as no educated or sensible parent would refuse to allow the removal of vaccine matter from the arms of their children at the request of the vaccinator; but it is amongst the ignorant and superstitious peasantry, especially in some parts of the West of Ireland, that the difficulty in procuring lymph prevails. The country people in my district look upon the removal of lymph as something dreadful, and obstinately refuse to permit me to obtain a supply, even to vaccinate the children of their neighbours, and to such an extent it prevails, that some of the most ignorant of them make good their escape from the dispensary before I present them with the usual certificate of successful vaccination; such a thing as arm-to-arm vaccination is out of the question, for all my persuasion is useless. I am compelled through their ignorance and obstinacy to depend almost entirely on the Cow Pock Institution for my supplies; this state of affairs will continue until the law is amended, thus

compelling the mothers to allow the removal of lymph at the discretion of the vaccinator. The law as it stands at present requires that every child should be vaccinated at the age of six months. I look upon this as a great drawback to the proper performance of vaccination, for we all know that the teething process usually begins about that time, and the children are liable to cutaneous eruptions and diarrhœa, rendering them unfit for vaccinating, which has to be postponed from time to time, and very often children reach the age of two years before they are operated on, especially the children of the peasantry living near the sea coast, whose parents consume as food quantities of shell-fish. Should small-pox break out amongst the people, undoubtedly there would be a great mortality amongst those children unvaccinated.

I beg to suggest for the consideration of the Irish Medical Association the subjoined points, with a view of having the vaccination laws made a little more perfect :—

1. That every child should be vaccinated at the age of three or four months.
2. That it would be illegal for mothers to refuse to give permission to vaccinator to remove lymph.
3. Vaccinators to receive some remuneration per case as their *confrères* in England.

I remain, yours faithfully,

HUGH A. DAVIS, M.D.

Newport, Co. Mayo, Nov. 30, 1878.

[The price per tube has been increased to 1s.—ED.]

THE CONTAGIOUS DISEASES ACTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your manner of advocating the Contagious Diseases Acts evinces an honest desire to support what you consider a valuable institution ; surely, then, you cannot suppose that it will serve the object you have in view to put false issues on the question before the profession ? In your leading article, Dec. 18th, you have done this, no doubt unwittingly, in several instances.

1. "Should she return to the paths of virtue, or supposing that, possibly, the superintendent has done her an injustice, she is entirely free from molestation, &c."

The case of C. Wybrow, a pure virgin, who was detained several days a prisoner in Chatham, before she could obtain her release ; and the case of Mary Hart, lately discharged after a protracted trial at Woolwich, sufficiently disprove this statement, without referring to the admission of the police that they acted on the suggestions of anonymous letters.

2. "The superintendent knows that he must prove his case to the satisfaction not only of his superior officer, but of the magistrates, &c."

The superintendent knows nothing of the sort, but he knows that he is only required to swear that he has *good cause to believe so-and-so*, and the magistrate is not allowed to raise any further question.

3. "The case must be proved against her, just as a larceny or other offence."

This is entirely false. *No case in any instance is ever proved against any woman—nothing is advanced against her except the policeman's suspicions.* In a few instances when friends have come forward and found the means of procuring the assistance of a lawyer, the victim has been allowed *to prove her innocence.*

4. "Her improper detention in hospital is provided for by the 25th section of the Act of 1866, which enables her to appeal to the magistrate at any time."

There is an error here as to the section ; her improper detention in hospital is provided *for*, not *against*, by the section which allows the authorities of the hospital to lock up all letters coming to the inmates, even though they be from their lawyer, until the prisoner can no longer make use of them to obtain her release.

Sir, I have no wish to discuss in your columns the question, whether the Acts are desirable or not, but at least let us have the truth about them. You have always claimed for your journal public support on the grounds of its publishing impartially the arguments on both sides of all disputed questions on this ground I trust that you will insert this letter in your next number.

I am, Sir, your obedient servant,

EWING WHITTLE, M.D., M.R.I.A.,
Lecturer on Medical Jurisprudence and Toxicology to the Royal Infirmary School of Medicine, Liverpool.

Dec. 21, 1878.

Medico-Parliamentary.

EXPENSES OF INDIAN OFFICERS ON SICK LEAVE.

In answer to Major O'Beirne,

Mr. E. STANHOPE said,—I am informed that the Government of India have never required officers coming to England on sick leave to appear before a Medical Board on arrival. Accordingly expenses incurred by such officers under other than Indian regulations and for other than Indian regiments have not been admitted as a proper charge against Indian revenues. The War Office regulation to which the hon. member refers has been abolished as regards India and the colonies.

THE LUNACY LAWS.

Mr. P. TAYLOR asked whether it was the intention of the Home Secretary to introduce this session a measure for the reform of the Lunacy Laws.

Mr. CROSS said the report of the committee which had sat on this subject was at the present moment engaging the earnest attention of the Lord Chancellor, and as soon as the House re-assembled after the recess the course it was intended to pursue would be stated, and probably legislation would follow.

Medical News.

Royal College of Surgeons, Edinburgh.—At the general meeting of this College, held on December 16th, 1878, the following gentlemen were elected as the Dental Examining Board, in terms of the Dental Act, 1878 :—Dr. P. H. Watson, President R.C.S.E.; F. B. Imlach, Esq., F.R.C.S.E.; Dr. John Smith, F.R.C.S.E.; Dr. Peter Orphoot ; Dr. D. W. Hogue ; and Dr. W. A. Roberts.

Anderson's College, Glasgow.—The following gentlemen were successful in the competitive examinationa for the Medical Scholarships at the School :—£10 bursary, tenable for two years, for students entering on their second year : G. W. Till, Worcester. £20 bursary, for third year students : David Carruthers, Dumfrieshire. The Dr. B. Ward Richardson prize of £10, "On the Chemistry of the Urine," has been awarded to Dr. S. Wellesley Coombs, Worcester.

Pathological Society of Dublin.—The following office-bearers have been elected for the ensuing year :—President : William Moore. Vice-Presidents : John Thos. Banks, Samuel Gordon, Thomas Hayden, Henry Haswell Head, George Kidd, Joliffe Tufnell. Council : A. H. Corley, George F. Duffey, Charles E. Fitzgerald, Arthur Foot, Edward Hamilton, James Little, Thomas E. Little, Robert M'Donnell, Benjamin G. M'Dowell, John Moore, J. M. Purser, Wm. Stokes. Secretary and Treasurer : E. H. Bennett. Secretary for Foreign Correspondence : Robert D. Lyons.

King and Queen's College of Physicians, Ireland.—At the December examinations the following obtained the Licences in Medicine and Midwifery :—

MEDICINE.—James Clement Baxter, Edward Butt, Anna Dahms, James Patrick Fennell, Robert Gordon, Andrew John Horne, Edward Laurence M'Ardle, Edward Patrick M'Donnell, John Ernest James Moffitt, Archibald J. Nicholls, Patrick Matthias Poett, Thomas Wm. Smartt, Wm. Joseph Volatti, Joseph Woolstencroft.

MIDWIFERY.—Anna Dahms, James P. Fennell, Andrew John Horne, Edward P. M'Donnell, Isaac Crawford M'Leam, John Ernest James Moffitt, Archibald John Nicholls, Daniel Roderick O'Connor, Patrick Matthias Poett, Thomas Wm. Smartt, Joseph Woolstencroft.

South London School of Chemistry and Pharmacy.—On Friday last the annual dinner and distribution of prizes to the successful students at this popular school, took place in the large hall at the Horns, Kennington. Dr. Muter, Principal of the School, in the chair, supported by Dr. Pollock, Dr. Silver, Dr. Cox, &c., with Mr. Baxter in the vice-chair. Dinner over, Dr. Julius Pollock spoke of the importance which the physician attached to the early training of pharmacists, as upon their care and accuracy in after life he had to depend for the compounding of his prescriptions, and to second his efforts in the treatment of disease. He then proceeded to distribute the medals and certificates, accompanying each with a few words of congratulation and encouragement. The following is the list:—Senior Chemistry—Medal Mr. Pocock; Certificate: Miss Stammwitz. Junior Chemistry—Medal: Mr. Harrison; Certificate: Mr. Newbigin. Botany—Medal: Mr. Lord; Certificate: Mr. Scammel. Materia Medica—Medal: Mr. Newbigin; Certificates: Mr. Lemmon, Mr. Harrison (equal). Practical Pharmacy and Dispensing—Medal: Mr. Lemmon; Certificate: Mr. Lord. Silver Medal of the School for Session 1877-78, Mr. John E. Phillips.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this rule.

THE INDEX for the present Volume will appear in our next.

L.S.A. will find the double qualifications M.R.C.S. & L.S.A. sufficient for the object he has in view.

F.C.S.—Your letter was unavoidably held over for want of space; but it will appear in our next issue.

THE EXAMINATION AT COLLEGE OF SURGEONS.—The *Students' Journal* says: "There are a great many complaints rife as to the manner in which the primary F.R.C.S. examination is conducted. One would certainly like to see it made a little fairer. As it at present stands, a man's knowledge in anatomy, human and comparative, physiology and histology is thought to be sufficiently tested by four questions."

INEFFICIENT VACCINATION.—A correspondent writes: I have been recently appointed to a dispensary in Ireland, and was much surprised to find children of all ages up to ten years without having the slightest mark of being vaccinated. I made it my business to examine every child coming to the dispensary, and I must confess that not even in one case have I found marks of efficient vaccination. I next turned my attention to the register of successful vaccinations and was considerably surprised to find all children born up to the last six months entered as successfully vaccinated. Ten children aged one year and under were examined, none showed a sign of any kind of vaccination, good, bad, or indifferent. I find that parents and guardians in this district have no notion whatever of getting their children vaccinated within six months of birth. In trying to carry out the compulsory vaccination laws I have succeeded in only making myself the *bête noire* of the locality. It appears from this that an inspector of vaccination is urgently needed. If small-pox broke out it would find a favourable spot here for its its ravages.

I. C. C. will obtain the information he requires by applying to the Registrar, Dr. Carpenter.

HUMBUG.—We thank our correspondent for his communication, but, perhaps, it is best to treat such unprofessional conduct with silent contempt.

TYRO.—The books to which you refer are to be had at our publishers, Messrs. Baillière, Tindall, & Cox, 20 King William Street, Strand.

MR. THOMAS BRYANT, F.R.C.S., Dr. Hudson, Dr. Jennings, Dr. Bodington, Mr. Lowndes, F.R.C.S., Dr. Hunter, Mr. Marshall, Mr. Jordan, F.R.C.S., and Dr. Williams will please receive our best thanks

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

A Treatise on Chemistry. By Profs. Roscoe & Schorlemmer. Vol. II. London: Macmillan & Co.

Stricture of the Male Urethra. By F. N. Otis, M.D. London: Smith, Elder, & Co.

Elements of Comparative Anatomy. By C. Gegenbaur. London: Macmillan & Co.

The Wasting Diseases of Children. Third Edition. By Eustace Smith, M.D. London: J. & A. Churchill.

On Repressive Paralysis. By W. H. Barlow, M.D. Manchester: J. E. Cornish.

Cases of Follicular Mal-Nutrition. By Tilbury Fox, M.D.

Two Cases of Severe Iodide of Potassium Eruption. By Tilbury Fox, M.D.

Essentials of Chemistry. By R. A. Wilthaus, M.D. New York: W. Wood & Co.

Handbook of Therapeutics. By Sydney Ringer, M.D. London: H. K. Lewis.

Personal Protection against Yellow Fever. By J. A. Wegg, M.D. Kingstown, Jamaica: Cohra & Co.

Specific Diagnosis: A Study of Disease. By J. M. Scudder, M.D. Cincinnati: Wilstach, Baldwin, & Co.

Specific Medication and Specific Medicines. By J. M. Scudder, M.D. Cincinnati: Wilstach, Baldwin, & Co.

The Science of Life. Second Edition. New Commercial Plants. By Thos. Christy, F.L.S.

May Young England Smoke? Second Edition.

On Loss of Weight, Blood-Spitting, and Lung Disease. By Horace Dobell, M.D. London: J. & A. Churchill.

Clinical Reports on Renal and Urinary Diseases. By W. Carter, M.B. London: J. & A. Churchill.

Introductory Address at St. George's Hospital. By T. T. Whipham, M.A.

The Practice of Surgery. Vols. I., II. By Thomas Bryant, F.R.C.S. Third Edition. London: J. & A. Churchill.

Diphtheria. By Morell Mackenzie, M.D. London: J. & A. Churchill.

The Obstetrical Journal. Veterinary Journal. Boston Medical Journal. Homœopathic Review. St. Louis Medical Journal. New York Medical Record. Le Progrès Médical. La France Médicale. Louisville Medical News. Students' Journal. Medical Inquirer. Pacific Medical Journal. Philadelphia Medical Times. Monthly Leaflet of the Anti-Tobacco Society. British Journal of Dental Science. North Carolina Medical Journal. Eclectic Medical Journal. Buffalo Medical Journal. Nature. Caen Medical. Algemeine Medizinische. Giornale Internazionale. Cincinnati Lancet, &c., &c.

VACANCIES.

Birmingham Queen's Hospital.—Resident Obstetric Assistant. Board is provided, but no salary. Applications to the Secretary before Dec. 31.

Brighton Hospital for Women and Children.—Honorary Surgeon. Applications to the Secretary before Jan. 3.

Bristol General Hospital.—House Surgeon. Salary, £100. Assistant House Surgeon. Salary, £50, with board in each case. Applications before Jan. 8 to the Secretary.

Central London Sick Asylum.—Assistant Medical Officer for the Cleveland Street Asylum. Salary, £100, with board. Address the Clerk of the Managers before Jan. 4.

City of London Hospital for Diseases of the Chest, Victoria Park.—An additional Assistant Physician. Honorary. Applications to the Secretary, 24 Finsbury Circus, E.C., by Dec. 28.

Croom Union, Adare Dispensary.—Medical Officer. Salary, £120, with fees, &c. Election, Dec. 30.

Great Northern Hospital, London.—Ophthalmic Surgeon. Honorary. Applications to the Secretary before Jan. 6.

Longford Union, Killashee Dispensary.—Medical Officer. Salary, £120, with fees, &c. Election, Jan. 14.

Shropshire Lunatic Asylum.—Assistant Medical Officer. Salary, £100, with board. Applications to the Medical Superintendent before Jan. 4.

St. George's Union, London, W.—Out-door Medical Officer. Salary, £150, with extra fees. Applications to the Clerk before Dec. 31.

Stamford Infirmary.—House Surgeon. Salary, £100, with board. Applications to the Chairman, Board Room, Stamford, by Dec. 31.

Swinford Union, Kilkelly Dispensary.—Medical Officer. Salary, £100, with fees, &c. Election, Dec. 27.

University of London.—Registrarship. Salary, £800, increasing £25 until the maximum of £1,000 is reached. Applications not later than Feb. 1.

Births.

FISHER.—Dec. 15, at Mountrath, Queen's County, the wife of M. W. Fisher, L.R.C.S.I., of a daughter.

JONES.—Dec. 18, at 19 Chapel Street, Belgravia, the wife of T. Ridge Jones, M.D., of a daughter.

Marriage.

STŒKER—PHILLIPS.—Dec. 14, at St. Saviour's Church, Hampstead, C. J. Stœker, L.R.C.P., M.R.C.S., of Forest Gate, to Emma Harlet, daughter of S. Phillips, of Hampstead.

Deaths.

BELL.—Dec. 12, at Eastgate, Rochester, William Bell, F.R.C.S.E., aged 75.

BLAKISTON.—Dec. 17, at Harley Street, the Rev. Peyton Blakiston, M.D., aged 77.

BURKE.—Nov. 15, of dysentery, on the island of Grenede, West Indies, Andrew J. Burke, L.R.C.S.I., aged 23.

CRIBB.—Dec. 11, at Marquis Road, Kentish Town, John Cribb, Surgeon, aged 72.

DASSANVILLE.—Dec. 14, at Thun, Switzerland, William A. Dassanville, M.D., Deputy Inspector-General Army Hospitals, aged 71.

DUNCALFE.—Dec. 15, at Walcot, Salop, George Humphrey Duncalfe, M.R.C.S.

EVANS.—Dec. 15, at Heyworth Street, Liverpool, Thomas W. Evans, M.R.C.S.E., aged 31.

GORDON.—Dec 10, at Farnworth Street, Liverpool, George Hamilton Gordon, M.R.C.S.E., aged 63.

HUNT.—Dec. 14, at Tivoli, Cheltenham, Wm. Henry Hunt, M.R.C.S., aged 87.

MCLANNAHAN.—Dec. 5, at Dairymple, Ayrshire, John McLannahan, L.F.P.S.G., aged 75.

M'TYER.—Dec. 14, at Redbræ, Maybole, Ayrshire, William M'Tyer, M.D. Friends will please accept of this intimation.

PINCHIN.—Dec. 14, at Riversdale, Egremont, Cheshire, George Wallis Pinchin, L.K.Q.C.P.I., aged 63.

STAFFORD.—At Suirville, co. Tipperary, Pierce B. Stafford, M.R.C.S.E., aged 44.

TOOLE.—Dec. 12, at Bandon, co. Cork, Anne, the dearly beloved wife of Edward Toole, M.R.C.S.E.

WINSHIP.—Dec. 15, at Penton Place, Newington, William L. Winship, L.R.C.P.L., of Newcastle-upon-Tyne, aged 23.

ABSTRACT OF THE QUARTERLY REPORT OF THE REGISTRAR-GENERAL FOR IRELAND.

(*Continued.*)

Diseases. — The number of deaths returned by the registrars as having resulted from the principal zymotic diseases (small-pox, measles, scarlet fever, diphtheria, whooping-cough, fever, diarrhœa, and simple cholera) is 2,736, or 13·4 per cent. of the total deaths registered, and equal to 51·1 in every 100,000 of the population. This number is 790 over the deaths from the same causes in the corresponding quarter of 1877, and 488 over the average mortality for the third quarter of the three years 1875 to 1877.

Small-pox.—The deaths from small-pox, which in the March quarter of this year numbered 88, and in the succeeding three months 272, were last quarter 249, of which 139 occurred in the South Dublin Union, 27 in the North Dublin Union, 10 in Rathdown Union, 31 in other parts of the province of Leinster, the total for that province being 207; none in the province of Munster; 13 in Ulster (including 6 in Belfast); and 29 in Connaught, 28 of which were in Galway Union. The registrars of Baltinglass District in Baltinglass Union, Wicklow in Rathdrum Union, Delvin in Delvin Union, &c., state that the introduction of the disease into their districts can be traced to Dublin. The registrar of Roosky District, Strokestown Union reports:—"Small-pox has entirely disappeared from this district. I am now registrar for twelve years, and during that time I have not heard of a single case. The compulsory vaccination Act is working gallantly."

Measles.—There has been a material decline in the mortality from measles, which disease had been very prevalent for some months. The deaths only amount to 309, being somewhat less than one-half of the number in the preceding three months, and but little more than one-third of the mortality in the March quarter. Of the 309 deaths, 48 occurred in the province of Leinster; 130 in Munster, one-half of these being in the county of Cork; 60 in Ulster, the chief mortality here being in the county of Cavan, where there were 39 deaths; and 71 in Connaught, 36 of which took place in the county of Roscommon, where there were 65 deaths from this cause in the June quarter. In Brideswell District, Athlone Union, measles and its complications caused 12 out of 24 deaths amongst persons under 60 years of age; in Ballinamore District, Bawnby Union, 14 of 32 (here "the disease has now subsided"); in Creagh District, Ballinasloe Union, 8 of 30—the registrar says "measles has been very prevaleut, and in some cases very fatal, principally, in my opinion, from the abuse of alcohol in the treatment of the first stage of the disease"—in Cappoquin District, Lismore Union, 10 of 24 deaths under 60; in Hospital District, Kilmallock Union, 7 of 33, whooping-cough causing 8; and in Milford District, Kanturk Union, 8 of 17. The registrar of the last-named district remarks: "Nearly all the fatal cases of measles occurred in filthy, low, damp, smoky cabins."

Scarlet Fever.—The deaths from this disease, although much under the average, show an increase on the number in the second quarter of this year: they amount to 256, viz., 60 in Leinster, 44 in Munster, 112 in Ulster (one-half of which were in Belfast), and 40 in Connaught (20 of which occurred in the county of Roscommon). In Baltinglass Union, where the deaths from all causes numbered 97, scarlet fever caused 13, other zymotic diseases causing 17, of which 4 were from small-pox and 5 from fever: in Roscommon Union 15 deaths resulted from scarlet fever, the total deaths under 60 years of age being 74; in Ballyduff District, Listowel Union, in which there were 7 deaths from scarlet fever during the preceding quarter, the disease caused 4 of 21 deaths under 60 last quarter, and in Ballylongford District in the same union, where 5 deaths from this cause were registered in the June quarter, 4 were recorded last quarter, the total deaths of persons under 60 years of age being 12. The registrar of Tarbert No. 2 District, Glin Union, who reports the prevalence of a mild type of scarlet fever in his district, says: "A lady whom I attended with this affection assured me that this was the 'third time she was attacked with scarlatina,' though now having attained her thirtieth year." There were 4 deaths from this disease in Buttevant Military Barracks: the registrar of the district considers "it right to say that Dr. Murphy, of the A.M.D. established such a system of quarantine that there was not a single case of scarlet fever outside the barrack walls."

Diphtheria.—The deaths from this disease are very much below the average, the total number is only 40, of which 12 occurred in the two Dublin Unions, 4 in other parts of Leinster, 7 in the province of Munster, 15 in Ulster (including 10 in the county of Antrim), and the remaining 2 in Connaught. The registrar of Moira District, Lurgan Union, reports an outbreak of diphtheria in a village in his district during the last fortnight of the quarter, within which time it had caused 3 deaths; he adds: "The sanitary state of the village is bad. I have made thirty-two reports on it, which the guardians have taken up very actively."

Whooping-cough.—The deaths from whooping-cough are but very slightly under the heavy mortality from this cause in the preceding quarter; they number 521, viz.:—184 in Leinster (including 50 in the two Metropolitan Unions and 59 in the county of Wexford), 157 in Munster, 60 in Ulster, and 120 in Connaught. The average number of deaths from whooping-cough in the September quarter of the last five years was 380. The following are some of the cases in which the disease was most fatal:—In Lurganboy District, Manorhamilton Union, it caused 5 of 18 deaths amongst persons under 60 years of age; in Manorhamilton District in the same union, 5 of 16 (the disease was equally fatal in the June quarter); in Gorey District, Gorey Union, 8 of 30: in Coolkenna and Hacketstown District, Shillelagh Union, 8 of 17; in Coolattin and Clonegall District in the same union, 6 of 25; in Mohill Union 11 of 47; in Strokestown District, Strokestown Union, 13 of 31; in Bellinameen District, Boyle Union, 7 of 26, measles causing 2; in Kilkelly District, Swineford Union, 11 of 50; in Ringville District, Dungarvan Union, 5 of 13; in Seskinan District in the same union, 4 of 12; in Oulart District, Enniscorthy Union, 11 of 29—the registrar of this district says:—"There is an epidemic of whooping-cough in the district, but when those attacked are attended to in time they all recover, as is verified by the fact that out of over 200 cases there are but 11 deaths registered, and only 2 of the 11 received medical advice. The deaths from whooping-cough were more attributable to the complications, pneumonia, bronchitis, &c., than to the disease itself." In Bunmahon District, Kilmacthomas Union, where "nearly every child in the district had it," whooping-cough caused 9 of 16 deaths under 60 years of age; in Kilmacthomas District in the same union, 6 of 15; in Crossabeg District, Wexford Union, 7 of 11; in Wexford District, 12 of 62; in Castletown Union, 13 of 32 (there were 15 deaths from whooping-cough in this union in the June quarter), and, as already stated, in Hospital District, Kilmallock Union, 8 of 33.

Fever.—The deaths attributed to the various forms of continued fever amount to 621, being slightly in excess of the average number for the third quarter of the last three years. Of the 621 deaths 167 occurred in Leinster, nearly one-half of these being in the two Dublin Unions; 182, including 62 in the county of Cork and 48 in Kerry, took place in Munster; 163 in Ulster; and 111 in Connaught, of which 45 were in Galway county and 35 in Mayo. Deaths from fever, more or less numerous, are reported from 136 of the 163 unions. Both absolutely and in proportion to population, the mortality was highest in the Eastern, the Western, and the South-Western Divisions. In Tralee Union 23 deaths from fever were registered, the total number from all causes being 204.

Diarrhœa.—Deaths from diarrhœa are much over the average for the third quarter, in which this disease is

always more prevalent than at any other part of the year; they number 708, of which 290 occurred in the province of Leinster, 178 in Munster, 214 in Ulster, and only 26 in Connaught. The excessive mortality from diarrhœa last quarter is chiefly owing to the prevalence of the disease in Dublin and Belfast; thus of the 290 deaths in Leinster 195 occurred in the two Dublin Unions, and of the 214 deaths in Ulster 101 were in the union of Belfast. The deaths from this cause in other parts of the country do not call for special notice.

CARLOW UNION.

ABUSE OF TICKETS BY A RELIEVING OFFICER.

Borris, 19th November, 1878.

GENTLEMEN,—On the 14th November I found a visiting ticket on my table at the dispensary, which I was informed by the caretaker had been left here for me by the relieving officer on the evening of the 12th. The regulations for presentation of visiting tickets to a medical officer are as follows, and are printed on the back of each ticket:—"This ticket may be presented to the medical officer at the dispensary within the hours of his attendance there; or may be presented to him or left for him at his residence; or may be presented to him personally anywhere, &c." Tuesday, the 12th, was not a dispensary day, therefore these tickets were not properly left for me at the dispensary, within the hours of attendance there. One of them required me to visit and afford medical advice and any necessary medicine to (and report whether fit or unfit for removal) a woman whom I have been attending for several months past, and whose case by no means required a special visit—nor did she or her daughter apply to the relieving officer for a visiting ticket. The second required me to "visit," &c., a man who not only is not ill, but is walking about daily as usual, and, I believe, doing some work, and who expressed the utmost astonishment at my visit, saying he had not sent for me, and did not want me. He had just moved his effects from one house to another, and was arranging them. Now, gentleman, I think it is monstrous that the relieving officer should thus endeavour to throw upon me work which is perfectly unnecessary, uncalled for, and unsolicited by the parties concerned. I grant that I am bound to supply certificates of the state of any dispensary patient under my care when required by you; but these the relieving officer could have and always can obtain, either by writing or applying in person for them. He did not visit these cases himself on this occasion, therefore I am at a loss to see the object of certificates from me. In the General Rules for the Government of Dispensary Districts issued by the Local Government Board, at page 28, it states distinctly:—"Tickets should be issued in the form E 2, for visiting at the residence of the applicant, in cases of necessity only." If you inquire into these cases you will find that there was no applicant for a visiting ticket; therefore I hold that the relieving officer exceeded his duty in issuing them; and they certainly were not at all necessary. With all due respect, gentlemen, I request that you will take the matter into your serious consideration, and endeavour to prevent the abuse of a power in the hands of a relieving officer, which I find he is only too ready to make use of, to my annoyance. On coming home yesterday evening I found that a second visiting ticket, for the women, had been left by the relieving officer, and also one for a Mrs. Kearns, of Ballynattin, whom I have just visited, and found that she also was much surprised at my visit, not having sent for me, and not having seen the relieving officer for some months, clearly showing that she knew nothing of his having sent me to visit her. I would beg again, gentlemen, to solicit your earnest consideration of this matter, and would wait on you in person for that purpose, but that Thursday is my dispensary day, in the hope that you will devise means to remove this, one of the many grievances we dispensary medical officers have so long been obliged to put up with, without any prospect of redress.—I am, gentlemen, your obedient servant,

RICHARD B. CAREY,
Medical Officer, Borris District.

ATHY UNION.

HOW SMALL-POX IS SPREAD.

The following letter was read:—

"Maganey, December 3rd, 1878.

"DEAR SIR,—Through you I wish to call the attention of the board of guardians to a matter which occurred a few days since. A young married woman from this locality died of small-pox in a Dublin Hospital. Her remains, placed in a wooden coffin, were permitted to be taken away by her husband, and received without medical certificate of cause of death by the railway officials, placed in a passenger train, and conveyed to Maganey; thence the body was carried on the shoulders of her former neighbours to her last resting place. Her sister, who, I believe, accompanied the remains from Dublin, has been stricken with small-pox, and is now under the care of Dr. O'Kelly. I shall simply ask, can a public hospital, supposed to be under the care of a competent medical man, or can a public company, violate with impunity ordinary precautions for preserving the people from this fearful disease Had the coffin got a strain in transit how many poor people might have been afflicted? I am sorry I have been unable to attend your meetings of late.

"W. A. CAULFIELD.

Mr. M'Laughlin—I consider that a very proper subject for investigation.

Clerk—The registrar of the hospital should be asked for an explanation.

Chairman—I think you ought to go further, and see if you cannot institute proceedings under the 142nd section of the Public Health Act, which imposes a penalty of £5 on any person in charge of any patient suffering from any dangerous infectious disorder, who wilfully exposes them in any street, public place, or public conveyance, or exposes the body of any person having died of any infectious disorder, or wakes, or permits to be waked, any such body, when the person has died of any infectious disease.

It was ordered that the clerk write to Dr. O'Kelly to inquire if the diseased's sister has been sent to hospital, and that he should communicate with the registrar of the hospital referred to, and make such other inquiries to ascertain if the 142nd section of the Act has been violated.

SENSIBLE SANITARY ADVICE.

WE commend the following piece of intelligence to the attention of Sanitary Boards:—A meeting of landlords, clergymen, dispensary doctors, and Poor-law guardians, to promote the Public Health Act, was held in Lisbellow, on November 29th, J. G. V. Porter, Esq., in the chair. It was agreed to recommend the families living in the rural neighbourhoods to make all their ground floors level, whether of flags, bricks, or tiles, so that they can be easily washed or swept—their uneven surface and frequent holes now collect dirt and generate bad gases. Also to provide their bedrooms with windows which shut and open, and if possible to put their bedrooms upstairs, and to get rid of press beds where they breathe the same air over and over again. It was observed that these amendments can be made by their own work and at little cost; and that many families seem to be better aware of the advantages of cleanliness and good air for their cattle than for their own health. It was also urged that their houses outside, and all rooms inside, should be well whitewashed once a year. The meeting then recommended all authorities concerned to promote Lisbellow waterworks; and that the Lisbellow Board of Guardians should ascertain by a competent engineer the most complete plan of sewers and water supply for Macguiresbridge, with estimate of cost, and the "fairest area of contribution," and should then consult its landlords and resident families.